

Scenario planning for a plausible future.

A guide to deep conversations.



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About this guide

Understand how to read this provocation and apply strategic foresight to have more challenging conversations.

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The scenario

A future-focussed and thought provoking scenario designed to challenge the way you see the future.

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Stress-test

A critical eye that determines how plausible this future is by looking at how weak, emerging or strong the signals are.

4

Horizons backcast

How the future might unfold if we listen to today's evidence and consider the trajectory that we're already on.



Our purpose

Build your resilience

The future will arrive whether you're ready or not. A society that looks ahead, asks hard questions, and prepares for possible but not inevitable futures, is a more resilient one.

Ready beats reactive

The goal isn't prediction. It's preparation. Learn to think in new angles, not in circles or straight lines. Think strategically, plan for what you can't control and impact what you can.

Pay it forward

Futures thinking is for everyone. It shouldn't be a competitive advantage. A more future-ready society benefits all of us. So share what you learn with others.



Strategic foresight

What

The futures that could make, break or reshape you are already emerging. We imagine evidence-based futures. Not predictions. Not opinions. A look at how emerging trends and signals could combine to reshape the conditions your world operates in.

How

It starts with signals. Emerging technologies, policy shifts, economic pressures, environmental changes. Things already happening at the edges, before they become obvious, yet far enough away that there's time to act.

So what

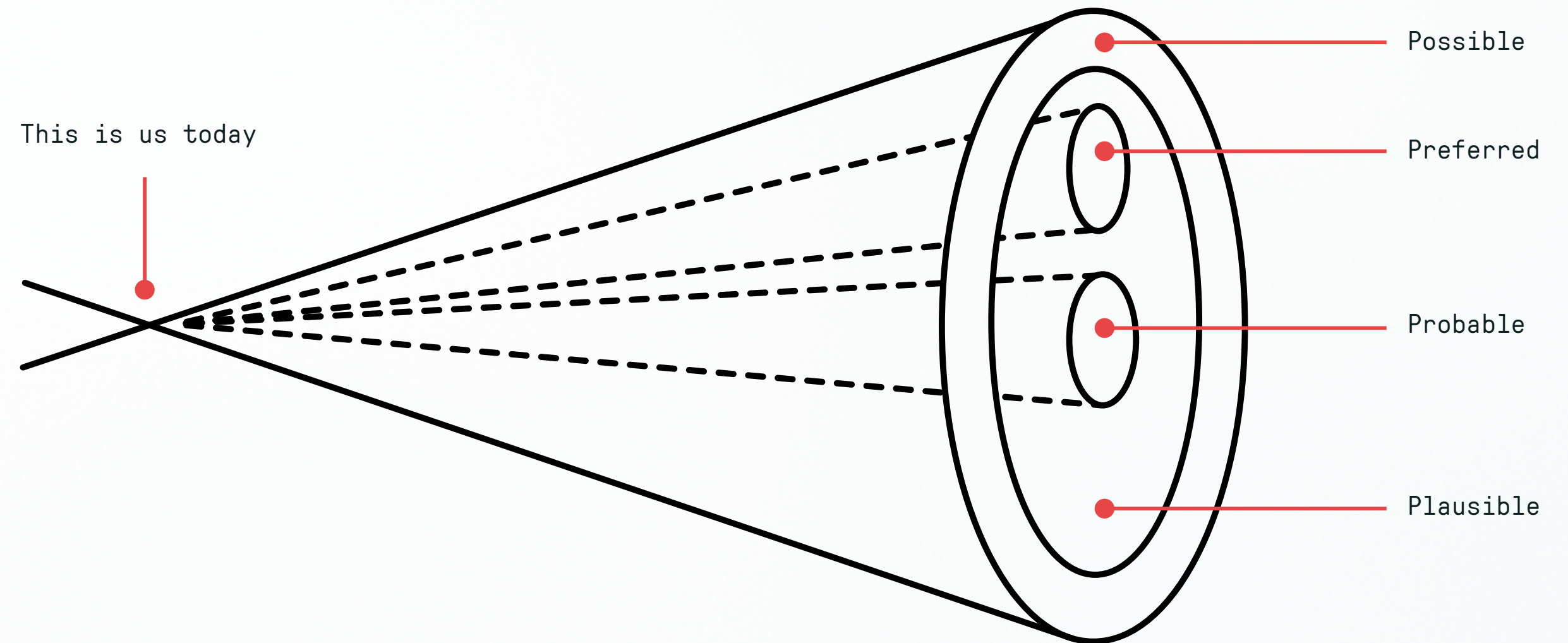
Most planning starts with what you already know. Foresight looks to what's coming. The future isn't set and how you prepare and respond is entirely in your control. It takes creativity and thought. Those are the muscles we help strengthen.



Futures cone

How it works

The further into the future you look, the wider the range of things that could happen. The futures cone visualises that expanding uncertainty. Starting from today, it maps futures across a spectrum from probable to possible, helping you think about the future in different ways.





Plausibility ratings

Possible

The logic holds, but the evidence doesn't. Getting here would need significant structural change or conditions that aren't anywhere near in place yet. Worth keeping an eye on. Not worth betting on.

Plausible

There's real evidence behind this one, but it's not the default path. Some conditions still need to shift for it to arrive. A credible future, not an inevitable one.

Probable

This is where things are heading. Multiple independent sources point the same way, and something significant would need to change to stop it. The direction is established.

Possible

Plausible

Probable



Environmental forces



What you can act on

Things within your immediate control or influence, that you can do to bring about this future sooner. These are also known as internal accelerators.



What could speed it up

The macro-environmental factors or things from the outside world that will bring about this future sooner without you. These are sometimes called external accelerators.



What could slow it down

The outside world factors that will pump the brakes on this future trajectory or completely disrupt it. These can be called derailers too.

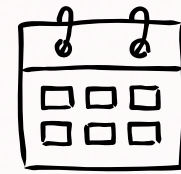


Horizons



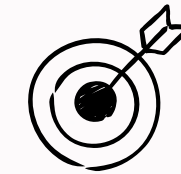
Near term

The next few years might not seem like they're far away, but the world has a way of moving quickly without you noticing if you're not paying attention.



Long-term

The uncomfortable middle ground between the next few years and the next few decades. This is the strategic hotspot where those really big things you plan today become true.



Transformational

Transformation might happen quickly, but if we think 10 to 20 years ahead, it's easy to imagine how different things might be.

Let's begin...



The longevity economy...

We outlived the plan





A woman who retires at 67 and lives to 90 will outlive her super by a decade. Nobody told her that when she opened her first account.



The gift we didn't plan for

Australians are living longer than any generation before them. A woman who reaches 65 today can expect to live to nearly 88. A man the same age will reach around 85. A growing share will see 95. Some will reach 100.

This is a genuine gift. More time. More years with the people who matter. More chances to do the things you kept putting off.

But every major system that shapes Australian life was built around a different assumption. Superannuation was designed for a retirement that lasts 10 to 15 years. Aged care was built for a final chapter of a few years, not two decades.

The housing market was set up for a world where families lived in large homes for a season and then moved on. The career ladder assumed the people above you would eventually leave.

None of it was designed for a country where retiring at 67 and living until 90 is increasingly ordinary.

The Labor government's May 2026 tax reforms acknowledged it explicitly for the first time. Policy is beginning to move. The gap between the life Australians are actually living and the systems built to support it keeps getting wider.



Signals happening now

These aren't predictions. You can already see them.

A woman who reaches 65 in Australia today can expect to live to nearly 88. Superannuation was built for a retirement lasting 10 to 15 years. It now commonly runs 20 to 30.

Home ownership for Australians under 35 is back to 1947 levels. For Australians aged 35 to 44, it's back to 1954. Home ownership among Australians over 65 hasn't moved from its 1966 peak.

It now takes an average of 11 years to save a 20% deposit, with 45% of weekly income required to service a mortgage. Australia's property value-to-income ratio has reached 8.2, well above the 20-year average of 6.8.

The new Aged Care Act 2024 came into force on 1 November 2025, the biggest overhaul in nearly 30 years. Self-funded retirees moving into residential care now face costs exceeding \$120,000 a year. A system built for a shorter old age is being repriced in real time.

79% of Australians believe their children will be financially worse off than they are. Australia's result is among the worst in the world. That's not a mood. That's a judgement.



Four generations of an ordinary family

It's 2040. Linda is 72. She was a nurse for 40 years, the kind of career people respect and underpay simultaneously. She retired at 67, thought she'd be fine. She has enough super for about 12 years if nothing goes wrong. She's likely to live for another 20. She hasn't told her kids how the numbers look.

Her son Mark is 46. He and his wife rent in Geelong. They've been saving for a deposit for eight years. At current prices, with a combined income of \$155,000, they're probably four years away from a bank taking them seriously. Mark's parents are in their early 70s, still in the house in Highton. He knows, without anyone saying it, that the house will need to fund their last years. He's not counting on it.

His sister Jess is 40. She still lives at home. Not because she hasn't tried. She pays board, does her share. It mostly works. She's 40 and she's saving harder than she ever has. She might get out by 45.

Linda's mother Pat is 93. She's in an aged care facility twenty minutes away. The fees are \$118,000 a year. Linda and her brother divide it. The family home in Shepparton was sold two years ago to cover the gap between Pat's pension and the bills. There was nothing left.

Four generations of an ordinary Australian family. Not unlucky. Not careless. Not wealthy, not struggling. Just living longer than the system was built for.



Four generations of an ordinary Australian family. Not unlucky. Not careless. Just living longer than the system was built for.





The gap, in plain terms

The housing market didn't seize up because older Australians are selfish. It seized up because the family home is the retirement plan for millions of people whose super was never sized for 25 or 30 years without it. The house can't move until the plan changes. The plan can't change until the house moves. The people waiting for it to turn over are getting older every year.

The career ladder didn't stall because older workers are blocking younger ones deliberately. It stalled because people who expected to retire at 65 found the maths didn't work at 68, or 70, or 72. The roles above the 45-year-olds didn't open. The roles above the 30-year-olds didn't either. Three generations stacked.

Nobody moving because nobody above them can afford to.

The aged care system didn't fail because nobody cared. It failed because nobody fully modelled the workforce required for a country where living to 95 is ordinary. We need 400,000 more aged care workers by 2050. They aren't coming. The people providing care are increasingly in their 60s, working because they can't afford not to. Some care falls to family. Some doesn't happen adequately at all.

The wealth didn't fail to transfer because older Australians spent it carelessly. The family home funded residential care at \$120,000 a year. For a decade. There wasn't much left.



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What it costs people

The measurable stuff is hard enough. What doesn't show up in data is harder. Working at 73 when your body wanted to stop at 68. Not because you didn't save. Because you saved for the retirement that was planned for you, and the life you're living is fifteen years longer than the model. Nobody had that conversation with you when you were 30 and opening your first super account.

Carrying financial pressure in two directions at once. Your parents need support. Your kids can't get started. Your mortgage is still running. You're 55 and this is the ordinary experience.

Watching your parents decline over 20 years rather than five. The emotional load is real.

And then the slow arrival, somewhere in your 40s, of a realisation: the life your parents had, the home they owned in their 30s, the retirement at 65, the inheritance that helped you get started, is not the life you're going to have. Not because of anything you did wrong. Because the timeline changed and the systems didn't.

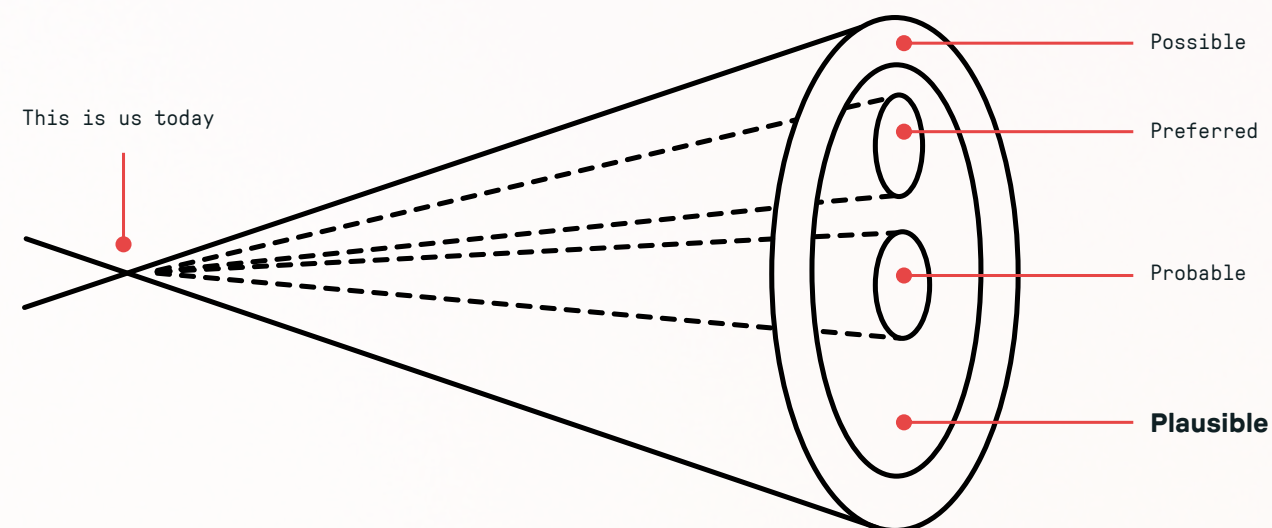
79% of Australians already believe their children will be financially worse off than them. That's not pessimism. That's a country doing the maths and finding the answer uncomfortable.



This future is

Plausible

This future isn't certain and a lot would have to go right, but based on today's evidence and the path we're on, this future is plausible.



Here's why

Parts of this future are already underway. The housing lock-up is real, the super gap is real, and the aged care workforce shortage is real. But getting from here to the 2040 scenario requires conditions that aren't yet in place – particularly the workforce. The direction is credible. The arrival isn't guaranteed.

The question for every business isn't whether this future is coming. It's what you're doing about it right now, before the gap gets any wider. Which of your customers is already living this? What do they need that you're not yet offering? What does your own workforce look like in a country where people work longer and retire later? And what decisions could you make this year, not in 2040, that would matter?



What this means for **healthcare**

The rest of this provocation is tailored for healthcare, but this Futures approach works for any industry.

Simply [contact Sandforest](#) to ask.



Push it forward



What you can act on

The biggest lever healthcare organisations have right now is the supply of trained workers. Every training deal, every improvement to pay and conditions, every effort to make care work a job people stay in reduces the gap between the 35,000 workers the sector needs each year and the workers it can actually find. Organisations that have built their own training programs and made the job more sustainable are already seeing lower staff turnover. Waiting for government to fix the workforce problem first means arriving late to a race that's already underway.



What could speed this up

The demographics are clear and getting harder to ignore. The first baby boomers turned 80 in 2026. That generation is now entering its highest-care years, and it won't slow down for two decades. Alongside that, remote monitoring, wearable health technology, and AI-assisted care planning are advancing quickly. If these tools prove reliable at scale and older Australians actually use them, the home-based care model can grow faster than the worker shortage would otherwise allow.



Pull it back



What could slow it down

The biggest risk isn't a government changing course. It's money not keeping up with the ambition. The Support at Home program launched in November 2025 with 88,000 Australians already waiting for care. If funding doesn't match demand, the model changes in name without changing in practice. A second risk is the workforce simply not growing fast enough. Migration programs are helping at the edges. They're not closing the gap. Unless pay, conditions, and career paths in care work change in a genuine way, this scenario ends in shortage rather than transition.



Where to start

The next three years matter most. If your organisation is still building around hospital-based care as the core model, now is the time to map what a genuine shift toward home-based and preventive care looks like. Build the workforce connections now. Run the technology pilots now. The organisations that look genuinely different by 2030 won't have started in 2029. They'll have started here.



Where the evidence points

The direction of travel in Australian healthcare is clear. The geriatric healthcare market reached USD \$25.6 billion in 2024 and is forecast to double to USD \$50.7 billion by 2033, as care shifts away from hospitals toward homes and local communities. The intent is established. The investment is beginning to move.

But the "We outlived the plan" scenario needs conditions that aren't in place yet. The workforce is the most important one. Australia currently faces a shortfall of 35,000 aged care workers every single year just to meet existing demand. By March 2025, 88,000 Australians were waiting for their approved level of in-home care, with a median wait of nearly nine months.

The Support at Home program launched on 1 November 2025, replacing Home Care Packages, and it's the right step. But intent and delivery are different things. The 2025-26 federal budget included no new funding for preventing chronic disease, which is one of the things the long-term scenario depends on most.

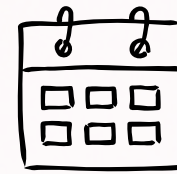


Horizons summary



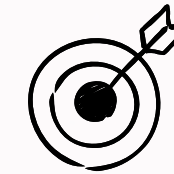
Near term

The worker shortage isn't coming. It's already here. Over 88,000 Australians were waiting for home care when the Support at Home program launched. Healthcare organisations that build home-based care and get workers in the door now are creating a real advantage. Those that don't will compete for the same short supply in a market where everyone needs them at once.



Long-term

By 2030 to 2035, this scenario is won or lost. The baby boomer wave is at its peak. The organisations that built workforce and technology capacity early are running the most sustainable models. The ones that didn't are managing costs that compound every year. Whether the worker shortage got better or worse shows up here.



Transformational

By 2040, Australian healthcare either looks fundamentally different or it's managing a slow crisis that arrived exactly as predicted. The difference comes down to what organisations chose to do in the decade before. Getting old no longer means leaving home. That version of 2040 is within reach. It isn't guaranteed.



Near-term horizon (0-3 years)

The Support at Home program replaced Home Care Packages on 1 November 2025. That's the policy signal. The real signal is whether providers can actually deliver on it. According to Home At Heart, 88,000 Australians were waiting for home care at launch, with a median wait of nearly nine months. A reformed ambition is not yet a reformed system.

In this future, the healthcare organisations that matter in 2040 are the ones that treated this window as a build phase. They invested in training workers before the shortage peaked. They built training relationships with TAFEs and universities. They piloted remote monitoring and AI-assisted care planning early enough to understand what worked before scaling it.

The ones building preventive programs for people in their 60s and 70s are meeting future patients before they become patients. That's the most important shift in this window. Australia's rate of hospital admissions that could have been avoided is already above the OECD average, according to Health Services Daily. If that doesn't change here, the pressure on the hospital system compounds every year.

The signal that the scenario is on track: rising investment in home-based care, growing use of telehealth among older Australians, and government funding continuing to flow toward community-based models. The signal it's stalling: worker shortages worsening faster than training and migration programs can address them.



Long-term horizon (4-10 years)

If this scenario is on track, by 2030 to 2035 the line between aged care and healthcare has started to blur. Hospital-based care is under less pressure because catching problems early is stopping many people from needing emergency care in the first place. Remote monitoring has moved from pilot to standard. A 78-year-old with managed diabetes and a home monitoring setup doesn't end up in emergency. The technology made that possible. The clinical relationships made it stick.

The demographic pressure is at its peak. The first baby boomers are in their mid-to-late 80s. The number of Australians aged 80 and over has grown by 60% since 2025. The demand is impossible to ignore.

If the scenario is stalling, the hospital system is absorbing more demand than it was built for. Waiting times are longer. The worker shortage has become a care quality problem, visible in incident reports and family complaints. Investment in residential care has crowded out the shift to home-based support.

The signal that it's on track: home-based care providers growing faster than residential ones, and fewer older Australians ending up in hospital for conditions that could have been caught earlier. The signal it's stalling: residential aged care demand rising faster than planned, and the hospital system under increasing pressure from older patients who could have been supported sooner.



Transformational horizon (10-20+ years)

In this future, the hospital is still there. But it's not where most older Australians interact with healthcare. Most interaction is preventive, monitoring-based, and delivered at home. The 90-year-old who is mentally sharp but physically limited has a care plan, a connected home, and a clinical team she's known for years. Residential care exists for people whose needs genuinely require it. Getting old no longer qualifies on its own.

That version of 2040 depends on the workforce having been built. In 2025, CEDA found there hadn't been enough progress to close the 400,000-worker gap. In the version of this scenario where that finding triggered real action, pay lifted, training scaled, and the status of care work shifted. The organisations that led that shift attracted the workers, built the capability, and ended up running the models everyone else was trying to copy.

The version where this stalls looks like a system managing an ageing population with tools built for a different era. Under financial pressure. With a workforce that's stretched and underpaid. With a government cycling through reform programs without the money to make any of them land.

The signal that it's on track: the care workforce has grown and its pay reflects the value of the work. Home-based care is the default, not the exception. The signal it's stalling: residential care is overwhelmed, waiting lists are years long, and the workforce shortage has become a public safety issue.



The questions worth sitting with

What are our hopes?

- If you get the workforce strategy right now, you won't be competing for scarce workers in five years. You'll already have them.
- What does genuinely good care at 88 look like? You have a chance to build it.
- If home-based support becomes the default, what does that free up in your hospital system?
- What would you be known for in 2040 that you aren't known for today?
- If you moved early on preventive care, how many people avoided a crisis they didn't need to have?

What are our fears?

- If you don't act on workforce now, you'll spend the next decade competing for the same short supply of workers as everyone else.
- What happens to care quality if the people looking after 90-year-olds are themselves in their 60s and can't afford to stop?
- If preventive care investment doesn't follow the Support at Home shift, who picks up the cost?
- Are you building for the future you say you believe in, or managing today and hoping things improve?
- If the workforce gap keeps widening, what does that mean for the people in your care right now?



Sources

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Create your future.

Now for the disclaimer: This is not a prediction of the future. Nothing is guaranteed. This provocation is not tailored to your individual circumstances and Sandforest takes no responsibility for how you apply this thinking. This is not a strategy or a plan. And this is certainly not legal advice. This provocation is simply a conversation starter to challenge your thinking, and to help you have the strategic conversations that matter.