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Models of Care editorial

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How often do we look outside ourselves for the answers to life's challenges? We are judgmental, accusing and often look at deficiencies with members of our family, friends, work colleagues, organisations we work within, the industry and broader community. Why is this?

It is easier to look outward than inward. If we can blame someone or something else we perversely feel better about our current state of affairs. Whether it is personal matters or professional matters, it is the same story. In health and community service provision, we are constantly challenged by the notion of limited resources and increasing client demand, professional turfs, lack of understanding within and between organisational management levels (front line staff, management, boards), interorganisational conflicts, opposing local, State and Federal Government priorities and the list goes on. We are fatigued on a daily basis

Progress and prosperity is stagnated by a lack of 'awareness' that our ability to change circumstances begins with ourselves. If our broader communities would encourage and incentivise looking inward and understanding why we react the way we do, we could then attempt to positively change our actions and external circumstances. If this happened, we would live in a better world. At the moment, most of us are limited by our automated responses because we do not have the 'awareness' of what truly brings about change. We blame others and ultimately feel empty. A useful reminder for all of us that changing practice and culture starts with ourselves.

The last Models of Care section of the *Australian Health Review* features four case studies. The articles have a common element of challenging the status quo. Through 'awareness' of their personal and organisational circumstances, broader culture and that change is difficult, the authors discuss ways in which challenges are overcome.

'A qualitative evaluation of a regional Early Psychosis Service 3 years after its commencement' by Thomas Callaly, Carmel Ackerly, Mary Hyland, Seetal Dodd, Melissa O'Shea and Michael Berk¹ exposes the realistic consequences of a service model that neglects to provide adequate consultation with stakeholders and promotion of the service as well as other

oversights. This resulted in the eventual disbanding of the service model.

'The First Steps Program: a case study of a new model of community child health service' by Margaret Barnes, Jan Pratt, Kathleen Finlayson, Barbara Pitt and Cheryl Knight² discusses a new model of community care for first-time mothers that centres on group sessions throughout the whole contact period as distinct from individual sessions. This model of care challenges the traditional roles of child health services. Evidence suggests that clients are benefiting from the new model of care.

'Developing consumer-directed care for people with a disability: 10 lessons for user participation in health and community care policy and program development' by Goetz F. Ottmann and Carmel Laragy³ outlines 10 lessons derived from the development of a consumer-directed care program for families with disabled children in Melbourne, Australia. They convey the elements that benefit the success of the program.

'Capacity Audit Tool: identifying inpatient delays to maximise service improvement' by Kathryn Zeitz and Katie Tucker presents an easy to use tool for assessing acute hospital bed stock.⁴ This case study highlights the importance of communication and organisational engagement as a key enabler for success.

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References

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