



## **‘A GAA FOR CARE?’**

**Keynote Address by the Chair of Sage Advocacy, Vice-Admiral Mark Mellett (Retd)**

**Sage Advocacy Seminar on the challenges and opportunities of an ageing society and economy.  
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The title of my talk this morning is ‘A GAA for Care?’ Note, there is a question mark at the end as I see this as a matter of deliberation - perhaps even provocation - rather than as a definite statement of intent. My background is not in the GAA. It is in the Defence Forces where my perspective has been shaped by the military decision-making process which was about critical issues such as aid to the civil authorities during the Covid Pandemic. Military thinking should not be confused with militarism. There was nothing militaristic about the phone exchanges I had with my Defence Chief counterparts, promoting information exchange and learnings to prepare for the crisis such as in Spain where the military found residents of some care homes "completely abandoned" and "dead in their beds." This learning, despite push back from some quarters, drove us to train up military nursing home carers who helped in our national response.

I am from Mayo, the birthplace of the great social radical Michael Davitt a man both ahead of his time and a man of his time. Above all, he was a man with a mind of his own. Carla King, his biographer said he "may fairly be seen as a founding father of Irish democracy".

He is just one of a remarkable number of people and movements that have influenced the development of today’s Ireland. The creation of mass democratic political participation and social activism as championed in their different ways and times by Daniel O’Connell, Charles and Anna Parnell and Michael Davitt, the development of the mass sporting organisation the GAA (Cumann Lúthclas Gael) reaching into almost every parish and townland, the growth of the Credit Union movement of which the late John Hume was such a strong promoter, the strength of our traditional music and promoting our Irish language are all achievements worthy of celebration.

There is something unique about the GAA; about the extent of its reach, the loyalty it garners, the social and organisational skills it teaches. This is apart from the brilliance we see when a sliothar is hit at lightning speed between the uprights from an impossible angle to win a game for comrades, club, community and county. In developing their understanding of Ireland as part of the ‘peace process’ even the British appreciated its unique nature; always about more than games.

When we move from the fields of sport and culture to the development of education and health and social services we are, however, on more contested ground. Yes, there were many who were well educated and got a strong start in life, despite family hardship, because of religious organisations. However, there were many damaged by the attitudes and behaviour of the religious and the failure of our state to protect the most vulnerable; a fact not lost on Sage Advocacy as we extend our services to provide information, support and advocacy to survivors of institutional abuse.

Something important is missing from this picture I am trying to paint. Perhaps it is the absence of a strong popular movement for a national health service. Perhaps, also, it is the absence of a strong and popular movement providing support and care that represents not an alternative to public

provision but a necessary part of the process of mobilising people to meet the challenges and opportunities of an ageing society and economy.

For sure, we had a phenomenal growth in voluntary organisations from the sixties onwards as we slowly emerged from post-independence decline and realised that we had no system of social services. Many of these organisations are still with us, some still struggling for sufficient public funding. Some have become wings of the HSE, each with their own governance structure which now require greater integration into the emerging Sláintecare regional structures.

Given my background I am conditioned to assess difficult situations objectively. What I see, and deeply appreciate, is not just the value of voluntary sector actors but also the danger of a system of support and care which has, in some areas, become worryingly over concentrated in the private sector with a public sector unwilling, unable or perhaps not allowed to take leadership and a voluntary sector reduced, in the case of congregated care in nursing homes, to less than 10%.

It is in this context that I want to locate my core argument, which is;

If we are to meet the social and economic challenges faced by an ageing Ireland we need to create a new centre of gravity in the social care sector. We need to address social needs from a new perspective and build a new organisational form, with institutional credibility which is capable of winning state support, guiding rather than being led by the private sector and harnessing the great goodwill that continues to exist in our communities and families; despite the challenges in the areas of housing, migration, elder abuse etc.

What I am proposing is not new. It has been carefully analysed and closely argued in a decade old report by Dr Kieran McKeown, 'Individual Needs – Collective Responses: The Potential of Social Enterprise to Provide Supports & Services for Older People' which used a highly sophisticated analysis of data from The Irish Longitudinal Study on Ageing, or TILDA, to provide foundations for its arguments. It warrants being quoted from at length.

*'The purpose of services for older people is to improve well-being and these services are more likely to be effective if aligned with the known determinants of well-being. Our analysis of TILDA.. indicates that the largest and most significant direct determinants of personal well-being among older people involve social connections (notably the quality of relationships with partners, children, relatives and friends as well as an active participative lifestyle). ... The TILDA findings also suggest that services for older people, as currently funded by the HSE ... may not adequately reflect all, or even the most important, risk and protective factors affecting personal well-being.'*

*Significantly the report suggests that 'while hospital and residential services to meet the needs of older people are important, they may have assumed disproportionate importance relative to the social connections which sustain the well-being of older people in their home environment. This, in turn, invites reflection on the question of whether the right services are being commissioned in all cases, and whether there is need to create a more innovative stream of commissioning...'*

The analysis was presented to the National Economic & Social Council in late 2013 where, I understand, all the various sectoral groups - business, trade unions, farmers, and the voluntary & community sector – expressed interest in and general support for a new way forward to meet the challenges of an ageing society and economy. This interesting approach with its focus on society, family and economy – social enterprise – unfortunately, never progressed.

Moving forward to the Covid Pandemic of 2020, Sage Advocacy, prepared a detailed discussion document 'Choice Matters' in anticipation of a Commission on Care for Older People which was

promised in the programme for government. 'Choice Matters' was informed by the thinking of 'Individual Needs – Collective Responses', and by Sage's submission to the Expert Group on Nursing Homes which reported in 2020 and which identified a need for a new model of care for nursing homes. 'Choice Matters' set out a framework for the development of integrated support and care services for older people. It proposed that government policy should ensure that within a decade 33% of services should be provided by social enterprises.

Still anticipating the Commission on Care, Sage Advocacy, last autumn, in conjunction with Red C, tested public opinion on a range of issues.

The poll showed that around four in five people:

- Believe home care and nursing home care now is overly concentrated in the hands of private providers
- Agree that the Government should provide an innovation fund to promote small-scale household models of congregated care as an alternative to larger nursing homes
- Support the idea of a national not for profit organisation to be set up as a 'GAA for Care' to help meet the challenges of an ageing society.

This brings me back to the title of my talk this morning, 'A GAA for Care?'. Having established widespread concern about the level of private control of care services, evidence of a desire for more personalised services and that about four in five people support the idea of a 'GAA for Care' we can, with good reason, surmise that there is an acceptance that new approaches would receive support from the public. In short, we might conclude that it is time to move from 'Fair Deal' to 'New Deal'.

Here we come to the crux of the problem. How exactly do we move forward; given that we have both legitimate as well as entrenched interests in the state, private and voluntary sectors? I suggest we must firstly acknowledge that there is much that is good across all three sectors and we must acknowledge Oliver's law, "Wherever you are ... there you are". In other words, wishing things were different does not change current circumstances.

It is worth recalling the context in which the report 'Individual Needs – Collective Responses' was written a decade ago. It was post the 2008 crash and it reflected a need to blend social and economic priorities, of which job creation was then of paramount importance. This points towards a significant issue when we address the challenges of ageing. Society and economy cannot be separated from one another – despite the blinkers of a few economists and, indeed, some sociologists. We must see the ageing of our society as presenting challenges but also opportunities for our society and for our economy. One person's grey hair is another person's work as a barber or hairdresser. One person's inability to cut the grass because of arthritis is another person's work as a gardener. Two peoples desire to retire and live in a beautiful part of Mayo is another person's job as a home carer or a barista. Micro solutions will be needed as well as national schemes. Social innovation skills will become just as important as care skills.

This blend of social and economic approaches is critical at a time when we are experiencing almost full employment. It is vital, because if we allow the state to continue with divesting itself of direct involvement in public provision – the 'retire and regulate' approach – and if we allow large foreign owned entities decide on the size and type of our care facilities or to use regulation as a strategy to squeeze out not for profit home care providers then we are no longer in charge of the ship. We are structurally weakened and in danger from external forces which have no responsibility to our domestic population. In my last job I often said our Defence Forces were the bedrock of our

sovereignty and sovereign rights that are not upheld are more imaginary than real. Care of a state's older people is a sovereign function.

You might say it doesn't matter what sector provides the service as long as it is a good service. This argument has some merits but it is strategically dangerous. It ignores the lessons of the Covid pandemic, it conveniently disregards the balance of economic power and it does not address the issue that the returns on social investment which are required can only be measured in terms of public good like a sovereign insurance policy and not in strict balance sheet terms where shareholder returns can trump elderly care.

How then might we go about constructing a nation-wide not for distributable profit entity that might give us a 'GAA for Care' and provide us with the demonstrator developments that can show people what good looks like and create paths for others to follow. Some possible steps can be gleaned from the work on 'Individual Needs – Collective Responses' which was funded by a range of Area-Based Partnerships, the housing organisation Respond and the Irish Hospice Foundation.

1. Establish a national trust as a social enterprise to drive the innovation required and the desired outcome in areas chosen to ensure the greatest potential for the development of a critical mass of inter-related impacts. The outcome might be simply stated as 'The greatest number of people living the highest quality of life possible for as long as possible in the place of their choice'.
2. Develop the trust based on a franchise model so that clusters of organisations and / or initiatives in a given area could work towards being recognised by and fully supported through the trust regarding research, quality standards and the development of catchment area-based social business plans focused around outcomes.
3. Endow the national trust with a substantial multi-annual innovation fund which the trust would use to support a Call for Expressions of Interest in the development of demonstrator projects from consortia which could include Regional Health Areas, local authorities, housing associations, significant private sector development entities, groups of nursing homes and home care providers and community development organisations.
4. Establish an oversight panel for the assessment of Expressions of Interest which has skills in assessing social return on investment.
5. Consider transfers to the trust of public assets such as buildings and land which might form part of a consortium plan.
6. Focus Calls for Expressions of Interest on key areas: outcome focused (rather than organisation coordination), social - economic balance, award winning architecture, ability to bring added value through community engagement, leveraging technology and automation.
7. Enable the trust to accept and manage donations of property and assets bequeathed by the public for the use of others requiring support through the Trust.
8. Re-envision volunteer social services and develop new ones: 'Meals on Wheels' might become 'Dine & Dance' with the wheels bringing you to the meals in struggling restaurants and pubs and the dancing helping us develop our balance. A National Volunteer Transport Corps is an idea. Oftentimes it is the lack of a flexible transport system that discourages older people with support and care needs from continuing to live at home.

I realise that much work needs to be done to develop such an approach, that the development process will be challenging and that it will be faced by that not uniquely Irish attitude we too often tolerate: pessimism dressed up as critique. But the work must start. The concerns about who provides support and care for older people are not just an Irish concern; they are international. It is worth quoting from a 2023 Centre for International Tax Accountability and Research report. '*Public*

*funding must first and foremost be directed at care and offering the elderly the dignity and respect they are owed after a lifetime of contributions. There should be limitations on profit extraction and controls to ensure that private sector investments, subsidised by public funding, are not resulting in increased inequality in access to services’.* Recent reports by HIQA and the ESRI reflect these concerns when they refer to the trend towards larger scale nursing home provision and how the separation of asset management from service management exposes vulnerable people and the public purse. These risks must be mitigated.

All of the above requires a strong spine of public provision. So let’s look towards those who are recognised as ‘best in class’. We should not be ashamed to indulge in a bit of what a Navy Colleague, Tom Peters, called ‘creative swiping’; in this case from the Danes. There, care in a congregated setting is only provided if there are no other alternatives – and they provide a rich range of alternatives. In Ireland, by contrast, we too easily opt for congregated care in nursing homes; often without proper consideration of alternatives but, in too many cases, because of the lack of alternatives.

Sage Advocacy, through its work on the ground over the last decade across homes, nursing homes, hospitals and hostels understands much of this complex picture. It sees that many more of the smaller nursing homes that were established years ago with incentives, when nursing homes were designated ‘industrial buildings’ for tax purposes, are in danger of closing because of inadequate levels of public funding. But it also sees that the stereotypical situation of a Garda Sergeant married to a nurse who built a nursing home on a plot many years ago has worsened as they grow older and become increasingly tired of the financial and regulatory strain. They have effectively been operating as social businesses; taking a salary yes, but also embedded in their community. I do not want to romanticise their situation but I do have to ask the question as to whether or not some of these services along with some day centres, meals and wheels, housing associations, volunteer driving groups, care and repair, voluntary social services and others could not usefully be brought together to reimagine their work in the interests of older people and to form the basis of the development of our GAA for Care or, perhaps, a Fourth Age Trust.

The Commission on Care, promised in 2020 now has a Chair, Prof Alan Barrett CEO of the ESRI. I want to wish him well in the challenging task but I hope that he will hear this simple plea in advance of Sage submitting the key messages from today’s seminar to the Commission. It is this: please focus on the lives of older people in the round. Please listen to what it is that older people can offer and what they actually need at the differing stages in their ageing. Above all, please do not let the work of the Commission become overly focused on gloomsday scenarios in which the forty shades of grey emerging in Ireland become merged into one dark depiction of looming demographic disaster. If we must talk of crisis, let us also seek out the opportunities within that crisis.

The artist Salvador Dali said that “Intelligence without ambition is like a bird with no wings”.

Sage Advocacy, and, indeed, I hope all of us wish this Commission to have wings; to have ambition. There has to be a recognition of the need for measured risks so that we can enable older people help themselves and help each other as well as being helped by others. There also must be a recognition that to realise socially ambitious objectives we need public, private, philanthropic and community resources organised around a strong vision of a Sláintecare for social care and a recognition also of the need to create new social institutions as part of that process.

In 2015 Sage Advocacy organised a Forum on Long Term Care of Older People. There was one clear message from it. “We have all the policy we need. Let this be the end of reports and the start of

implementing them". Implementation then is the crucial issue. Without implementation noble ideals will remain noble ideals. We must move beyond policy making to the construction of a new social institution; one worthy of those who contributed so much in the past so that we benefit today. I have in mind a 'GAA for Care' and I invite you to give this idea the serious consideration which I truly believe that it deserves. It will seem *impossible ...until it's done*".

Thank you.