



Casualties of a false narrative that the system is okay

Norman E. Taylor, Editor-in-Chief*

Spoiler alert: The system is not okay. It is far from okay.

It has been almost two years since I contributed an opening editorial to our journal, and in the interim, we have featured a series of inspiring and aspirational openers penned by members of our global Contributing Editor Community. We will continue that pattern in the coming months and years. My own last piece appeared in Issue 6(1) and was titled “The Enduring and Contagious Optimism of Change Makers.” Since that release, and in keeping with recent challenging times, we have placed much of our editorial emphasis upon ongoing discussions about wellness for those same CSWB changemakers. These are the professionals in multiple human service sectors who dedicate their careers and lives to serving the needs of others, often serving those with the most critical and cumulative needs in our society. To cap this off, we are excited about our upcoming *Special Wellness Issue*, made possible through the support of Deloitte and through the enthusiastic international response to our special call for papers. Guest Editors Dr. Linna Tam-Seto and Dr. Jeff Thompson are currently finalizing a brilliant scope of papers for this February 2023 release. As well, our Journal team will proudly showcase and examine highlights of this encouraging literature at the Canadian Association of Chiefs of Police (CACPP) Canadian Policing Wellness Check Conference, to be held in Ottawa in March 2023.

I have almost always been a glass-half-full kind of guy. My colleagues and I take considerable pride in the fact that this continues to be the tone we set in the Journal’s vision, mission and throughout the body of works we publish. Make no mistake, we have found there to be an enormous wealth of promising and evidence-based practice and innovation that is advancing the resilience, supports and recoveries essential to the continued wellness of police, other first responders and front-line CSWB practitioners. But would we not be foolish, perhaps even derelict, if we did not ask, from time to time at least, why are so many of them becoming increasingly unwell?

Sadly, the answer to that has also become increasingly easy to see. If we continue to ask people to do impossible things, against impossible odds, with impossibly deficient resources, and amid impossible-to-ignore illogical public policy decisions, there is a pretty good chance someone’s going to get hurt. We know that this hurt can take many forms. And it is.

Let’s review just some of the socio-economic paradoxes our professional human service providers are currently leaning into, each and every day when they go to work:

- Some are directed to reduce the presence of and support the urgent needs of unhoused, often unwell and generally unwelcome individuals from city streets and makeshift encampments, while adequate housing alternatives, essential health, mental health and substance use supports and safe substance alternatives remain elusive in the extreme, virtually in every town and city, everywhere
- Some are asked to triage and clear back-logged emergency rooms that are experiencing ever-increasing overcrowding and wait times, while admission beds do not exist in sufficient number, and while community support alternatives struggle and compete for adequate funding and resources
- Some are asked to confront, arrest and detain the unwelcome, often those suffering from a multitude of ills and deprivations, to bring them before the courts because there is nowhere else to take them, where many are remanded to custody in facilities woefully ill-designed to safely house and care for them
- Some are relentlessly implored to achieve greater public trust with the communities that are over-represented in every part of this system, while being the forward face, and the most authoritative face of this broken system on many people’s worst days
- Some are asked to educate, care for, and build up the positive futures of children, routinely and quaintly referred to as our most important resource, with ever-reducing investment in their facilities and the tools to do the job, and truly miserly disrespect for their right to a decent standard of living
- Some are asked to bring comfort and care to the elderly and infirm, at the other end of lives well-lived, while navigating precarious employment conditions, amid insufficient public funding in some facilities, and overt competition with a profit motive in others
- And sadly, there are many more I could add.

So, what is the enduring false narrative that is common to these paradoxes, these everyday realities that are failing

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to meet the needs of communities, families and individuals, and of which our CSWB professionals are also becoming the collateral casualties?

The false narrative is that this is good enough. It is all we need to do. It is the acceptable pattern that we want our political leaders, our senior bureaucrats and our economic elites to maintain. It is the popular and lazy narrative that any change to this system, and in particular to our levels of investment in the human services, might amount to an existential threat to our broader economic well-being and prosperity. Nonsense. As if the growing marginalization, economic disparities, social and racial stratification, and human suffering are not a many-times-greater threat.

This is not okay. It is very far from okay. And more and more people are unwell because of it.

So, as we all take important steps to shore up the wellness

of this vital segment of the workforce, let's also take it a step further, whenever and wherever we can. Let's call this false narrative out: out of date, out of touch, and out of time.

In Canada and in many other prosperous nations, we have ample resources to do better, our everyday heroes deserve much better, and we need to start now before it becomes even harder to attract, develop and sustain the health and well-being of this essential talent.

CONFLICT OF INTEREST DISCLOSURES

The author has continuing business interests that include providing advisory services to communities, police services and related human service agencies.

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