The Community Care 24/7 Scenarios

Alternative futures for community care
in Australia to the year 2030

CSIRO

NEVILLEFREEMANAGENCY

24/7 Scenarios

The Key influences

which are changing *the external* environment *in which* community care professionals *are operating, and will operate, to the year* 2030

- Funding
- R&D
- Urban design
- Workforce
- Technology
- Economics
- Government policy
- Superannuation
- Consumer choice and control
- Taxation
- Environmentalism
- Political power of aged community
- Social integration
- Natural disasters
- Population

A project exploring the possible futures for community care in Australia to the year 2030

The Community Care 24/7 Scenarios

Alternative futures for community care in Australia to the year 2030

PARTICIPANTS

WORKSHOP 1
Group
1   George Margelis,
    Bruce Coller,
    Karen Lee,
    Tim Phillips,
    Heather Chapman,
    James Abbott
2   Fergus Nelson,
    Rebecca Ladd,
    Eliza Pross,
    Jason Howie,
    Anthony Fanning,
    Gayle Sweaney
3   Patricia Galang,
    Ricki Smith,
    Paula Carleton,
    Dimi Vourliotis,
    Judith Lund
4   Irene Mooney,
    Jennifer Wannan,
    Bruce Middleton,
    Kathy Eagar,
    Scott Martin
5   Jacqui Thompson,
    Ilija Sutalo,
    Paul Versteege,
    Monique Jack

WORKSHOP 2
Group
1   Beryl Shaw,
    Tim Humphries,
    Rachael Jones,
    Ilija Sutalo,
    Nicole Hornsby
2   Robert Hutchison,
    Lisa Rollinson,
    Judith Lund,
    Scott Martin,
    Maurice Hennessey
3   Julie Clements,
    Paul Ostrowski,
    John Ashby,
    Danielle Biviano,
    Lemai Nguyen
4   Aliki Kyrkou,
    Graeme Woodrow,
    Andrew Jones-Roberts,
    Catherine Crock,
    Yantra De Vilder

AUTHOR

Oliver Freeman, who has
incorporated some material
from his colleagues,
Richard Watson and
Richard Bawden, as well
as from the wonderful
scenario builders from
the community care
profession.

Introduction

The concept for this venture emerged a year after I began to attend healthcare forums and conferences. I was inspired by the passion and enthusiasm of people working in our healthcare system, but I was also struck by the dire predictions, almost universally held, relating to the future pressures of the ageing population, escalating costs and the declining workforce. Although these issues are already visible, they will really start to bite about a decade from now.

At the Commonwealth Scientific and Industrial Research Organisation (CSIRO) we have a long-held interest in developing the science and technology behind biomedical devices and materials. We therefore sought to understand what future technological products and services will be required – and to learn this directly from the mouths of practitioners. The first two workshops launched us on this journey.

WHY COMMUNITY CARE?

A great deal of technology is used in healthcare today; just take a look at the typical operating theatre or intensive care unit.

Leaders in the hospital sector tell us that 50% of a person's lifelong health expenditure occurs in the last six months of life. More people are living alone and may not have access to informal carers. People tend to care more for their children, siblings and partners while neglecting their own health needs. The burden of chronic disease is increasing and this is, in turn, loading our hospitals.

Expansion of hospital capacity is one approach, but this is not the optimal solution for patient satisfaction, the health system and the taxpayer. An excellent analogy often used is – it's better to place a fence at the top of a cliff than to place a mattress at the base. The answer is more holistic care for people in the community, thereby reducing the volume presenting at ER. We all get old – how would we like to be cared for when our time comes?

There is now a growing movement in patient-centred care with a desired shift away from viewing care merely as a list of treatments and more towards planning the best outcome for the patient's wellbeing. This is as it should be, but it is also challenging to achieve. There are some wonderfully successful community care organisations (representatives of which attended the workshops), that are putting these principles into action right now, bringing care, peace of mind and dignity to people across the nation, but this is very labour-intensive against backdrops of labour and cost pressures.

Community care organisations are innovating with technology – some are ingeniously repurposing consumer technology to fulfil the needs of mobile nurses on the road. There is a latent demand for a wide range of assistive technology designed to enable better care, better patient experience, better labour utilisation and less reliance on the ambulance. The aim is to use technology to re-personalise rather than to de-personalise – to use technology to substitute the mundane so that carers can spend more time interacting with patients on a personal level. There exist market gaps, largely unmet needs, an increasing 'customer' base and a reducing workforce. Community care is arguably the most effective area to consider if we want to control the cost burden of chronic disease, look after our citizens more compassionately, and live within our means.

WHY SCENARIO PLANNING?

Oliver Freeman expends considerable effort at the start of each workshop explaining the process to the participants. This is absolutely vital. He emphasises how we all become engrossed in our role/industry, constructing assumptions that become part of our mental landscape. As a result, it is often difficult to consider potential futures in our own industries beyond an obvious straight-line extrapolation of the present – we have a

tendency to project current trends forward. Perversely, it can be easier for someone outside our industry to have broader foresight, but in this instance the depth of domain knowledge and context will be absent.

Scenario planning is a process by which we are guided into thinking more expansively about the future, challenging the personal assumptions we each hold about our industry and situation. The aim of the workshops was to congregate participants invited from the community and aged care segments and to use the process of scenario planning so that a range of *diverse* long-run (2030) alternative futures for community care could be generated and developed.

THE ROLE OF TECHNOLOGY

Scenario planning does not initially focus on any one factor. Technology is just one of numerous factors relevant to the future. Typically, technology was the most *unfamiliar* factor for workshop participants. Indeed, after the first workshop in Sydney, technology was not a strong aspect in the scenarios which were formulated around the dual drivers of **workforce development** and **power of the consumer**. However, during the second workshop in Melbourne, as the scenarios were further developed and refined, the role of technology began to become apparent.

The final task for the day was to identify actions (things that can be done) which possessed commonality across all four of the highly differentiated scenarios – these are actions which (within the limited scope of the process) should be beneficial in all identified futures i.e. 'no-brainers'. It was a revelation to us and to the participants that the majority of these no-brainers embodied a technological aspect.

NEXT STEPS

CSIRO intends to work with the four scenarios in partnership with enthusiastic participants from previous workshops, as well as new participants, to refine the roles of technology. As the journey continues we envisage that medical device manufacturers will progressively take an interest – the ultimate desired outcome being the development of new product lines and services that superlatively meet needs in the community care segment. Success will be viewed in terms of national wellbeing, health system cost savings and positioning medical device manufacturers to exploit burgeoning national and international markets.

I would like to thank, both personally and on behalf of CSIRO, the workshop participants for opening up new vistas on a critically important area for our collective future. Thanks, finally, to Oliver Freeman of whom I am truly envious, because he gets to do this wonderful work every day!

Scott Martin

'If your seeing is pefect and complete at the right scale of observation, there is immediate understanding'   PIERRE WACK

PART

Scenario Learning

Scenario learning is a process which, through imagination and analysis, broadens the traditional approaches to developing strategy by looking at the complexity of future environments with which an organisation might need to engage successfully in order to be sustainable into the future and to continue to flourish.

Scenario learning engages with the future by moving strategic conversations away from an immediate focus to a more distant future. It is not a way of predicting the future. It allows those who participate in the process to step away from an examination of individual influences and events and concentrate instead on the bigger picture of the world that the confluence of these influences and events creates.

Scenario learning is a process which changes the way each of us sees the world – a process that broadens our perceptions and sharpens our foresights. It is *collective, reflexive, experiential* and *systemic*.

It is *collective* because it is undertaken by groups who come together to develop strategies for their organisation, company, profession or institution in a manner that draws upon and nurtures 'social learning' – working together.

It is *reflexive* because of the significance of the impacts of the way people see the world, at each stage of the process, and the explicit focus on different levels of learning or cognition that help to reveal the nature of these 'worldviews'.

It is *experiential* because the process is designed to progress from experiences (real and imagined) through activities of thinking (assimilation) and planning (convergence) to actions for strategic change that are considered to be both desirable and feasible (accommodation).

ONE
The Scenario Process

OVERVIEW OF SCENARIO LEARNING LOGIC

THE NFA SCENARIO PLANNING QUEST™

It is *systemic* because of the realisation of the significance of the interdependencies between the organisation under review (the 'system of interest') and the dynamic world (the 'environment of influences') in which that organisation has to operate. It is also profoundly systemic in its embrace of interactions between different people working together and the resulting interactions between different views of the world, opinions, knowledge, emotions, motivations and so on.

Scenarios are considered by many to be more practical and more useful than most other processes of planning for the future – especially when a diverse group of people come together.

The scenario building process consists of four major cycles or episodes:
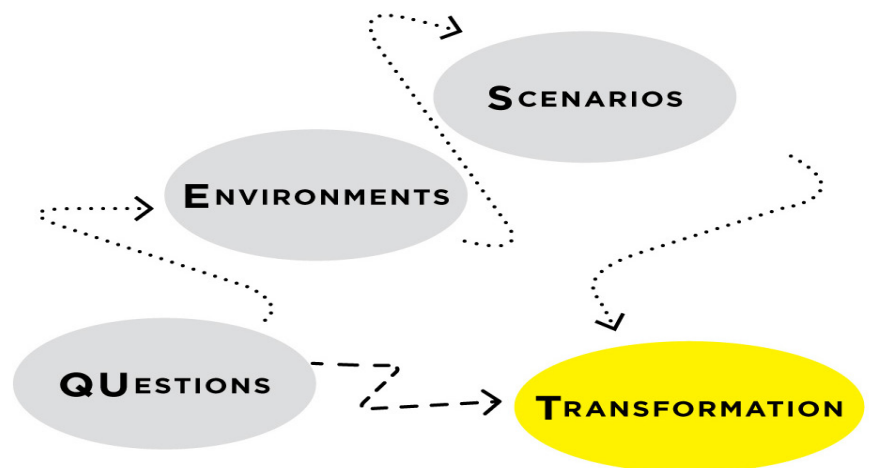
Episode 1 Questions: designing a set of framing questions to focus the strategic enquiry on a particular set of key issues and concerns

Episode 2 Environments: identifying and assessing the major trends and key influences of change whose combinations are shaping future environments

Episode 3 Scenarios: crafting a set of differentiated scenario worlds in order to identify new opportunities and unforeseen risks associated with present and future environments

Episode 4 Transformation: incorporating findings into strategic and operational plans that make explicit the innovation, adaptation and intervention needed in order to achieve desirable and feasible outcomes

> "Strategic planning offers the opportunity to bring together all concerned with a common future. Scenario building is an excellent tool for planning as it encourages thinking things out before focusing … on the desired outcomes."
>
> [Independent school principal, Australia]

As the scenario process unfolds, three recurring themes are evident:

1   The events and experiences that cause most surprise are almost always a consequence of unexpected permutations, and convergence between influences whose interrelatedness is rarely appreciated. The development of foresight relies on the appreciation of this interplay – which leads to what is often termed 'emergence'. The whole, it is said, is greater than the sum of its parts and the challenge here is to be prepared for emergent happenings and to be capable of dealing with them.

2   At least some of the emergent influences will come from places beyond the organisation under review. Local communities, breaking technology and the natural environment are among the 'external' features. While many leaders are highly skilled in defining the interrelationships between familiar variables, such as demographics, socio- economics, personal achievement and resource allocation, they often struggle when other more global and complex 'contextual' variables, such as environmental degradation, stateless terrorism, attitudes to religion and urban tribalism, are added to the mix.

3   Organisations benefit from a disciplined way of exploring these more complex environmental variables by studying their implications and sustaining 'strategic conversations' – which lead to shared understanding about new opportunities for action. The key point is that scenario learning is significant for its ability to promote strategic conversations which result in 'practical' action, not for its ability to predict the future.

The Purpose of Building Scenarios

The purpose of building scenarios is not to get the future right but to avoid getting it wrong. It stimulates reflection and debate among peers on how strategically both to respond to and shape the future together.

At the end of the scenario planning process the scenarios and their key messages are captured in a scenario report and through face-to-face presentations.

The scenarios and key findings are used not only as a means to provide context in which strategy is tested and refined but also as a means for communication and wide engagement.

They are thus used to provide context for discussion forums and in stimulating debate by their creators with colleagues and stakeholders of their organisation or group.

'In the valley of process, content is king'

PART

The Framing Question and Burning Issues

The 24/7 Scenarios were built in a six-week period early in 2011. The process started with the design of framing questions to inform the process as to the purpose for which the scenarios would be built.

What are the possible environments in which the Australian community care profession may have to operate in 2030 and what new technologies will be needed to be successful?

TWO
Building the 24/7 Scenarios

The framing question had been designed before the workshops and it was decided to provide richness to this central concern by asking each delegate to post a 'burning issue' for the future of community care in Australia. This graphic double-page spread sets out what participants had to say.

WORKSHOP 1

1. Workforce development
2. Choices for the elderly
3. Impact of 'user-pays'
4. Consumer choice and access
5. Expectations of baby boomers
6. Access to health
7. Cooperation between the community and in-patients
8. Worldviews of management
9. Use of technology
10. Equitable sustainability
11. Use of homes to fund care
12. Cultural diversity of workforce skills
13. Residential issues in housing/community
14. Resourcing and funding
15. Role of care-givers
16. Use of devices to reduce cost
17. Role of design
18. Equity of access to resources
19. Intergenerational living
20. Creation of standards for care
21. Incentives to promote public policy
22. Person-centred care
23. Impact of social isolation
24. What is community?
25. Post-hospitalisation discharge and care programs

WORKSHOP 2

1. How do we bring the consumer to the forefront of decision making?
2. How do we build on clients' capabilities?
3. Building capacity to allow the system to be respectful and keep people active
4. Clinical condition of people moving from community care to the next step
5. Residential care as an age-care provider
6. How do we put 'surround-scapes' into hospitals?
7. Culture of healthcare as more participative
8. Health services design
9. Aged care as a systems issue
10. Cultural sensitivity of service response
11. Paying for our preferred future and finding the workforce
12. Bringing patients and providers together
13. Matching supply and demand and managing preventative action
14. How outward looking will we become?
15. Improving quality of life for an ageing population
16. Deinstitutionalising care provision
17. Changing the community perception of aged care to attract new entrants
18. Use of technology in community care and measuring outcomes as perceived by users – driving the adoption of technology
19. How do we encourage the existing workforce to adopt new technology?
20. Workforce skills / technology interface to provide services in the home; endemic disease changes

A Preferred Future

Armed with the reasons 'why?' scenario building might be useful, participants at the first workshop held in Sydney on 4 February 2011 were asked to explore a preferred future for 2030. This is their definition:

"It is the year 2030. The preferred future is a world in which . . .

In the natural world, humanity is integrated and at one with the essential nature of the environment (renewable energy, equitable access to meet basic human needs, biodiversity, environmental knowledge, affordability, minimal environmental footprint).

In society and culture, there is no homelessness, Community aged care exists (that is choices to stay at home or go another way), and there is economic equity, racial and religious harmony, cultural acceptance and diversity. We value our elders and are universally tech-savvy. There is more self-reliance and assumption of responsibility – we live in extended families. We know how to fix disabilities. There is no poverty as we enjoy universal wealth. There is adequate nutrition in a community-based society – where helping each other and altruism rule and there is access to education for all who want it.

In politics, there is a separation of the cycle of government terms from aged care policy, mediated by a separate independent body rather thana political party. We enjoy industry-skilled government representation and

the consolidation of the states into one federal representation with local representation but guided from above. There is greater immigration and this has been activated as it is required to assist in paying for the needs of our ageing population.

In economics, there is enough money for people to get what they need and want. Access to health and care needs is not determined by financial circumstances.

In technology, everyone has access to technology without increasing his or her isolation in the community. We maintain human touch in an environment that is highly dependent upon technology. For example, there is a new challenge to develop robotics that includes touch. We honour the role of pets while mobility technology gets people out of their homes. Teleportation is a reality and there is optical fibre to all homes or via wireless. We have developed a unique identifier chip, personal monitoring linked to hospital support for community care. There is a healthy debate about the practice of euthanasia. Health providers are under pressure based on the newly emergent power of consumers. Among consumers of care services, the aged population has a greater representation in comparison with younger people. We are still high-tech and there's much less surgery with the new enabling technologies like nano- and bio- becoming more productive."

This is a *preferred* future – a vision like this drives the missions of many organisations.

But how did this preferred future emerge? What would have to have been done and what would have to have happened between 2010 and 2030 for this preferred future to come into being?

By 'backcasting' from the preferred destination to the present, new insights into an imagined journey are made in the form of the events that will need to have taken place for that future story to emerge and into the role that technology might play in that journey.

This is what transpired:

In the natural world, funding priorities are preventative and proactive in terms of environmental sustainability. Research investments are made that harness diverse knowledge (e.g. science, Indigenous, economic, etc.) as strong leadership facilitates greater individual and social environmental awareness. Community education programs on the environment/climate are established within schools. Technologies are complementary rather than imposing.

Self-cleaning houses and new sources of energy to power technology and new modes of transport are created. The development of self-funded retirement homes that employ their own staff – taking a small community approach – with a necessary change in culture is evidence of a new village/ community approach to service provision; cultural change to support increase in community care of the whole of the health cycle (mental health, aged care, maternity, etc.).

In society and culture, national leadership courageously demonstrates values and policies – multiculturalism, sense of giving, doing all one can for our less intimate society. A national cross-cultural live-in program, free access to minimal computer/internet education relevant to the user, compulsory community service or compulsory donation, opt-out organ donation, grandparenting day – talks, play-days, interview, voluntary work, urban planning – intergenerational living, multi-use facilities, national

fitness and nutrition; technology is used to create an 'elder' story as the new older generation demands more.

In politics, there has been a total review of the government structure (breaking away from the Commonwealth and forming a republic could be a catalyst for this); a 20-year plan to structure a staggered increase in immigration; we have removed barriers between healthcare structures and categories (e.g. general heath and ageing) and there is better integration.

There is a recurring budget available for e-technology and we have created the accountable body that is not political to operate the entire health sector and manage it like a business with a CEO and board.

In economics, the policy of self-funding has encouraged people to save more. The superannuation system enables people to access funds for major events such as health and housing, thereby encouraging younger people to save. This saving and superannuation revolution has been stimulated by taxation reform.

New sources of revenue are driven by innovation such as value adding to the vast Australian natural resources (e.g. selling finished products rather than the raw resources). And there has been a reduction in wastage by placing funds into appropriate avenues and using expert financial management skills and experience.

There is better transparency and accountability for the use of tax revenue. In Australia, we have expanded and supported entrepreneurship (through marketing and targeted promotions) to generate new revenue streams. The stock market at last recognises and values long-term investment projects rather than short-term returns.

In technology, there are good levels of investment both private and public;

policy shift around funding technology – with the realisation that technology saves health cost through early intervention and drives productivity; many more people are to able self-fund as technology has become cheaper; copayment for care; agreed social values; huge change in how to train and educate the workforce, patients, carers; managing change; moving society to accept change. Despite technology, the workforce skill must be maintained; ensure staff wages are maintained and balanced with technology investment

But as the stepping-stones from 2010 to 2030 are identified, the tensions in the preferred future become apparent.

Although some of the events and themes are predetermined, many of these influences are critical uncertainties that don't 'have to be'. Indeed most of them are contestable.

So what are the critical uncertainties that the preferred future embraces?

The team identified 35 key influences driving the preferred future that may not behave as desired and which are very important. Those highlighted in bold received the most attention, with their delegate scores shown in brackets.

Key influences

KEY INFLUENCES
1. Stock market recognition of value continuum from short-term to long-term
2. Efficient and effective use of funding (68)
3. Impact of referendum vote
4. Adoption of a sustainable funding model to service aged care growth
5. Environmental studies are a component of every educational course
6. Duplication and double handling are reduced as user friendliness increases
7. R&D investment in technology (level & source) (17)
8. Increasing levels of social integration in urban development (e.g. multi-use villages) (2)
9. Increasing community awareness of the environment through marketing and promotional activities
10. Accountability of health professionals to citizens via a newly established independent body
11. Workforce development – training, wage equality, skill mix, balance with technology (24)
12. Management and sale of natural resources – continuum from raw materials to high-end value-added products
13. Technology to support and enable, not substitute, all human intervention (2)
14. R&D investment in environment resulting from economic pressure and government policy (10)
15. Superannuation – access at retirement or during the working lifespan (11)
16. Consumer choice and control (33)
17. Cost and access to technology – who pays? Will technology be available to all? (2)
18. Taxation reform (e.g. to encourage savings for self-funded health care) (11)
19. Degree to which broader policies (e.g. OHS, Fair Work, TGA, environmental) promote or inhibit technology development and use
20. Intellectual capital and innovative technologies to reduce human carbon footprint (3)
21. Political power of aged community (14)
22. Harmony and non-discrimination, acceptance (1)
23. Systemic impact of natural disasters (6)
24. Communication efficiency and access to knowledge
25. Transport – environmentally, financially sustainable socially acceptable (e.g. self-driving vehicles) systems (4)
26. Economic vested interests inhibiting innovation and vision for the future
27. Social media – driver for connectedness, change, awareness and group action
28. Relieve resource pressure on service community and society (compulsory community service)
29. Why should chickens constantly be questioned about their motives for crossing the road?
30. Intergenerational networking/connections/contacts (grandparent day)
31. Use of public funds – continuum is political expediency to transparent evaluation of community needs
32. Economic inequity (difference between 'haves' and 'have-nots')
33. Population change/growth (1)
34. Consumer choice and control (the newer older generation demanding more) (33)
35. Accommodation – flexible approach to options in planning, legal and finance authorities, e.g. cooperatives

Building the First Cut Scenarios

The groups at Workshop 1 followed this instruction regarding the set of 35 influences:

Please choose two influences to work with from the long list. Choose a pair which are a) highly important, b) very uncertain as to how they might play out and, in your team's view, c) are not at all similar (as would be, for example, 'population growth' and 'urbanisation').

The groups created two distinctive matrices and each group then chose a scenario to work on.

Scenario Matrix 1

CONSUMER CHOICE & CONTROL

High

WORKFORCE DEVELOPMENT

| S2 | S3 |
Unmanaged ———————————————— Managed
| S1 | S4 |

Low
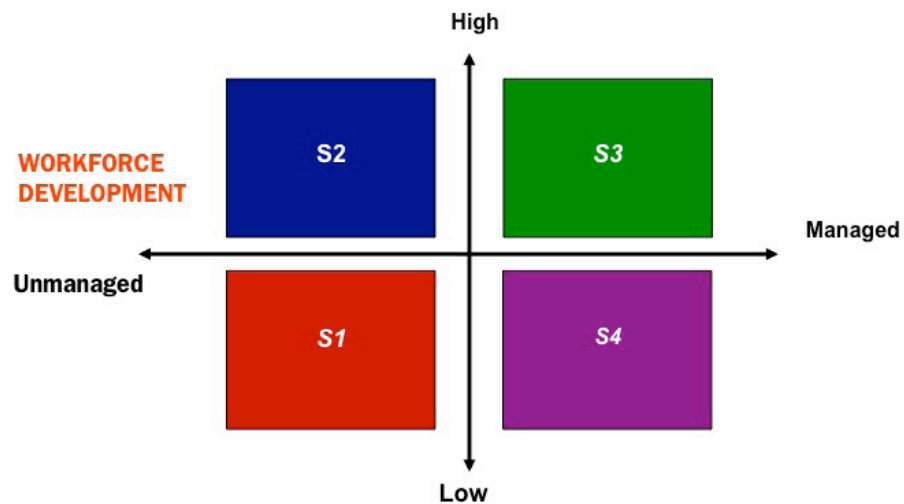
Scenario Matrix 2

POLITICAL POWER OF AGED COMMUNITY

Cohesive

PRODUCTIVITY OF FUNDING

| S2 | S3 |
Low ———————————————— High
| S1 | S4 |

Fragmented
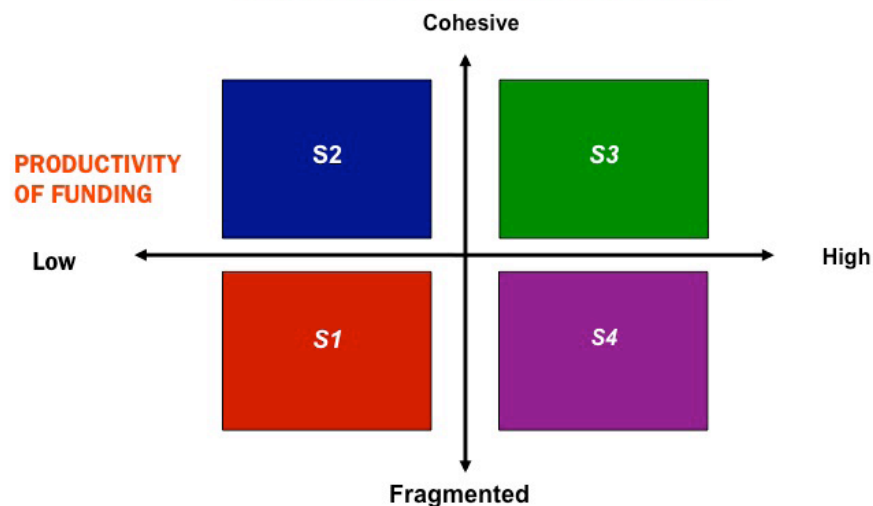
Here are the first-cut scenario stories generated at the Sydney workshop.

SCENARIO M1S2
WHERE'S WALLY?

MAJOR FEATURES

This is a world in which consumers have a high degree of choice and control but the community care workforce that serves them is a disparate, poorly supplied and unmanaged affair.

Urban design supports and facilitates integrated living within communities and the communities exercise responsibility, interaction and reciprocity on individual and collective levels. Diversity of cultures is strengthened within an environment of social connectedness which takes place by both physical and virtual means. There's a great deal of pressure to secure higher wages

Video technology has become mainstream but the enduring challenge is how to reinvigorate the professional community image to attract and retain workforce.

Health technologies as applied in genetic engineering, euthanasia, etc. have influenced the degree and existence of chronic care needs. The economy is okay but there are pressures on wages and business margins, which will make it more difficult to invest/innovate, etc.

Cameo

· ·

At No1 Mulberry Lane, Jane is opening the door to Fred who has come to clean her kitchen. At No 3, Ralph is talking to Rowena in Melbourne about his blood pressure reading he has sent her. At No 5, Will is getting ready to visit Nora across the road and mow her lawn. At No 7, Derek is looking through the online directory to find the agency George in Perth recommended for advice regarding where to get a better wheelchair for his wife Lois.

Meanwhile at No 9, Kylie is ringing her local member to complain that she can't find anyone to come and clean her bathroom and she doesn't want to talk to a robot to do it! At No 11, Elton is enjoying his first day of retirement and marvelling at how much money he has thanks to his super – and to think he tried to vote against the Orange party when they introduced it. At No 13, Charlene **is feeling a little hungover after her wake,** but smiling as she watches her partner, Jill, mix her Quickex script.

All in all, Mulberry Lane residents are well resourced and supported through the technological genius of the age, and the incredibly innovative and professional care provided by a united multinational consortium.

The world in 2030 is a good one.

SCENARIO M1S3
HEALTHY, WEALTHY BUT NOT WISE

MAJOR FEATURES

This is a world in which workforce management is highly developed and the citizenry being served is able to exercise discretion and control over the provision of services to meet their needs.

Consumers in this world prefer providers who are environmentally responsible.

Australia is increasingly dependent on its relationship with China and India for its trade and with Asia more broadly for its workforce; there is more flexibility and diversity in care but we still run the risk of there being more inequity.

Individualism is stronger, the market economy prevalent, government funding is for a safety net not entitlement; 'grey power' has been influential but tailing off.

Community care costs have increased significantly and represent a greater proportion of GDP and its workers are highly paid, provide higher professional standards, have better professional standing and achieve better outcomes. Nevertheless, technical efficiency has declined as allocative efficiency has increased.

Society is increasingly polarised as greed continues its age-long battle against the demand for moderation and less consumption. This increases individual responsibility and drives more intolerance of poor self-care of health and a culture of high expectation.

Technology, given that it is well used by workforce, enables staff to focus on human relationships and customer expectations, including advocacy. Technology is also used to measure performance of the workforce and to assist in the choice of provider. Patients have unique identity chips and, all in all, it is a very competitive market for technology to support community care.

Cameo

The current government is claiming that you all have consumer choice and control, but this is not the case! Hidden behind data and rhetoric the reality is we now have a two-tiered society; whatever happened to 'closing the gap?' Having closed the gap in Indigenous health when it was last in power, this government has forgotten about the less fortunate and allowed the cost of community care to escalate beyond the means of ordinary Australians, burdening the future generations of this great country. Inflation in the community care sector is now running at twice the rate of CPI increases with substantial blowouts in salaries and wages. Even the introduction of the recent community care levy has failed to provide a basic level of service for the Aussie battler. Consumer choice and control is a myth when the cost of services is prohibitive and the range of providers cannot be sustained.

Only a new platform based on universal access and equity will give Australia the community care service it should deserve and demand.

MAJOR FEATURES

This is a world in which consumers have limited options in service choice and little political clout. We use high technology in a world with a low carbon footprint where the use of video solutions abounds. This is a highly regulated 'top-down' world where there are limited choices. It's litigious with low consumer education and expectations and low support for euthanasia.

There are limited financial resources available for healthcare but it is a well-managed sector, nevertheless, with a workforce that is well-trained and educated.

In technology, it's a high-tech low-touch environment, with well-resourced and available workplace tools, and the use of remote care modalities.

Cameo

Let's meet Violet! She is a lovely 95-year-old who lives alone. While relatively well for her age, she does find it difficult to manage as she has very poor mobility, failing eyesight, and needs help with her medication, food preparation and personal care. Luckily she lives in a smart house which is equipped with all the latest technology such as its medication management system, the latest 'Wash Me Happy' shower with special brushes to help wash and dry her hair, back and feet, and a food preparation system which automatically heats and serves her meals each day.

While Violet appreciates the support, she is very lonely and wishes for the good old days when someone would've come to her home and helped her with some of those things. One day Violet is getting out of her Wash Me Happy machine when she slips and falls. Her smart house technology immediately kicks in and alerts the Right Care Nurse to the fact that Violet has fallen. Nurse Maude immediately activates the in-house camera system, sees Violet on the floor, and starts the remote monitoring of her vital signs. Noting Violet is breathing rapidly, her BP is raised and she is clearly in pain, the nurse calls the Rapid Assessment Team (aka the RATS) who arrive at Violet's home with a portable X-ray machine. The RAT X-rays Violet, sends the X-ray to the remote radiologist who states Violet has a right neck of femur fracture. Following Right Care's Standard Operating Procedures . . .

Nurse Marples notes Violet is outside the parameters for surgery.

She puts Violet to bed, immobilises her hip, sets up the system to continue to monitor her vital signs, and sets her Patient Controlled Analgesia to ensure her last hours will be comfortable . . . after all, at 95, she's had a good innings, hasn't she?!

SCENARIO M2S2
UNITED WE STAND

MAJOR FEATURES

This is a world in which funding productivity is low but the older generation of care receivers is politically active and effective.

We have funded aged care in Australia through increased immigration, especially into satellite cities in regional areas so as to minimise the impact on natural resources and infrastructure.

Ghost towns from our past spring back to life and we create socially inclusive societies to promote community connectedness, benefit local commerce and improve human relations within the community.

More local influence would have supported greater efficiency and effectiveness of funding expenditure on community care in that region.

Care would be funded by increasing the population in a big way, focus on building satellite cities will be important to house this influx of people.

Infrastructure in these satellite cities needs to improved in preparation rather than reactively.

Improving the acceptance of increased immigration and cultural diversity as being of value which will assist the improvement of community care in Australia

We will need ubiquitous network connectivity with an inexpensive always-available technology layer (think Power Grid), providing instant access to available community services anywhere.

Cameo

TIan has just returned from Bondi Beach after a quick swim. He is nursing a minor shark bite wound from before Christmas. After a short walk back to his apartment he sits down on the lounge and across the room appears Dr Wu Rd. Wu has only recently arrived from China and has set up his virtual practice in a new satellite city in Moe, Victoria. Wu has assessed the progress of Ian's wound prior to the check-up and has had some concerns. Wu claps his hand and requests a wound specialist to join the check-up on the adjacent couch. The wound specialist advises Ian on his wound care management and makes a recommendation on a new product. The next morning Ian wakes up to find a sample of the new dressing and bandage has arrived via off-peak robot post.

SCENARIO M2S3
ME, MYSELF, I

MAJOR FEATURES

This is a world in which the ageing baby boomers call the shots and where funding productivity is high.

There is less priority on environmental management than we had expected. The focus is on immediate needs and comfort and developing policies that drive high levels of intergenerational participation and promote leisure interests.

The boomers hold the balance of electoral power as they become an increasingly larger percentage of population demographics and retain economic wealth and assets as their life expectancy blows out towards 100 years.

The poor in Australia, of any age, are getting poorer. Multiculturalism expands as does diversity in cultural activities. The demand for homecare and medical technologies increases with a further focus on reduced life-threatening diseases, self-monitoring, health prevention and wellbeing.

At the end of the session, we discussed the key challenges from the work done so far and came up with these critical assessments:

The appropriate allocation of funding to meet community needs is paramount, combined with the appropriate use of technology and a need to focus on client care. The most pressing issue is one of workforce. Developing technologies that replicate but not replace high touch will assist the industry to meet increasing demands associated with an ageing population.
The second workshop reduced the scenario

Cameo

I am a self-funded retiree and have worked hard all my life, and it now its time for me. We, the retirees, have never been better off in terms of our influence on the government – more choice more money. I spend winter overseas and in summer I live in air-conditioned comfort drinking wine and eating lobsters with government-funded devices to ensure my hands remain clean. My 'refridge' fills itself and my robot cooks my meals. I go to the opera twice a week and play golf every Saturday. I can monitor my blood sugar and eat specially made meals that will prevent me from getting a chronic disease and ensure I will live to at least 110 years.

Gone are the days when you had to meet a rich man's tastes on a poor man's wages. The aged community directs the government to spend funds on consumer-direct services/products to the ageing sector (e.g. self-monitoring, homecare technologies) to service our special needs. Life's good. Today's 80 is yesterday's 30. We actively demand and get the government to channel funds our way.

Enriching the First-Cut Scenarios

set from five scenarios to four by merging two of the first-cut scenarios. Post Workshop 2 we have also merged a further two and adjusted the matrix accordingly.

The new set, with the scenarios renamed, is:

UNITED WE STAND + WHERE'S WALLY? = **LOCAL HERO**

HEALTHY, WEALTHY BUT NOT WISE + ME, MYSELF, I = **INDEPENDENCE DAY**

WE DO IT RIGHT FOR YOU? = **SILENCE OF THE LAMBS**

The fourth scenario, **THE DAY AFTER TOMORROW** has been added since the workshops as a more dystopic counterpoint to the other three.

This is a world in which the broad
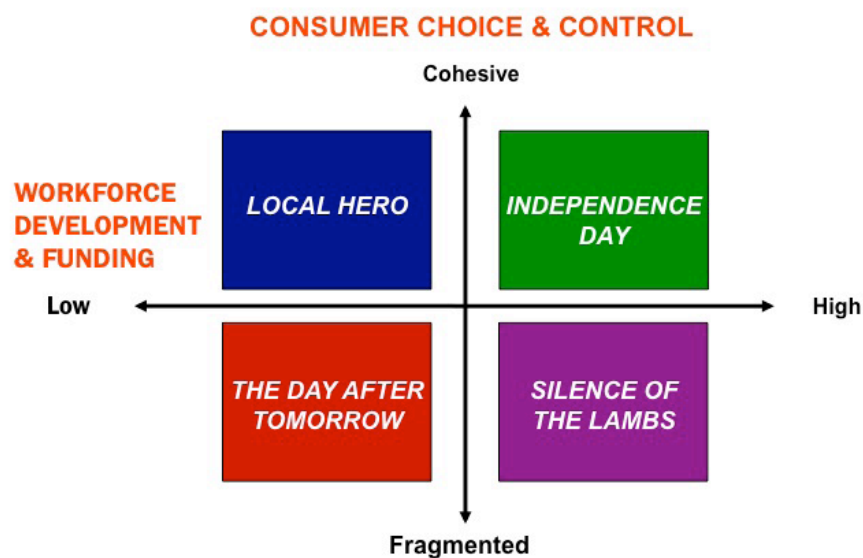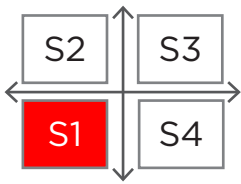
The 24/7 Scenario Matrix

CONSUMER CHOICE & CONTROL

Cohesive

WORKFORCE DEVELOPMENT & FUNDING

Low — High

LOCAL HERO

INDEPENDENCE DAY

THE DAY AFTER TOMORROW

SILENCE OF THE LAMBS

Fragmented

Table of Key Scenario Chacterstics

The 24/7 Scenarios

		UNITED WE STAND WHERE'S WALLY?	HEALTHY, WEALTHY BUT NOT WISE ME, MYSELF, I	WE DO IT RIGHT FOR YOU?
Final Scenario names	**The Day After Tommorrow**	**Local Hero**	**Independence Day**	**Silencce of the Lambs**
Topic				
Consumer choice & control	Low	High	High	Low
Political power of aged community	Low	High	High	Low
Workforce development	Unmanaged	Unmanaged	Managed	Managed
Productivity and level of funding	Low	Low	High	High
Integrated urban living	Low	High	High	Medium
Cultural diversity	Low	Medium	High	Low
Social connectedness	Low	Medium	High	Low
Screen dependence	Medium	High	Medium	Very high
Economy	Poor	Volatile	Great	Stable
Environmental awareness	Low	High	Medium	Medium
Australia's global partners	US/Asia	Asia	China/India	US/Asia
Polarisation of society	High	Low	High	Medium
Individual responsibility for care	Low	Medium	High	Low
Focus on customer relationships	Low	Medium	High	Low
Care provider competition	Low	Medium	High	Low
Immigration	Low	Moderate	Medium	Low
Urban growth	Medium	High	Medium	Medium
Care provision dynamics	You're on your own	User-pays	Mixed economy	Nanny state
Family dynamics	Extended	Dispersed	Extended	Nuclear
Governance	Mixed	Bottom up	Mixed	Top-down
Social outlook	Pessimistic	Fairly optimistic	Individualistic	Pessimistic
Labour market	Poor	Growing	Growing	Stable
Network infrastructure	Diffused	Dominant	High	Low-key
Transport	Physical	Less important	Physically important	Mixed physical & virtual
Energy focus	Low	Renewable	Mixed provision	Traditional
Focus on technology	Low	High	High	Medium
Tax reform	Low	Low	Medium	Low
Role of super in healthcare	Low	High	High	Govt controlled

Sources Scenario names

The Day After Tomorrow

Senario 1: Overview

characteristics of Australia in 2011 have become disruptively less favourable for the stakeholders in the community care sector. Quantitative change has driven qualitative change. The global economy has worsened and Australia's advantages derived from its role as a leading primary producer have been competed away as the strong Aussie Dollar and inflation have promoted the doldrums that beset Japan and the US a decade or so earlier. The community care market is fragmented and as a result of the country's negative approach to organic population growth and immigration, whether formal or informal, the ageing of the Australian population has been exacerbated.

The theme for the sector is survival. Make do with what you've got, cut corners when you can and seek to help the wealthier clientele, even if this means breaking the system, by offering add-on services on a user-pays basis. Technology becomes a highly critical component in the healthcare system by offering a real hope of increasing productivity at attractive levels of investment. But the technology investment is focused on the improvement and implementation of existing applications rather than the innovation of new stuff.

As the social fabric is both polarised and loose, community care professionals have to work hard to deliver quality and the result is a workforce that is hard to motivate and where job stability is low. The one compensation is that families are sticking together longer to provide a cushion for family members against the world outside, making collaboration and self-help within family units easier to achieve.

The fortress mentality affects everything. Here is a world in which major events have combined to create an Australia that is frightened and scared. The impact of climate change is enormous with increased? rain and rising sea levels the norm. The implosion of trust in basic institutions like banking and education, and the social unrest created by the growing disparity between rich and poor, have forced most people to turn their backs on the notion of nationhood or global citizenship. People with money remain engaged in

the broader definition of the economy, yet they separate themselves by living in gated communities and looking after their own patch. Those with less, who feel betrayed by the faded promises of the mining boom, have a desire to withdraw both emotionally and physically; they're people who rediscover an appetite for regulation, protectionism and parochialism – concepts they would describe as a 'healthy self-sufficiency'.

Lowered living standards have had some ironic benefits for the health sector. Those chronic diseases of opulence – obesity, diabetes, heart disease and depression – have reduced in intensity and people generally are fitter by decreasing their reliance on transport for getting around. But life expectancy has re-established its steady rise, which has inevitably increased the number of people requiring aged care. What you win on the swings you lose on the roundabouts …!

The relevant insignificance of physical networks is not mirrored in the virtual world. A second irony is that the more local the physical environment becomes (right down to an emphasis on the extended family), the more global is the virtual network that sits alongside. People willingly collaborate in global virtual communities while being relatively ignorant of those who live in the next street.

Welcome to a world in which the benefits of globalisation and the challenge of dealing with the increasingly local focus are uneasy bedfellows.
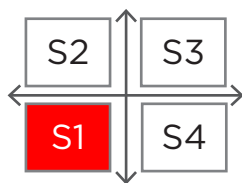
Cameo

Avoca, NSW, 9 November 2030

Tracey McGovern reflects on how things have changed in just a short space of time. The five-bedroom McMansion she built with her husband Steve at sea level in Avoca once housed just them and their two kids. But now, with Steve out of a job and on a modest pension, the place is home to nine people, including both Tracey's and Steve's mothers, their daughter and her husband and their one child, plus a couple of lodgers to help cover household costs. Fortunately they have no debt. They converted the garage into a homecare centre for the senior mother who is 94, bedridden and needs constant care. Technology monitoring systems have been installed which enable Tracy to be in constant touch through the iPad app on her smart phone.

The demand for institutional care in nursing homes and retirement villages has declined rapidly as extended families like the McGoverns build self-help resources from within, demanding technological aids from the care sector that will make self-management an easier task.

It has been raining for weeks. The dams are full to bursting. And the rising sea levels after 50 years of climate change inaction are pressing rich and poor alike along the eastern coastline of Australia. From Ulladulla to Pearl Beach, from Forster to Mission Beach, from Townsville to Cooktown care professionals are embroiled with local council and infrastructure workers in meeting the challenge to provide adequate services to the ageing communities of retirees who had once seen coastal living as an appropriate reward for a working life full of endeavour.

The grey nomads have been forced to stop their wanderings and drop anchor, seeking shelter from the storm. While housing density has remained fairly static, population density has risen as growth is being absorbed by the existing housing stock. Nuclear families and single occupiers are disappearing as local extended family networks emerge. But there are few economies of scale as unemployment is structurally in the 7–10% range and up to 30% for young people. Families battle against inflation and the persistent strength of the Aussie Dollar and find some respite in sticking together.

Tracey reckons she is among the fortunate ones, hearing stories everyday about people who cannot afford to develop self-management services as she and Steve have done, and who are forced to place their aged parents into institutional care in homes that are underfunded, undermanaged and understaffed.

Let's hope our children can continue our tradition, she thinks, when we are 'over the hill'.

Timeline

2011–2015

- The two-speed economy becomes more extreme
- House prices reach a new high
- Interest rates rise to a new 20-year high of 9.8%
- *Battler* magazine launched by Fairfax
- Labor Government abandons carbon pricing in favour of energy use reduction
- Peter Garrett resigns and joins the Greens

2016–2020

- Global economic depression – the worst since 2008
- Internet Security Act seeks to stem growing anarchy on the net
- Net Neutrality Convention in Taiwan
- Health department official in Queensland indicted for accepting bribes from rich patients
- CSIRO restructured to focus on economic benefits of research
- Impact of exchange rates and inflation now negate revenues from primary industries

2021–2025

- Aussie Dollar buys US$1.25
- Beach towns on eastern seaboard flooded by rising sea levels
- Suicide rates among over-50s rise sharply
- Young Australians' emigration rates up 20%
- Newcastle unemployed hits 13% – the highest city stat in Australia
- The movie *Two Up* scoops the AFI awards

2026–2030

- Inflation rises to 8% surpassing annual GDP growth
- Water prices increase – $80/kL drinking water
- Flu pandemic – increased health issues
- Formal immigration reduced to just 30,000 pa
- Ageing population now a massive 25% of the total population – 20 years ahead of 2010 forecasts
- Gated Communities Act seeks to reduce self-policing
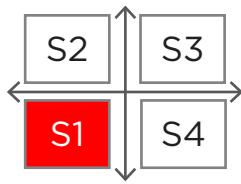
EARLY WARNING INDICATORS

Ten early warning indicators that this world might be on its way:

1. Rising inflation and interest rates
2. Rising sea levels
3. Volatility of climate change from flood to drought
4. Persistently high Australian Dollar
5. Increasing demand for health apps
6. Rising unemployment
7. Falling occupancy rates for institutional care providers
8. Reduction in national pride
9. Increasing Aussie battler culture
10. Drop off in interstate travel

SCENARIO 2

Local Hero

Senario 2: Overview

This is a world in which consumers have a high degree of choice and control but the community care workforce that serves them is a disparate, poorly supplied and unmanaged affair. There's a great? deal of pressure to secure higher wages in an economy that is patchy in its performance.

Productivity is low both within the care sector and in the economy at large. As a result there are pressures on business margins that are reducing private investment in the sector and making it difficult to be innovative. The shining light, however, is an energised ageing generation of care receivers that is politically active and effective. The boomers keep on booming

We are funding aged care in Australia through increased immigration from Asia, especially into satellite cities in regional areas so as to minimise the impact on natural resources and infrastructure. Ghost towns from our past spring back to life as we create socially inclusive societies to promote community connectedness and benefit local commerce and improve human relations within the community.

Urban design supports and facilitates integrated living within these communities and the communities exercise responsibility, interaction and reciprocity on individual and collective levels. Diversity of cultures is strengthened within a physical environment of social connectedness complemented by virtual networks.

Infrastructure in these satellite cities has been improved in preparation for increased immigration and the natural organic growth of our population, but funding pressures are evident at every step. The focus on local solutions has, however, delivered a major social benefit in that the gap between the 'haves' and the 'have-nots' has been reduced year after year. Australia is a more equitable society.

As the idea of local living gains momentum it, ironically, becomes a global movement. 'Glocalisation' some call it. It's also a world in which environmental awareness is high and there is great emphasis on renewable energies and on reducing the need for carbon-based travel by using technology to drive travel-replacing effective virtual networks. Sustainability rules although most of the solutions remain fairly low-tech. Power generation shifts to local networks to avoid losses due to transmission and most homes, offices and public buildings increasingly generate some of the power they require through a mixture of solar and wind. Cost, however, is an inhibitor of technology development, as people have to think carefully before committing to technology solutions.

Work, too, is localised. By and large people shift their employment needs and leisure diversions to places that are more local. Work–life balance remains a key part of this equation, with many people giving up a proportion of their income in return for less travel and less stress.

User-pays practices have grown inexorably but the social cohesion of family dynamics acts as a buffer against the development of a bureaucratic society that lacks passion. Because the economy is volatile, governments are under pressure to stabilise funding at the national level, thus promoting the significance of the local in the way the system works best.

Video technology has become mainstream in the care profession but the enduring challenge is how to reinvigorate the professional community image to attract and retain its workforce.

Cameo

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South Kalimantan, WA, 11 November 2030

Councillor Aubrey Jones is one of the growing number of independents occupying political office at all levels of government. The national focus for government and, indeed, for governance, had been weakening for over a decade along with the decline in major political party membership. The electorate in his satellite city in WA had also been changing as the number of migrant families has grown significantly. These new 'new Australians' are quite different from the migrants of the 1950s and 1960s. They have been raised in a globalised world and regard themselves first as citizens of that world and then as citizens of their local community. WA and Australia didn't really get a look in.

Councillor Jones's city has a strong Indonesian residency and the new settlement had been blessed with an Indonesian name – South Kalimantan – to underline this link. The local council had acquired new powers from the state and federal governments in the area of community health and is now responsible for the management of community care at the in-home and residential levels. GPs act as the conduit between the community care role of the council and the hospital system that is still managed by state and, increasingly, federal governments.

Responsibility at this local level is a heavy duty for Councillor Jones who works with the town hall bureaucrats to optimise the benefits delivered to the townies. But Councillor Jones's perennial headache – apart from the obvious multicultural and language difficulties – is the lack of a real budget to deliver quality services to the community. The community is not a passive accepting group. Nobody would have guessed, as the physical presence of war veterans disappeared (those still alive who had served in Vietnam were now in their nineties), that the RSL would become the most significant pressure group for the rights and interests of the younger baby boomers, now in their seventies and eighties.

The 'grey rights' movement is well organised and effective in a world that is economically patchy and unpredictable. And since there is a direct link between this group and the outcome at local elections, Councillor Jones takes it all very seriously. He looks at the invitation to the RSL for next Thursday evening to attend the GRIN (the Grey Rights Information Network) annual general meeting and gives it a big tick. He'll have something to say about the resolution to request the council to provide more disabled parking for care-providers from the community as well as the second resolution to provide rates relief for households installing care-monitoring technology.
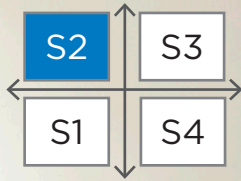
Timeline

2011–2015

– Peak hour in Sydney now runs until 11 am
– Minor recession in Australia
– The Asian Immigration Act is passed, linking mining exports to immigration quotas
– *Locale* magazine launched by Fairfax
– Federal Government begins to devolve power for health management to local councils
– Independent-led councils exceed Labor- and Coalition-led councils for the first time

2016–2020

– Federal Government debt rises sharply; S & P downgrade Australia
– Super Councils Act increases jurisdiction of local councils
– Twin Cities movement signs up councils across Asia
– ACCC rebadged The Australian Consumer Choice Commission
– CSIRO restructured to focus on social and economic benefits of local development
– Rateable value of houses reduced where multiple occupancy is demonstrated

2021–2025

– Migrant immigration tops 250,000 pa
– AFL expanded with six teams for regional Australia
– Climate change and work–life balance key issues in Australian Federal election
– State of Origin supplanted by the 'Gritty City Challenge' – Darwin victorious in the inaugural competition
– Health unions merge to bolster falling support
– Population of Hill End in NSW rises to 20,000

2026–2030

– Superannuation & Health Act liberates super for aged care
– The 'It's Our City' design movement reaches 450,000 online active members
– Vidlink technology now ubiquitous in home, hospital and residential care facilities
– Grey Rights Information Network (GRIN) established nationwide
– Ageing population 17%
– User-pays services integrated into Medicare
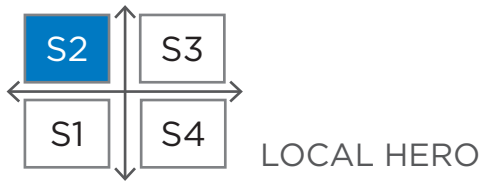
EARLY WARNING INDICATORS

Ten early warning indicators that this world might be on its way:

1. Underlying political pressure to increase immigration to fund an ageing population
2. The creation of the National Broadband Network
3. Acceptance of immigration and Australia as an immigration success story
4. Bumpy economy
5. Charging a tiered cost for service, whereby the farther you are away from the provider the   higher the cost
6. Consumers exercise their choice to switch between providers more readily, which drives competition on price
7. Evidence of swings back to local community
8. Tightening restrictions around the use of resources, especially electricity/water
9. Climate change causing mass movements of people from one country to another
10. People starting to grow vegetables and flowers on unused urban land

SCENARIO 3

Independence
Day
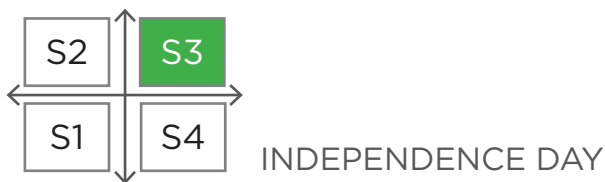
Senario 3: Overview

This is a world in which workforce management is highly developed and where funding productivity is high. The citizenry being served is able to exercise discretion and control over the provision of services to meet its needs. Within the consumer realm, the ageing baby boomers increasingly call the shots.

Consumers in this world prefer providers who are environmentally responsible.

Australia is increasingly dependent on its relationship with China and India for its trade, and with Asia more broadly for its workforce. There is more flexibility and diversity in care but we still run the risk of there being more inequity. The tension between high economic growth and social equity exists at a time when the economy is doing really well. Our society is increasingly polarised as greed continues its age-long battle against the demand for moderation and less consumption. This increases individual responsibility and drives more intolerance of the poor and/or sick. Prevailing culture of high expectations for self-care and maintaining one's own health.

Nevertheless, individualism is stronger, the market economy prevalent, and government funding is for a safety net and not entitlement.

Community care costs have increased significantly and represent a greater proportion of GDP. Its workers are highly paid; they provide higher professional standards, have better professional standing and achieve better outcomes. Nevertheless, technical efficiency has declined (higher expenditure of resources per patient/incident) as allocative efficiency has increased (higher health/wellbeing outcomes per dollar – i.e. value for money).

Technology, given that it is well used by the workforce, enables staff to focus on human relationships and customer expectations, including advocacy. Technology is also used to measure the performance of the workforce and to assist in the choice of provider. Patients have unique identity chips and, all in all, it is a very competitive market for technology to support community care.

Technology, from the consumer angle, as you'd expect, is highly coveted, whether it is the latest phone, the latest hybrid vehicle or the latest energy dashboard. It is a world of smart science and engineering.

As it turns out, this is not a flat world, as predicted by Thomas Friedman in *The World is Flat*, but a very spiky one, as prophesied by Richard Florida in *The Rise of the Creative Class*. Global cities like Sydney and Melbourne attract entrepreneurs and innovators but other areas, especially rural regions, struggle to attract or retain creative talent.

There is less priority on environmental management than we had expected. The focus is on immediate needs and comfort, and developing policies that drive high levels of intergenerational participation and promote leisure interests. Clean technology is desirable but   the internet and virtual worlds compete for attention over the physical world.

The boomers hold the balance of electoral power as they become an increasingly larger percentage of population demographics. They also retain economic wealth and assets as their life expectancy blows out towards 100 years.

The poor in Australia, of any age, are getting poorer. Multiculturalism expands, along with diversity in cultural activities. The demand for homecare and medical technologies increases with a further focus on reduced life-threatening diseases, self-monitoring, health prevention and wellbeing.
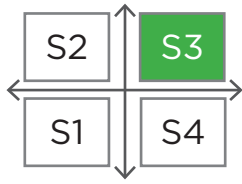
Cameo

Press Conference Canberra, 1 April 2030

The members of the press gallery, supplemented by the influx of radio and TV reporters from Australia and beyond, crowd around Australia's Federal Prime Minister, Paul Keating who, at 86, is the oldest prime minister the country has ever seen.

"Ladies and gentlemen of the press I am very pleased to be here today at the launch of our celebration of the 2030 International Seniors Year. It will be a year of great significance for Australia. In truth, we can confidently say that we have succeeded in extending opportunity and care, dignity and hope, to the elderly community in Australia. To people like me who only a decade ago felt marginalised and forgotten and could not say as we can say today that ours is a country which is truly the land of the fair go and the better chance.

"I could not have guessed that I'd be back at The Lodge as leader of the New Labor Party, whose ranks have been swelled by an active, articulate and committed group of ageing citizens who have grasped the opportunity that a vibrant social democracy such as ours presents for all citizens whatever their creed, colour, gender or age.

"This is perhaps the point of International Seniors Year – to bring even more members of my generation out of the shadows, to recognise that all ageing communities are part of us, and that we cannot give up on any senior Australian without giving up many of our own most deeply held values, much of our own identity – and our own humanity.

"However intractable the problems may seem in providing care for our ageing community we cannot resign ourselves to failure. After all, the senior citizens of today were once the youth of yesterday and as one of their number I seek to take a leading role as defenders of our interests and preservers of community.

"This is not an easy road. When my parents' generation retired their life expectancy was just a decade or so; now retirees can expect as much as 30 years outside the traditional workforce – a time of hope and opportunity, but a time that is also beset by health, emotional and psychological issues.

"In the wake of these problems and as a sign of my government's intentions I am pleased to announce today the setting up of the Senior Health Council. The SHC's mission is to forge a new partnership between our elderly community and our younger citizens built on justice and equity and an appreciation of the contribution made to everyone by Australia's older people.

I am confident that we will succeed in this endeavour.

Thank you."
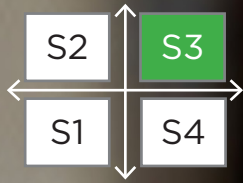
Timeline

2011–2015

- Australia's economy leads OECD nations for the fifth year in succession
- Seniors for the Environment (the SEE grey / green movement) established
- Community Care Professionals set up an awards program, 'The Rosies'
- *Seenya* magazine launched by Fairfax
- RSLs pioneer their pressure group role for the aged community
- Labor Party obliterated at the Federal election

2016–2020

- New Labor Party formed
- Gap between rich and poor in Australia widens
- Government introduces means testing for aged care
- Engineers Australia advocates the creation of a new cabinet post – the Minister for   Smart Science and Engineering
- CSIRO restructured to focus on social and economic benefits of happiness
- New Labor wins 20 seats in the Federal election

2021–2025

- First nuclear power plant opens in Sydney
- Malcolm Turnbull joins New Labor as Paul Keating's number two
- 'Monitor Me' smart phone health app sweeps the board
- In Australia RSL website now gets more hits than the declining Facebook
- Life expectancy rises to 100 years for women and 94 years for men
- Medical technology entrepreneur Martin Scott goes to the top of the BRW Rich 200 List?

2026–2030

- Paul Keating re-elected as Australian Prime Minister
- Keating sets up a new department within P & C to focus on happiness
- Obesity levels fall for the first time in Australia's history
- Sixty-two-year-old singer Kylie Minogue goes platinum with a reissue of 'I Should Be So Lucky'
- Ageing population 19%
- PM Keating announces the formation of the Seniors Health Council
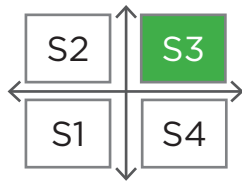
EARLY WARNING INDICATORS

Ten early warning indicators that this world might be on its way:

1. Two tiers of wealth of health – e.g. assets, superannuation – much of which is based on age
2. Extreme weather conditions increasing
3. Dependence on cheap labour
4. Increasing immigration to fill gaps in the workforce (e.g. taxi drivers?) and of skilled individuals (e.g. doctors, healthcare workers)
5. Affordability of existing services – user-pays being introduced by providers to fund customisation of services
6. Baby boomers standing as senate candidates in federal and state elections
7. Rising demand for welfare services among the disadvantaged classes
8. Continuing population drift from the rural to the urban
9. Explosive increase in smart phones and related mobile technology
10. Super being diverted to fund care
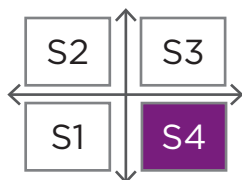
Silence of the Lambs

Senario 4: Overview

This is a world in which consumers have limited options in service choice and little political clout. We use high technology in a world with a low carbon footprint where the use of video solutions abounds. This is a highly regulated 'top-down' world where there are limited choices for consumers. It's a litigious world with low consumer education and expectations and low support for personal choice – whether for dramatic events like euthanasia or the demand for control of personal health records. As a consequence, bureaucracy rules the roost. Technology is for the provider and not the recipient. Screen dynamics are one-way with low emphasis on interactivity unless it is a sure route to cutting costs.

The citizenry is apathetic about the 'big brother' nature of governance in this society because although there are limited financial resources available for healthcare, it is a very well managed sector, with a workforce that is well trained and educated. People like being told what to do provided efficiency and productivity are high. They are disinterested in exerting control provided the government comes up trumps.

In technology, it's predictably a high-tech low-touch environment, with well-resourced and available workplace tools and the wide use of remote care modalities. Technology has impacted beneficially on reducing expenditure costs in health as emerging technologies from other industries have been easily transferred. Expenditure on health is controlled and constant regardless of changes in population and demand. The care-providing workforce is reasonably well remunerated without being overpaid?.

The economy is stable. Not good, not bad. In fact, the balance of payments of the economy is in surplus as the population has remained stable and expenditure is very efficient due to high reliance on technology and data from technologies. Nevertheless, taxes have risen as income from the mining industry has decreased because of lacklustre economic performances in Asia, particularly in India and China.

Superannuation drives investments in healthcare and the environment but government controls it all. Early retirement is possible but you still need to contribute to super and you are not be able to access your super until you are 75 – but the government can! The government calculates the cost of your continued care and take those funds from your super. It is also known as the sneaky tax!

Everything that can has become user-pays with technology assisting in the accounting for who should pay.

Ever-increasing natural disasters and pandemics are well managed. But any disaster that impacts on technology is catastrophic. Manual processes have been forgotten but there are emerging technologies that are now enabling better continuity of technology.

The population is stable with low levels of immigration but its apparent optimism is based on the dumbing down of consumer activism. This movement is suppressing social tensions in a way that makes the overall social outlook much more pessimistic.

We may have never had it so good but nothing lasts for ever. The incipient revolution is building force as the lambs of the new generation of adults begin to resist going to the slaughter as their parents have done.

Cameo

**The Department of Aged Management & Nursing (DAMN),
Melbourne, 1 January 2030**

Shania Stratton had been sitting at her DAMN console for an hour when, at 9.08 pm, the emergency star indicated a problem at coordinate CS92-AL78. The revealed emergency code indicated a cardiac arrest at 7/134 Connolly Street in Prahran to care-receiver CR9184. Shania swung into action using her smart phone to locate ambulance 6J072 which was by three streets the nearest to the emergency address. The digital history attached to CR9184 was automatically retrieved from the health department care-server in Bangalore and sent as a PHR (portable health record) to ambulance 6J072 and accepted by assistant AMB007. The record indicated the care-provider to be CP9184/1 – a 48-year-old male and a relative of CR9184 who was female and 84 years old.

It took 3.5 minutes for 6J072 to access CS92-AL78 and engage with CP9184/1. AMB007 connected CR9184/1 wirelessly to the DAMN system enabling a supervisory link to be made to the A&E Department of Prahran Hospital (HOSP41) where intern IN6740 was the screen minder for the evening roster. Shania could access all three locations – the unit at CS92-AL78; the body systems of CR9184 and hospital HOSP41 – using the system preference tri-screen mode.

AMB007 – along with colleagues AMB908 and AMB724 – quickly had the cardiac technology in place and sought to revive CR9184 using the newly developed infra-life pulsator. Shania and the intern reviewed progress on Tri-screen 1 and after 18.36 seconds of treatment a green heartbeat flickered onto Tri-screen 2. After a minute of elapsed time CR9184 was breathing and the pulse rate moving steadily towards its norm of 84. The task of IN674 was complete and he signed off by completing the brief performance questionnaire and updating the PHR. AMB007 completed his onsite report and uploaded the data. And CP9184/1 completed his customer satisfaction report before ushering the ambulance crew out the door.

By 9.55 pm the incident was closed. All that remained was for Shania to alert CR9184's GP with a summary report and to log the post-incident care request for in-home visits from the district nursing facility starting at 8.30 am the next morning.

Job well done, mused Shania as she quit the tri-screen mode and accessed the cumulative performance rating for her unit's contribution to aged care in Melbourne. "Wow," she exclaimed. "87% and trending upwards. Not bad, not bad at all."
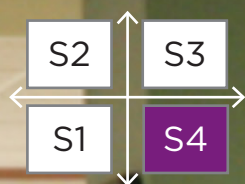
Timeline

2011–2015

– Smart phones sell more than other phones and PCs combined
– Private health insurance costs fall
– Federal Health Act confirms more centralised control
– *Bureaucrat* magazine launched by Fairfax
– Inaugural health technology awards 'The Providers Pride' launched
– Liberal coalition takes Federal Government in landslide

2016–2020

– Australia records driest year on record
– Informal votes cast at elections up 23% versus 2010
– Social networks lose ground
– Immigration falls to 35,000
– CSIRO closed down
– Liberals re-elected for a third term

2021–2025

– Income tax rates and threshholds raised for the first time in almost 50 years
– Digital Health Records Act limits freedom of access by patients
– Superannuation and Health Act gives government the right to access super to pay for care
– Aged care means-tested
– Health Providers Act gives tax and investment incentives to large providers
– Healthcare profession wins significant industry awards

2026–2030

– Liberals win a surprising fourth term
– Health Beneficiaries Act introduces more user-pays legislation
– ACCC rebadged the Australian Consumer Care Commission
– Mandatory superannuation levels increased to 18%
– Ageing population 17%
– Compulsory retirement at 65 for MPs introduced
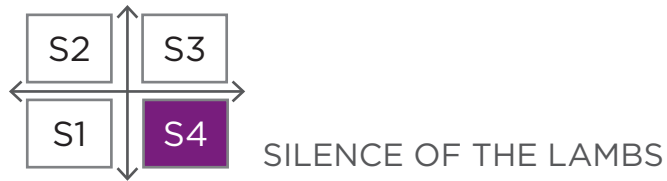
EARLY WARNING INDICATORS

Ten early warning indicators that this world might be on its way:

1. Surveys reveal a growing level of cynicism about the trustworthiness of information
2. Generational change beginning to create significant tensions within the workplace
3. Surveys revealing that people are living in a state of increasing anxiety
4. Rising levels of pessimism about the future among general population
5. Prevalence of technology as a core module in all education
6. Increase in the government making new legislation without consultation
7. A government report recommending more user-pays.
8. Compulsory super and changes in rules of access (without consultation – government determined)
9. Rationalisation of service providers and extinction of smaller providers – big is beautiful!
10. Emphasis on virtual communications versus physical

'The future is not at the end of a trend line'

PART

Learning from the Future

We have now created four alternative futures which challenge us with regard to the simple question – what would we be doing in each of these imagined worlds to respond to the framing question:

generative strategies that we must consider implementing today.

To make this happen, we need to imagine it is the year 2030 and identify those strategies that would align the community care profession

> What techologies will the Australian comminity care profession need and be able to employ to be successful in the alternative environments in which it may have to operate in 2030?

So what are the strategic implications of these futures? Are these implications 'universal' or specific to this future environment rather than that one? And, finally, we come back to the present to identify both the adaptive and

with the defining characteristics of each imagined world.

The four scenario worlds suggest that future changes to society will produce environments that are incrementally different from today,

THREE
From Scenarios to Strategy

but that each of the four worlds contains elements that are potentially disruptive. Only in *Local Hero,* with its community-based approach to healthcare, sustainability and social equity, is there less division – but at a cost, as this world is economically unstable with low productivity. In *Silence of the Lambs* a dumbed-down citizenry will not stay that way for long, while the optimism of the *Independence Day* scenario is tempered by the focus on selfish consumption and growing social inequity. 'Healthy, wealthy but not wise', as an earlier emanation of this scenario, expressed this clearly. And the least attractive of the futures – *The Day After Tomorrow* – feels like a dystopian extension of the world we are in today where the two-speed patchwork economy creates ever-increasing pressure to cut the public purse and reduce both the quality and volume of community services.

All four futures are at odds with the preferred future that we generated as a benchmark to begin the project. An ideal world combining ecological balance, sustainability, care policies freed from political short-termism, the ubiquity of technology access but with a high level of touch, and strong community values – in short a world abounding with social equity – is way ahead of each of the scenarios and remains a mission to be undertaken and a vision to be achieved.

Lessons from the scenario worlds indicate that to avoid a scenario that is at odds with our preferred future, it will be important for government policy-makers, care profession strategy creators and the community at large that they all serve to take into account the longer-term implications of their actions and their inaction. Aligning funding with perceived social value looks like the dominant strategic challenge for the community care profession leading up to 2030.

Some of the possible implications and learning from across the three scenario worlds are discussed below in relation to the strategic domains which we evolved at the second workshop.

Our response to alternative futures is always of two kinds – how do we adapt to the conditions in which we are asked to operate and, of most importance, what can we do to create a better future for our users and other stakeholders? The journey from doing things better to doing better things.

The Strategic Domains

Like all human endeavours, learning from the future requires a framework. The framing questions have helped us design the scenarios by focusing our attention on changes in the external environment which might be relevant to them.

We now need a set of strategic domains within which to address the strategic implications of the scenario worlds and from which we can identify priorities for action today.

These are the domains that were agreed at the second workshop in Melbourne:

No domain is mutually exclusive. Taken together they define for the community care profession in Australia those areas where strategic choices have to be made and include within each a sub-set of topics which may need to be addressed.

These sub-topics are shown as 'strategy clouds' in the discussion which follows.

THE COMMUNITY CARE 24/7 SCENARIOS

Environmental Influences

SYSTEM DESIGN/ DEVELOPMENT

WORKFORCE

TECHNOLOGY

Strategic Domains

Inputs

MARKET

RESOURCES/ FUNDING

Profession Outputs

System Influences

The External Environment
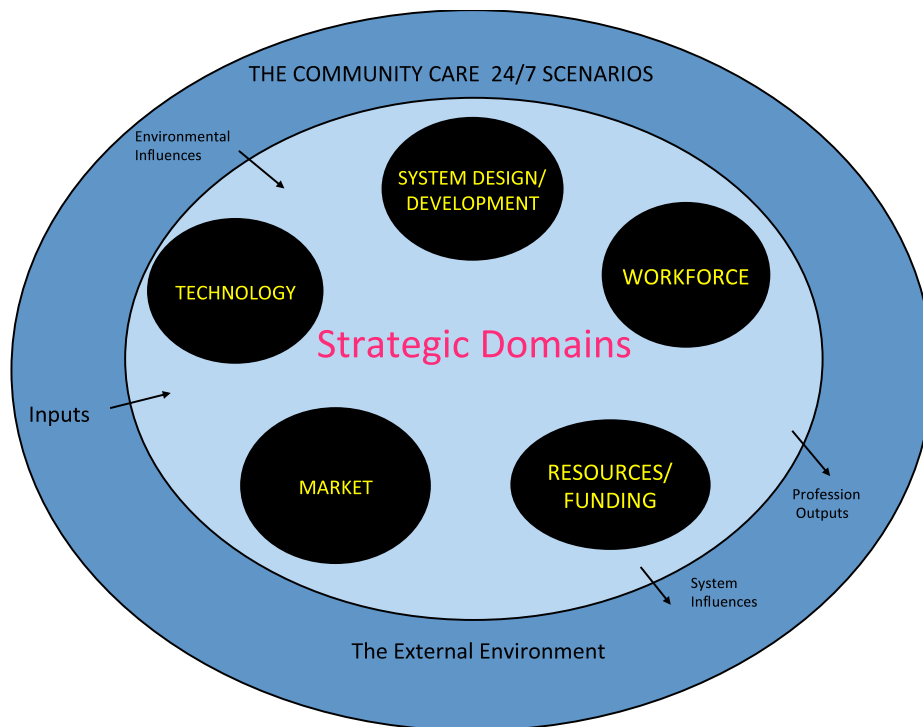
Training & Development
Recruitment   **Planning**
Culture **Competitiveness**
Efficiency   Valuation
Openness   **Leadership**
Management
INNOVATION

Workforce development is an area in which strategy is significantly influenced by alternative futures. Strategic implications that resonate strongly in all futures are limited to the need to implement education programs for new technology, to raise remuneration rates for employees, to make the profession attractive to immigrants and adaptive to the career path needs of new younger generations of workers. The benevolent bureaucracy in *Silence of the Lambs* has no need for open-service provision models or to deeply engage stakeholders in performance review. Equally there is no emphasis on the 'local' or multiculturalism, unlike the needs in the other two worlds.

Chronic care   Modelling
Service structures   **Metrics**
Acute health/community interface
Performance Assessment
Quality   Governance
Flexibility

The tensions between national, state and local elements in systems design are quite different in all three futures. *Local Hero* by definition does not seek solutions beyond those that can be mediated by the community, but at the same time would gain some benefit from the impact of national systems integration and quality control that are paramount in the other futures. The battle for professional attention is interesting in the *Silence of the Lambs* future where, despite the role of government as the key provider, community professionals are still keen to prove their mettle in their level of expertise.

In this domain the creation of portable patient-controlled health records is a no-brainer as is the sharing of information between providers. The workshops were also sensitive to the recent concerns about the impact on community health of natural disasters, and disaster-proof systems were seen to be important for all futures. More collaboration was also a theme for consideration – whether between providers.

Clients   *Flexibility*

Stakeholder Engagement

Care Assisters   Health Literacy

Providers

Funders/Payers

Once again, the *Silence of the Lambs* scenario maps out a distinctively different strategic course when it comes to the market for community care services and their fulfilment. This 'supply push' world has no need for 'touchy-feely' policies. You can rely on us to do it right for you. Nevertheless, we do need to anticipate consumer demand and in so doing champion the revolution by pre-empting unsatisfied needs among consumers. Our other two futures are much more open to the needs of the market. Client education is a key feature in these worlds with a keen focus on cultural

differences, health literacy and the integration of care receivers into the system. This latter point becomes really important with regard to health records – their portability and ownership. All futures demand top priority for this topic.

The relevance of user-pays is an interesting 'no-brainer' in the scenarios. We could not imagine a future in which user-pays models were not being used and promoted as a logical no-nonsense funding model. It was less relevant in the *Local Hero* future, a world in which values are based on more than financial concerns.

Lobbying/Advocacy

Levels   CONSISTENCY

Context   Structure

Utilisation User Pays

Business Models

Public Private Partnerships

One novel aspect of funding is the inclusion of the idea that providers can put add-on fees into the equation and we felt this opportunity was relevant in all futures. This way of customising what are increasingly commoditised services is complemented by the need for much better forward planning by consumers of community care services. Don't plan for old age when you get there, but anticipate the needs when you have the capacity to do something about them.

This puts pressure on the need to open up superannuation access and related tax reform, as well as to expand provider collaboration so as to make services more efficient. All businesses involved in the sector – whether not-for-profits or regular corporations – need to be able to get a decent return on their activities and we noted in *Local Hero* a strong need to allow NFP providers to raise external capital.

Accountability
Investment Allocation
Dynamics (level of touch)
Measuring progress/responses/outcomes
Convergence/integration
Adoption
Modelling   **Security**

Health planners are encouraged that for all the imagined futures, technology as an enabler of innovative community care practice rates consistently high. Everyone wants technology solutions that are simple and easy to use, consistent and aligned to the skills of the users – whether care-provider or care-receiver. Performance metrics are equally required as is the engagement of users in product design.

The need for high-touch solutions is not generic. In *Silence of the Lambs* the top-down nature of technology provision makes it much less relevant. This future also scored low marks for the consumer linked virtues of promoting open source technologies and education to drive the fast adoption of new technology. The need for care providers to develop in-house expertise in technology topics emerged as a key strategy in this future but not elsewhere. There is also little need for the profession to influence technology providers in this 'big brother' future.

All futures recognise the need for technology to drive value in terms of outcomes and costs.

Strategy Table

Over the page is a table of strategies which were raised at the workshops showing their relevance in each future. The action status is a simple assessment of the robustness of the strategies in all futures imagined. The 'No-brainers' – strategies highly relevant in at least three futures and at least of medium relevance in a fourth. The 'Riskys' are those which are prominent in only one or two futures while the 'Keep safes' lie somewhere between the two extremes.

Strategy Table

DOMAIN	STRATEGIC IMPLICATION	The Day After Tommorrow	Local Hero	Indep-endence Day	Silence of the Lambs	Action Status
Technology	Develop technology that: is simple & easy to use	High	High	High	High	No Brainer
Technology	is adaptive by proficiency of the user	High	High	High	High	No Brainer
Technology	has consistency of operation	High	High	High	High	No Brainer
Technology	contains user input in design	Medium	High	High	High	No Brainer
Technology	offers performance assessment metrics	High	High	High	High	No Brainer
Technology	has an increasing perception of touch	Low	High	Medium	Zero	Risky
Technology	Influences technology providers/information management	High	High	High	Zero	Keep Safe
Technology	prromotes open & shared technologies	Low	High	High	Zero	Risky
Technology	promotes technology assessment and speed adoption	Low	Medium	High	Zero	Risky
Technology	Lobbying for partnerships and govt. funding	Low	Medium	Low	High	Risky
Technology	Establish links with tech / research providers	High	High	High	High	No Brainer
Technology	Employ in-house experts so we can take opportunities	High	Low	Low	High	Risky
Technology	Assess suitability of tasks to technology application	High	High	High	High	No Brainer
Technology	Demonstrate value of tech. in terms of outcomes/costs	High	High	High	High	No Brainer
Workforce	Promote openness to a culture of change	Low	Medium	Low	Low	Risky
Workforce	Educate for new technology	High	High	High	High	No Brainer
Workforce	Open service provision model for all forms of care	Low	High	High	Zero	Risky
Workforce	Stakeholder engagement in performance review & design	Low	High	High	Zero	Risky
Workforce	Address cultural & role diversity	Low	High	High	Zero	Risky
Workforce	Integrate workforce in the local health network	Low	High	Low	Zero	Risky
Workforce	Promote volunteerism & nature of care provision	High	High	Low	High	Keep Safe
Workforce	Promote proper remuneration	Low	High	High	Low	Keep Safe
Workforce	Adapt to needs of Gen Y & offer career paths	Low	High	High	Low	Keep Safe
Workforce	Make profession attractive to migrants	High	High	High	High	No Brainer
Market	Promote health literacy on whole of life basis	Medium	High	High	Low	Keep Safe
Market	Integrate consumers in performance reviews	Medium	High	High	Low	Keep Safe
Market	Broaden consumer options for participating	Medium	High	High	Low	Keep Safe
Market	Broaden cultural sensitivity	Medium	High	High	Low	Keep Safe
Market	Strenghthen PR & spin to consumers	Low	Medium	Medium	High	Keep Safe
Market	Anticipate changes in consumer demand	High	High	High	High	No Brainer
Market	Use workforce as a source & conduit for health literacy	Low	Medium	High	Low	Risky
Market	Focus on health literacy in preventative areas	Low	High	Low	Low	Risky
Market	Lead the revolution - one voice for more choice	High	High	High	High	No Brainer
Market	Advocate primacy of the consumer	Medium	High	High	Zero	Keep Safe
Market	Promote user pays	High	Medium	High	High	No Brainer
Market	Build marketing capacity	Medium	Low	Zero	High	Risky
Market	Advocate portability of health records	High	High	High	High	No Brainer
Systems	Faciltate migration between providers	High	High	Medium	High	No Brainer
Systems	Centralise admin to focus on systems integration & quality	High	High	Medium	High	No Brainer
Systems	Develop partnerships for special areas of care	High	High	Medium	High	No Brainer
Systems	Go national not State by State	High	Low	High	High	Keep Safe
Systems	Promote migration between providers	High	High	Medium	High	No Brainer
Systems	Centralise admin to deliver integration & quality	High	Low	High	High	Keep Safe
Systems	Share health information between providers	High	High	High	High	No Brainer
Systems	Patient controlled health records	High	High	High	Zero	Keep Safe
Systems	Greater consumer choice	Medium	Medium	High	Zero	Risky
Systems	Design virtual sysyems that resist natural disasters	High	Medium	High	High	No Brainer
Resources	Outdo govt. on care expertise so they are beholden to us	Medium	Low	Medium	High	Risky
Resources	Break the system by encouraging add-on fees	High	Medium	High	High	No Brainer
Resources	Plan for aged care earlier in life	High	High	High	High	No Brainer
Resources	Advocate tax reform to fund care	Low	Medium	High	High	Keep Safe
Resources	Returns on business investment in the sector	High	High	High	High	No Brainer
Resources	Collaboration of peak bodies to strengthen lobbying	Low	Low	Low	Low	Risky
Resources	Promote the idea of customer responsibility for their care	High	High	High	High	No Brainer
Resources	Open up access & use of super	Low	Medium	High	High	No Brainer
Resources	Allow NFP providers to raise external capital	Medium	High	Zero	Low	Risky
Resources	Expand provider collaboration	Medium	High	High	Low	Keep Safe

Things We Must Do Today

This project has unearthed from the active participation of its industry-wide and nation-wide participants, strategic options that are gilt-edged. These are the things we believe we must be doing as a high priority in *every* future we have imagined.

TECHNOLOGY

We should be developing technology that is simple and easy to use, that is adaptive by the proficiency of the user and contains user input in its design. Technology needs to show consistency of operation and to have embedded within it performance assessment metrics. The community care profession needs to develop strong links with R&D organisations which would include collaboration to establish those tasks that are most suitable for technology development. At all stages the value of technology needs to be expressed in terms of outcomes and costs.

WORKFORCE

The training and development of the workforce needs to have new technology education as a number-one priority. The profession must be made increasingly attractive to new migrants to Australia.

MARKET

We need to anticipate changes in consumer demand but not be led by them. In fact, our key role is to 'lead the revolution' – presenting one voice for more choice. We need to be flexible regarding the economics of community care and promote the opportunities for 'user-pays' services to deepen the offer being made to consumers. We also need to advocate the portability of health records.

SYSTEMS

We need to facilitate customer migration between providers by, among other things, sharing health information between providers. We also need to centralise administration to help us focus on systems integration and quality. In view of our heightened concerns about environmental change, we need to design virtual systems that resist natural disasters. We will also develop partnerships for special areas of care.

RESOURCES

In line with the promotion of user-pays environments, we need to break the system by encouraging add-on fees. We will also promote the idea of customer responsibility for their care and to put pressure on customers and providers alike to make planning for aged care happen earlier in life. This will be aided by opening up access to, and the use of, super as an integral part of this process. We also need to focus on optimising the returns on business investment in this sector.

CSIRO

Dr Scott Martin
CSIRO Material Science & Engineering
Bradfield Road, West Lindfield
NSW 2070 Australia
+612 9413 7746
scott.martin@csiro.au
www.csiro.au

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intents (missions) which not only react and
adapt to change but also seek to create better
futures for everyone involved.

Oliver Freeman
The Neville Freeman Agency
PO Box 403 Cremorne
NSW 2090 Australia
+612 9953 1226
oliver@nevillefreeman.com
www.futureshouse.com

The Community Care 24/7 Scenarios

Alternative futures for community care
in Australia to the year 2030

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