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Rediscovering The Voice, I Never Knew Was Taken

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Abstract

My research question is how people with care experience, experience education and learning. This question is not just an academic process, but a personal one, as I am a person with care experience. I decided an autoethnography scribed through journal entries was the most fitting method to ensure a humanistic, heartfelt, and meaningful approach was reflected.

I use my autobiographical research to allow the reader to understand what parts of my experience felt like from inside and outside of the system of social care. This research illustrates both truth and emotion and above all, inserts the personal voice of a child, who felt forgotten, unseen, silenced and misplaced.

My findings are *Systemic Failures, Feelings of Oppression, Difference and Displacement, Disability, Intersectionality and Empowerment.* The fourth finding is *Reclaiming my Own Power*.

The theoretical research outlined in this thesis is explained through Freirean framework, focusing on the challenging of oppressions and social norms, opposing social beliefs and through my own data adding to limited research.

Adult education is where I learnt how systems appear within the world of theory, how they are formed, how they impact what we choose to believe, who we are and who we become.

My findings emphasise the need for legislation focusing on people with care experience, and the immediate creation and installation of an MGT practice.

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Chapter 1

Introduction

This introduction will explain why I chose my research question which is, how people with care experience, experience education and learning. The reason behind this choice of question, was its importance and significance to me as a person and this has not just been an academic process, it has become a personal one. I am a person with care experience and because of this, my reality as a young infant changed from other infants, my journey in life began to unfold differently from those who looked just like me, a child. Due to my experience and my chosen research question, I decided an autoethnography was the most fitting method and tribute to reflect a heartfelt, meaningful and humanistic approach. Within every room of life that I walk into, this means I show up differently, I carry something within me others are not aware of unless I choose to share my experience with you. The importance of my research question is linked to many parts of me, a woman, a mother, a person with a disability and as both a learner who experienced early education and later returned to adult education. My journey is not the only one, there has been many lives who have also journeyed through the care system, mine is just one.

My experience shaped how I understood love and belonging and this did impact how I moved through educational settings and through life. I will use my own autobiographical research to allow the reader to understand what parts of my experience felt like from inside and outside the system of social care. While carrying out this research I hope to illustrate both truth and emotion and above all, insert the personal voice of a child, who felt forgotten, unseen, silenced and misplaced. I felt unworthy of a life that others had lived, or an education, and the reason for this was I differed, I had an experience with care. It was only through my return to adult education that I began to truly understand how systems appeared within the world, how they are formed, how they impact what we choose to believe, who we are and who we become.

In Ireland reports, reviews and articles are written through a distanced lens referring to children in care. However, these lack children’s voices, like mine, they lack the voices of those from inside the system, all these voices matter, but still they are left unheard.

I found statistics, risk factors, early school leaving but again this all lacked the voices of the child that represented each of these numbers, they lacked emotion, empathy and care. Less than 1 year ago another article reported the findings of yet another annual review, which outlined more numbers of "children in care or known to child protection" (Holland, 2024). These children are just like I once was, a child, a child who carried the unseen weight and stigma of care, who grew to sit before this laptop as a woman with care experience.

> *"The National Review Panel 2024"* recorded the deaths of "14 boys or young men and 15 girls or young women", while either "in the care of the State or while known to child protection". "13 were aged under one year old; seven were aged between 11 and 16; five were between17 and 20 years old, and one, a girl, was aged between six and 10". "A lookback over 14 years, from 2010 – 2023, during which 315 children and young people died. While 139 (44%) died of natural causes, almost 1 in 4 (70 children or 22%) died because of suicide". "Twenty-three of the young people who died from suicide were in care or after care says the report. The age range was 12 years to 22 years, the most prevalent between 15 and 16 years with another high proportion between 17 and 18 years" (Holland, 2024).

The numbers have continued to grow, and the systems continue to play a significant part and are linked through 'care' to these deaths, we will never know the stories or feelings of these children, young men or young woman, one thing I know, to me, they are more than a number. My thesis will not display graphs, bar charts or images, my aim is to offer you a little insight into how it felt for me to experience care, and walk into classrooms, first as a child and then as an adult, when I returned to adult education. You will find descriptive words that illustrate pain, trauma and isolation, but most importantly, I hope you also find this thesis insightful and educational. This emotion is aligned through theory, throughout my years of education as an adult learner, I did not study any journeys that looked like mine, I recognised different minority groups and I recognised their struggles, but I never heard voices with care experience.

The research question is driven by my journey, and it is a simple but powerful one, how do people with care experience, experience education and learning? This thesis reflects my auto ethnographical research, aligning with theorists, research and through using analytic studies to both add and challenge existing research.

My research question will first look at systems based on my journey and their failures, I emphasise my explanation through the lens of a person who was silenced by inaction, loss of hope and demonstrate the power of fear and safety. I will do this through sharing the knowledge I have gained from educational theorist and philosopher Paulo Freire, and his concept of critical consciousness. I will share my lived experience of intersectionality, and I will also draw from a variation of researchers and studies so this thesis can contribute towards the concept of ideal home and family. This thesis aims to read in an assessable but analytic and theoretical way.

Chapter Two

Literature Review

This chapter explores the key bodies of literature that will shape and frame my research, and I will begin by examining existing research and reports on the connection between people with care experience and their experience within education in Ireland. The reason I will do this is to enable me to answer my research question, which is how do people with care experience, experience education and learning. I aim to both highlight and emphasise the gap in understanding and analyse existing literature around the meaning-making of people with care experience as they become learners and draw attention to how we make sense of education. I will also discuss Paulo Freire's concept of critical consciousness and hope, as I found it aided me in making sense of the systems that are around me and recognising the effects and impacts of the systems, which then began to be created within me. I believe this thesis both adds to and challenges Freire's concepts through the examples and explanations of my lived experience as a person with care experience. This chapter will conclude with an exploration of existing research on the binary belief and social norms of the ideals of family and home.

Within this thesis, I will challenge research based on my journey as a person with care experience through an auto-ethnographical lens. The focus and areas of sociological work that I believe challenge this research will question the value of safety, relatedness and belonging. I intend to explain and analyse how they equate to a person like me with care experience. My definition and lens of 'home' was shaped by instability, insecurity, power, fear, dominance and the acceptance of loss. That loss was a result of previously knowing, living and feeling what more had felt like within a family, before it was taken from me.

Throughout this chapter, I reflect on how the literature discussed below speaks and does not speak to my experience and how, in some instances, it has given me additional languages, concepts and ideologies which I did not previously have. In some cases, I found myself reacting, adding to them and challenging the assumptions or findings, and I try to emphasise the areas that need further attention and bring to light what may have been left out.

This chapter is written from within my journey, as a person with care experience, as I seek a deeper understanding of how this has shaped my education and learning experience. I believe my voice will add to future research that encourages the inclusion of other people's journeys and experiences with care, and how they, too, experience education and learning. When I first began, I searched for stories that were like mine, stories that I recognised, journeys of people with care experience and education. I looked for people who had been through the social care system and had gone on to reflect and record their voices, detailing how the experiences impacted them. I hoped to review what the systems had given to people with care experience and what the systems may have taken from them. I aimed to add to current research or challenge it based on my journey. But what I noted and found instead were reports, statistics, policy reviews, and outcome measures. Brady, et al. (2019, p. 58) document that young people in care "were not named as one of the six main target groups in the National Access Plan for 2015-2019"; this is a concerning point.

Studies, policies and paper trails regarding children in care, specifically those who have attained third-level education, appear to be lacking. Information found in applications made through the HEAR scheme for college, and this highlighted a 1.79% presence of people who identified as being from the care system (Brady, et al., 2019, p. 58). 109 applicants who applied through HEAR, 71 were offered places, this number dropped further to 56 who went on to accept a place. This highlights the need for further studies like mine to gain deeper insight into how people with experience of care navigate educational systems (Brady, et al., 2019, p. 59).

In 2019, Emily Logan, the then Ombudsman for Children, highlighted "the need for data collection and research" surrounding children in care and their education (Darmody, et al., 2013, p. 8). In November 2024, it was recorded that the Department of Children, Equality, Disability, Integration and Youth had still failed to produce a policy regarding children in care (Ciric, 2024). Ciric continues to document the lack of data regarding "leaving cert completion" of children in care and highlights that this "is not even tracked" (Ciric, 2024). The Central Statistics Office (CSO), "recently published a report showing that only 40% of children in care were enrolled in post-primary education in 2021/2022". It could be construed that the remaining 60 % are possibly not in post-primary education (Ciric, 2024). These are alarming figures, and what they inform us of is that documented findings and statistics are failing to include people like me, who returned to education at 39 years as a mature student with care experience.

I believe the above points make my research question significant and valuable, as they are evidence of a gap in research. The statistics quoted above record numbers, but they are lacking the voices of the people who experienced the care system. In Ireland, the literature on education and care experience, as demonstrated above, tends to focus on deficits, early school leaving, poor attendance, and low progression to third level. But there is very little information that explores how people like me with care experience navigate education and the impact of what it means to be us, how people like me may carry what we have lived through, and how we are shaped by what we have survived. This absence is not just within the academic world; it reflects a wider silence and lack of input and presence within society. By not including the voices of those with care experience, these people are spoken about but seldom heard. This silence continues into adult education spaces, where learners like me may sit in classrooms, trying to keep our past invisible, wondering if we belong. This thesis is an attempt to respond to that silence. I aim to write from a place of remembered and learnt silence, to write through it and against it.

Care Experience and Education in Ireland: Gaps and Silences:

In Ireland, the connection between people with care experience and education is often recorded in terms which are measured by risks, the risk of early school leaving, the risk of poor attendance, and the risk of low academic achievement. These risks are also intertwined with views and measurements of the unlikelihood of the limited progression to further education and the limited uptake of college place offers. Findings and handbooks based on research and the voices of those in care from Irish organisations such as EPIC (Empowering People in Care) highlight the barriers people with care experience encounter in education (EPIC, 2025). EPIC works in tandem with the social care system now known as Tusla to formulate handbooks reflecting the voices of children in care, to aid in better understanding their experiences. They reflect barriers such as instability in placements, emotional distress, lack of continuity in schooling and inadequate support systems within these handbooks for teachers and principals.

Handbooks do not ensure governmental change and do not make it law. This means these are voices highlighting experiences, but without implementation or policy amendment, there will be no necessary change. This does not lessen the continued highlighted struggles or challenges within education or its significance, which are discussed within these handbooks for people with care experience.

These challenges are real and should not be continually ignored by the government and those in power within education. The creation of these handbooks began in 2021, and they work in tandem with agencies such as governmental, Social Care in Ireland, now named Tusla, to offer a place for the partial voice of children in care. Governmental agencies continue to measure people with care experience in charts, tables, and reports, which reflect us as lists of failures awaiting measurement. The unique experience found within this thesis is not just my voice, but my feelings as both a child in care and an adult re-entering adult education; this is the importance of autoethnographic research. I reflect on what my experience meant to me and how I engaged or disengaged with it.

This thesis focuses on research and findings that mirror the above points made regarding education and highlight the need for continued research and government funding within the area of people with care experience and education, as they continue to struggle. A European study by Jackson & Cameron (2012) stressed that for care experience leavers in education, "professionals identified as a major structural problem and the continued historical split between care and education". Further findings show, "low expectations and lack of interest in education by social workers, and carers, limited horizons and inadequate financial and personal support were main obstacles". They state that those with care experience are "identified as a group at particularly high risk of social exclusion due to low educational attainment" (Jackson & Cameron, 2012, p. 1). Solutions pointed to "targeted additional support", "having a close supportive adult", with secure placements, accommodation, and financial aid" would aid change (Jackson & Cameron, 2012, p. 4).

Chapter 4 expands on the above points through the focus on my feelings and experiences of social exclusion and low expectations within education and learning. Placing these points together collectively with entangled trauma and silence causes the detachment from education, and these feelings are carried throughout every room of life. Within Ireland, there are few studies surrounding adult learners who may carry silence, shame, and distrust, or those adults who return later in life to education, who have taken long periods of disconnection or self-protection and have personally improved their own well-being. My lived care experience focuses on the inaction of systems and how this encourages the growth of silence within people with care experience during their educational and learning journeys. My thesis is significant as it reflects my lived emotional and reflective insight into a conversation dominated by outside perspectives and may contribute positively and educationally.

I believe my thesis does not speak for everyone with care experience but will enable people to see something numbers can never reveal alone, how it feels to sit in a classroom with the weight of care experience behind you. And how it feels when you have been trained to stay silent, and how it feels to hope even when every part of you says not to.

Paulo Freire's Critical Consciousness and Hope:

The critical consciousness theory was "developed by the Brazilian educator, Paulo Freire and according to Alexis, (2017, pp 1-10) he engineered this ideology to "liberate the masses from systemic inequity". Freire (1973, p. 15) states, "critical consciousness is the deepening of the attitude of awareness characteristic of all emergence." It is the process where individuals become aware of social justice, and it is central to Freire's philosophy of empowering the oppressed within our society (Freire, 1993, p. 10). Freire highlights how this concept "leads the way to the expression of social discontents precisely because these discontents are real components of an oppressive situation" (Freire, 1993, p. 10). Freire believed "if people are not aware of inequity and do not act to constantly resist oppressive norms and ways of being, then the result is residual inequity in perpetuity" (Alexis, 2017, pp 1-10). Paulo Freire's critical consciousness theory encourages the need for people to oppose the inequality and imbalance that exist within social norms. This theory encouraged the rebirthing and slow awakening of my further critical awareness of societal norms; my journals trace this awakening (Freire, 1993).

It was within adult education that I first began studying and understanding Freire's philosophy and the power an individual can gain through their own critical consciousness and "self-affirmation" (Freire, 1993, p. 10). I believe it was my learning and interpretation of this concept that enabled me to take the step in confronting my experience in care and find my voice. I was able to document my voice and lived experience in my journals and transfer this alongside theory within this thesis. This concept also enabled me to step away from fear, shame, silence and shape my past strategies into something that could explain the actions of people like me and their experience in education. Freire states, "it is absolutely essential that the oppressed participate in the revolutionary process with an increasingly critical awareness of their role as subjects of the transformation" (Freire, 1993, p. 66).

I believe this is what I have demonstrated within my research and data: an increased critical consciousness and reflection, highlighting systemic failures and my strategic action of personal

and emotional self-preservation and survival. Freire's critical consciousness and the ability to reflect on one's world and try to act to change it resonated with my journey back into adult education. But this did not happen simply and easily; this shift did not happen all at once; it took time. There was a long time during my process of re-entering adult education, where I still recognised education as another space in which I needed to perform to ensure I proved myself worthy of being good enough. I believed this led to feelings of safety and assurance within myself, where others saw me as respectable enough to fit in, resulting in me being finally accepted. Critical consciousness helped me to identify the performance I demonstrated. I both demonstrated performance and carried the belief that I needed to perform within me due to the impact and demands of the political and binary social norms and beliefs of 'home'. These social norms were not just about me as a person with care experience, but it was about the survival of navigating systems that have not been centred or made for people like me.

Freire (1970, p. 72) stated, "hopelessness is a form of silence, of denying the world and fleeing from it". This quote offered me both clarity and explanation. Freire (1994, p. 4) further stated "Without a minimum of hope, we cannot so much as start the struggle. But without the struggle, hope dissipates, loses its bearings, and turns into hopelessness." I will challenge the common connotation of hopelessness as being only a negative practice and will use my experience to highlight hopelessness as a tool of survival. Hope became another constant unmet need for me; my hope of change was ignored and, over time, silenced. Hope became dangerous to me; the danger of hope did not come from others, but instead, I turned this inwardly upon myself. I freed myself from the hope of possible change and created an internal silence as a personal coping strategy.

Freire (1970, p. 72) described silence is weaponised "the oppressors' use of 'humanitarianism' as a trick to preserve a profitable situation is part of the 'culture of silence' which they have created and which binds the oppressed to them." Freire (1970, p. 55) also states that "violence is initiated by those who oppress, who exploit, who fail to recognize others as persons". Bilgileri & Weiler, (2003, p. 3) state this concept as "the violence of the status quo of an unjust society which distorts and limits the possibility of full humanity to masses of people". Freire's point above on violence challenges the binary constructs of society and explains that by failing to change accepted social norms or "status quo", we are depriving many of hope and change (Bilgileri & Weiler, 2003, p. 3).

I believe if someone had challenged the social norm or "status quo" surrounding my 'home', then I may not have lost the idea of hope within my childhood (Bilgileri & Weiler, 2003, p. 3).

Ideal Home and Family:

When people talk about family in Ireland, there is often an assumption or dominant binary social belief that a family consists of love, protection, safety and a sense of belonging. The ideal family in Irish society is still recognised as being a predominantly nuclear family. Inglis states that the "traditional family" is "based on marriage and children" (Connolly, 2014, p. 14).

In 2022, Spånberger Weitz performed a study where he described the concept of home as being "multidimensional, it may refer to places, spaces and feelings" (Weitz, 2022, p. 3). This study also found that family holds "several dimensions" such as "biological relatedness" and "other concepts such as house, family, self or haven" (Weitz, 2022, p. 3). Weitz describes a child's idea of home as being "interrelated with ideas of family, and a dominant ideal is that a child's home ought to be a place of safety and adult supervision" (Weitz, 2022, p. 6). From within Weitz's research he discovered a "good parent child relationship" highlights "a child should be able to count on their parent(s) to take care of and protect them (Weitz, 2022, p. 9). The common acceptable "child's ideology" and "dominant ideal" of home, also "strongly emphasised safety as an important aspect of what constitutes a good home" (Weitz, 2022, p. 6). In the second part of Weitz's findings, I challenge and disagree with the binary belief and social norm that families should feature "biological relatedness", as my needs, such as love, protection, safety and a sense of belonging were given to me in my foster family (Weitz, 2022, p. 3). I was not biologically related, but I was safe, cared for, wanted and happy. Weitz's findings are based on binary beliefs and on the dominant social norms; they do not consider that I am a person with previous care experience; my past child's needs differed. Relatedness does not always equal safety,

The concept of safe space "has developed", to keep "marginalized groups free from violence and harassment" (Rosenfeld & Noterman, 2014, p. 1346). This ideology has been adopted by "many educators" to enable inclusivity for "all students", (Stengel, 2010, pp. 523-540).
This (re)creating of "classrooms as safe spaces" ensures "those with marginalized identities are free to unravel, build and rebuild knowledge" (Weems & Stengel, 2010, p. 507).

This concept ensures the importance of both safety and freedom for the vulnerable student as recognised tools within contemporary education. Weems & Stengel's point also explains why a safe space is needed, focusing on the growth of knowledge among all students. To recap, I believe the importance of a safe space within every home is vital, ensuring "freedom from violence and harassment" (Rosenfeld & Noterman, 2014, p. 1346).

"Safety generally relies on an underlying threat of violence, particularly physical violence" and is something "enacted upon us in a way that interrupts daily life" (Tyner, 2012). Post-structuralists stress that depending on a person's gender, identity, and age, that "single physical" spaces "can be considered safe", "for some" individuals, "but unsafe for others" (Day, 1999). Weitz clearly stated "a child's home ought to be a place of safety" (Weitz, 2022, p. 3). My experience also challenges Weitz's study, as it found "children's idea of home and family" featured "biological relatedness", again, this is a binary belief (Weitz, 2022, p. 3). Drawing from my journals I will partially agree with Weitz that a child's home should be safe, but disagree with his insistence on biological relatedness. For me, home was with my safe foster family. The space I shared with my biological parents was not a place of safety and never felt like home.

Intersectionality

Intersectionality is a framework that examines how aspects of a person's identity, such as class, race, sexuality, gender or disability, interrelate or intersect to create a unique experience of privilege or oppression. The term was originally coined by Kimberlé Crenshaw (1989) to highlight how it was impossible to understand Black women's experience of discrimination by addressing race and gender in isolation. Crenshaw (1991) expanded on her original work to include issues of domestic violence, immigration and public policy affecting women of colour. In an interview published by Columbia Law Society, Crenshaw (2017) stated, "Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects."

The concept of intersectionality refers to "a wide spectrum of social classifications, such as socioeconomic class, sexual orientation, age, physical or intellectual disabilities, and other dimensions of individual identity" (Samie, 2025).

Intersectionality stresses “that different dimensions of identity are not isolated from one another; instead, they intertwine and overlap in intricate ways (Samie, 2025). This may result in an individual’s identity experiencing “disadvantages, benefits or harms” (Samie, 2025). This definition of intersectionality enabled me to understand that having a disability did not replace my past care experience, but instead, it layered it.

Intersectional approaches can improve educational outcomes by acknowledging and addressing the complex identities of learners. (Varsik & Gorochovskij, 2023). There are many definitions of intersectionality, and it can end up being simply descriptive, individualised or superficial. However, when intersectionality is applied in its truest form and funding is made available, it can be used to inform meaningful policy (Christoffersen, 2021).

Wickenden (2023) posits that disability is often overlooked in discussions of intersectionality. He argues that, like other identities, disability is socially constructed, and its interaction with other identity signifiers is often ignored. Intersectionality may be applied in a way that fails to capture the dynamic interactions between multiple facets of identity. People with a disability may adopt an identity that provides access to support or recognition, but which does not reflect their true selves. This may seem empowering, but it is also limiting, as other aspects of their identity may become indistinct. Lama & Kafer (2024) reviewed how intersectionality can be used to support learners in post-secondary education in the US. They argue that disability is not a uniform experience and any examination of it must take into account other identity markers such as race, gender, class, etc. I believe another category within intersectionality should be recognised for those who have care experience. Intersectional frameworks can be used to develop more inclusive learning environments, particularly for learners who do not disclose their disabilities or care experience for fear of stigma and end up being isolated (Lama & Kafer, 2024).

When I envision the meaning of intersectionality within my mind, I visualise a signpost on the side of the road, this signpost represents me, my disability meant the signpost had an added sign upon it, along with other differences or recognised obstacles. The first being a woman, care experience, growing up in a deprived socio-economic background, and returning to education as a mature student, these collectively meant I was different from the status quo. These differences and obstacles, or signposts, as I refer to them, made life more challenging for me.

In this thesis, I not only draw on Freire's ideology but recognise its application in my life. I demonstrate this through my use of auto-ethnographical research, which breaks free from my past silences. Throughout my journal entries, I speak of my journey and the oppression I felt as a child with care experience and my experience in both early and adult education, as I believe it may help others. The section on ideal home and family is one I both draw from and question as I consider this as an area that needs further deeper analysis to allow people with a background of care experience to feel recognised. My thesis adds to the literature by emphasising how people with care experience circumstances challenge the binary social norms. I formed bonds outside of biology, and I was taught by my foster family what it meant to feel supported, and I believe this memory has stayed with me through my adult life and entered with me into the classrooms of adult education and learning.

Chapter 3

Methodology

Methodological Rationale:

Autoethnography was developed from ethnography as a mechanism for including the researcher's perceptions and experiences into what is being studied. In this form of qualitative research, writing about oneself is used to uncover socio-cultural practices. Active, reflexive writing is a key part of the research process and the principal method of investigation (Poulus, 2021). Reed-Danahay explained autoethnography as a phrase containing "three core elements: auto meaning self, ethno meaning culture and graphy meaning writing" (David Mc Cormack & Walsh, 2020). This emerges as a contrast to research that focused on scientific facts and truths. Autoethnography acknowledges the importance of stories, not simply theories, in constructing knowledge. It constructs meaningful research, grounded in the researcher's personal experience, evoking a response in the reader to experience what is often cloaked in silence. The researcher acknowledges that personal experience shapes the research process (Ellis, et al., 2011) (Mendez-Lopez, 2013).

Starr explains "self-exploration and interrogation, which aids individuals in locating themselves within their own history and culture, allowing them to broaden their understanding of their own values in relation to others" (2010). Starr's point reaffirms the importance of creating an autoethnography, this allowed me to view myself within the pages, reflecting my emotional and social location in society in the purer sense.

Articulating my thesis through an autoethnography reflecting my past journey in my pre-adult years as a child is a unique and unseen one that people do not know I have lived, unless I choose to tell them. I believed that by transcribing and narrating in a rich, meaningful, and truthful way, I could mirror my story to you, the reader, remaining true and respectful to myself and expose what it was like for me to grow up, as a child with care experience. The best way to execute my own vocal research, focused on self, was through an autoethnography.

This ensured I had control of the narrative and that my aim in documenting the obstacles that impact my early educational experience was shared with educators. This is important as the obstacles mentioned within my thesis impacted my experience in education and learning. The implications, inequalities and the unseen obstacles that existed for me and for those who are in care today or for those who have experience in the care system, continue to exist within society. One of my hopes through writing this thesis is that other hidden minority groups may align with my story or recognise similarities which resonate through situations or obstacles they can relate to or locate themselves in.

This autoethnography speaks through my own voice about deeply personal and political realities. You will note I reflect my truth of growing up at times within state care, returning home, navigating education, disability and how this impacted and shaped my identity and how I viewed myself. I believed autoethnography was the best research method as it removed the demands found at times in dense academia, which can desensitise topics. Autoethnography refocuses and places value upon the person's reality, and this is recognised within adult education, allowing the light to be shone on a person's lived experience.

Autoethnography and examining people's stories are keyways of the "expression emerging from this narrative ontology" (David McCormack & Walsh, 2020, p. 75). This thesis is not just my story; it is my life and my emotional and social heritage and culture. Through the creation of this autoethnography, I was able to critically document my memories. I was able to establish the patterns that occurred and recognise the resistance and power dynamics that I had recorded and the importance of this type of writing, centring me within the words on each page.

In contemporary Ireland, children with care experience are often written about, discussed and documented, but we rarely hear them speaking for themselves. Their voices can be found in state records, reports, assessments, case files and outcome measures. Unfortunately for many, this is where their voices end. I only became aware after I began this journey of deep reflection and the process of building this very personal autoethnography, that I was, in fact, disrupting the above normal process. As an adult who has had care experience, I am now using my voice to show you the reader what it felt like to have experienced care from the inside, and the personal cost to myself to try and survive the systems that shaped and silenced me. And because of this, I will carry this experience within me for the rest of my life.

The lens through which this autoethnography is narrated is one of critical consciousness reflecting my true lived life experience as a child, first and later as an adult. My experience began in the 1980s as a young infant in the world of the care system in Ireland, leading to an experience of inequalities socially and emotionally within my life. This impacted how I experienced and lacked ultimately education through unreported absent days at school and the lack of value that was placed upon education for me as a young child, age 5. As a mature adult, I did in fact return to adult education.

My story of life highlights how power is everywhere, and this is reflected as an interpersonal device or tool which can be used to action change. You will read in some cases that power ensures that procedure and policy can stand in the way of action being taken. This autoethnography is my preferred methodology as I have connected through my keyboard, which has produced words which has empowered my voice once again. This writing process enabled me to heal myself partially, and I have found I reclaimed the power within myself and survived a story of silence, which has been enabled through the education I received as an adult learner. I may at times write and appear vulnerable, but I write freely from judgement.

Data Collection and Epistemology:

The grounding and my approach found within this thesis is a critical constructivist epistemology based and shaped on my lived experience, social positioning, emotion and knowledge. I created and collected my methodology through transcribing and recording my data through 14 journal entries. These journal entries evolved into 12,206 words, recording their dates of creation, building structure, and working through my relevant memories. The journals are methodical, emotional, honest and the backbone of this thesis. During the completion of my journals, I received 330 state records which caused me to take regular breaks as I felt emotionally and mentally drained, as I worked my way through them.

At the beginning of this process within my mind's eye, I saw a round, rotating vintage address book; each page within this address book represented one of my memories. Each memory represented a piece of data, as they appeared, I re-explain how impactful these events were on me throughout my life and how they have shaped who I have become. These memories are informed through different lenses that interlink by my care-experience, working-class identity, disability and my own womanhood, each impacting how I view the world and how the world views me.

Chronological order meant I could envisage the events in an organised way, describing the feelings and the environment through my words as I relived them. This enabled me to visualise my memories, ensuring a clearer dialogue between me as a child, myself now as an adult, and deliver it to you, the reader, through these words, the words of an educated adult. I believe this adds value; this story is not just unique as it is mine, this story reflects a powerless journey of a child within the care system. This research is significant both for methodology discussions on autoethnography and literature on the use of reflective writing to tell an untold story through an intersectional lens. This lens opens a window to share my lived experiences of events, which is beneficial and readable to not just academics but is accessible and relatable to all.

This is important as it means those with less educational backgrounds can also benefit and recognise themselves and connect with the words. The significance of transcribing in this way is that it allows me to develop a clearer and deeper understanding of my relationship with my own dialect and my relationship with my inner child. I prefer writing using my dialect where possible to rebalance the academic phrasing as I wish to remove the power and the "judges of normality" found in thesis's and exhibited through hierarchical dialectic wording (Brookefield, 2001, p. 21).

My story reflects a child failed by the social care system, typical family structures, and early educators, leading to collective failures of institutional powers. Intersectionality is discussed within my thesis as a concept, as my journey was not one driven by the obstacle of having care-experience alone. Crenshaw, K. explained, "intersectionality is a metaphor for understanding the ways that multiple forms of inequality or disadvantage sometimes compound themselves and create obstacles that often are not understood among conventional ways of thinking" (2018). For me, intersectionality was applicable because my world was shadowed by more than one unseen form of inequality. I felt many unseen obstacles as I tried to survive and live with a hidden disability, and coming from a socio-economic home, when already being a child who had to re-navigate living at home after my first care experience. Being a child who lived and grew up in an unsafe and unpredictable home environment, left me feeling exaggerated levels of fear, shame, stigma, and loneliness. This was a result of becoming a child who lacked care, direction, or help.

Literature within the Literary Review:

Secondary research and relevant articles are documented and explained within this thesis, explaining findings of continued systemic failures in today's contemporary society. The concerns still appear repeatedly due to the inaction of the state, resulting in the lack of staffing, funding, awareness, policy change and the lack of increased infrastructure. This highlights the state's lack of care towards this issue. The relevance of "Michel Foucault's analysis" and "implications for common practices found in institutionally sponsored, formal programs of adult education", are outlined (Brookefield, 2001, p. 22). I mention this to reinforce the point that institutional procedures impact and hinder educators. I believe in creating an autoethnography based on my experiences of inaction, I am displaying how "power is the relative control over the outcomes of another person" (Dépret & (Depret & Fiske, 1999), 1993; Fiske & Berdahl, 2007; Keltner et al., 2003).

Finding a voice within me, I thought had been lost forever:

I will explain this title in more detail within my thesis and explain the importance of my interpersonal power, which I gained through my lived knowledge and experience, especially when alone, I continue to feel inadequate as I view myself through the eyes of others. This aligns with both Foucauldian and feminist methods, or rational, where the self and personal remain a core value. I have used it to develop my identity, building my own internal power within myself, I am able to relay it to you, the reader, today through the creation of this thesis because of my return into the world of adult education and the educators.

Writing this thesis is beyond reclaiming my voice and physical space that the once abandoned and young child felt. I frame my methods by the description of reclaiming the power of the unseen, far beyond the institutional protocols which we recognise today as procedure. Put simply, it is the re-birthing and opening a world up to the knowledge of my lived existence, which has been hidden in ignorance with those who hold the power to make the change (Freire, 1993, p. 20).

I will implement the envisioned map within my mind through my laptop and to the eyes of you, the reader. In the data analysis process, I also wish to remove myself and take a step back while analysing my reflective journaling as data, so I can remain my researcher self when introducing relevant theorists' post data entries. This is my thesis, my story reflected through this autoethnography and because of this, I cannot say my opinions are unbiased, but they remain true and only mine. I found the creation of writing using journaling as a solid means "for engaging in this reflexive project", while mindfully being aware of "the reader as participant in the process of meaning-making" (David Mc Cormack & Walsh, 2020, p. 81). This quote explains the hidden power behind the personal way I chose to include and bring you, the reader, with me through my discussion of my autoethnography when using quotes from my journals.

Challenges of writing an autoethnography:

Ultimately, my decision to write an autoethnography was one where I felt vulnerability and fear, as it is not something I have shared professionally or often among friends, as I fear judgement, as it does make me different and part of a small minority in Ireland. I have hidden my identity as a person with care experience for a long time, as I fear it may change how people value or perceive me as a professional educator or as a learner. I fear they may see me as weak and recognise the difference within me. I felt past insecurities rise to the surface, and I began to critically question myself. I asked myself why anyone would find my lived life experience either important, educational, or interesting. Why would they care enough to read it, but as I say, these are the past insecurities based on systems of victimisation as an internalised mentality I had as a child, which I have carried with me each day of my life.

This is a result of feeling inferior within society and the world around me, and being repeatedly ignored, and eventually, I allowed this action to oppress and silence me. After changing my mind a few times, 3 to be precise, I settled my mind on the decision to share parts of my journey in care and education as these were relevant moments within my life.

What I did not realise at the time was that I would receive my records during this process of creating my thesis, which meant along with reliving my memories, the records uncovered more shocking and unknown personal data. This meant I was ultimately triggered whilst revisiting certain moments within the creation of this autoethnography.

I found this heartbreaking for the infant born as me, and I could no longer run from the wrongs that occurred to me. As a child, as a teen, who grew to become the adult who sits in front of this laptop. Ellis et. al., (2016, p.75) state that "many auto ethnographers have found themselves facing the challenge of reliving or reinterpreting past experiences in painful ways". This is how I felt many times as I sat typing, reliving emotions and remembering, grieving a childhood I never had, warm tears would just drop from my eyes and fall down my face.

I found specific memories traumatic and confronting, and due to personal preservation and ethical reasons for myself, I decided not to share them. This does not mean I did not feel them during the process of this discovery and study. Other challenges I found within this process were the fact that I wanted to ensure heart shines through this, and the infant and girls' experiences I speak of are heard and remembered, and ultimately, educators or academics think further and consider issues or experiences I highlight. This mattered to me, as I did not want the emotional or social value of this thesis to be lost within other people's studies or lost in the words of theoretical jargon.

Trying to ensure my autoethnography remained academic, significant and worthy of a master's grade was challenging for me, as I continually tried to remain objective even though ultimately it is my individual voice you hear as I transcribe my journals. Going in-between my child self, my adult self and my research self has been challenging because writing academically necessitates a different mindset than just reflection on my past. I needed to take time whenever triggering memories were written as part of my data. My belief that writing my own truth and speaking truth to the power and public continued my writing, but this continually meant it was emotionally draining. Writing to be heard and writing to heal myself became a part of this thesis, which I had not envisaged; the challenges are very similar to the topics I highlight, as they are felt, but unseen.

Another frustrating obstacle I faced was due to the condition of my early state records; at times, they were faded due to their age, and because they were handwritten and as a result many times, I struggled to read the writing. This meant I had the records, but they were illegible, which meant I had limited knowledge. This impacted the amount of information I had when deciding which parts of specific records I wished to share. The main limitation and challenge of this work was that it was based solely on just one voice, my voice and experience and because of this, it lacks a comparative quality.

Benefits of writing an autoethnography:

The benefits of writing this autoethnography have brought me on a journey of personal healing, empowerment and catharsis. I feel I am allowing the inner child's unheard experiences to be recorded, acknowledged and heard through her own voice. By doing this, I am practising agency and a sense of social justice. I also feel that through studying and analysing social and educational theories, I have established a deeper autonomy and knowledge uncovering a detailed critical perspective towards education as an educator and learner like me.

I am using theory to explain and verify why my thesis is important and some may think the auto ethnographical piece is over self-indulgent at times, others may label it as narcissistic, I disagree with this label. This type of terminology in this instance is a tactic for disempowerment and has the power to silence people in minority groups. Voices of minority groups like mine need to be heard, allowing unique experiences to be studied, improved, ensuring their presence will be felt and recorded. The theory intertwined within this autoethnography enables points to be explained, recognised, and known by academic and public audiences. We all learn from theorists lived past life experiences, such as Foucault, Freire, hooks and others, this is mine.

A Discussion of Ethics:

Aristotle stated, "ordinary words convey only what we know already; it is from a metaphor we can best get hold of something fresh" (Rosenman, 2008, p. 393). My methodological approach surrounding specific personal ethical issues is one where the reader will recognise my decision to use metaphors, such as for example 'the darkness'.

The use of metaphors in my thesis:

This power I speak of, which I gained within myself through adult education, is demonstrated throughout this thesis through my work and through my decision to use metaphors as a type of emotional armour; this skill is one I found through the study of English.

Michel Foucault stated, “power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday life” (Brookfield, 2001, p. 3). I highlight this quote above as I believe through using a metaphor, I exercise my individual power, when referring to painful times or memories. This was my actioned power within this thesis. Secondly, I chose a metaphor to describe feelings in specific instances for ethical reasons, ensuring identities cannot be recognised. I wanted to protect my family members and ensure a personal distance could be enforced to protect myself. This ensured and allowed my own power to be continually located through my method of narration. I have explained above why and how I chose to inform you, of my experiences and hopefully given you an adequate description to enable you to imagine and visualise my feelings from within.

The darkness was not just a literary device but a way of delivering enhanced clarity and adding emotional imagery while creating a barrier while I navigated through painful memories. The darkness is not referring to an individual as such, but to a concept or a feeling, which, when present, would instil fear, leading to events beyond my control as a child (Rosenman, 2008, p. 391). This approach protected both myself and my own personal family members, and it delivered a window for the reader to view the feelings I felt as a young child. I found this tactic useful in creating a safe space where I was mentally detached and mentally relocated. This was a vital tool as it meant I could relay specific events without further trauma or pain to myself. I found this process an empowering one as it removed names, disempowering the heightened fear and pain found in my memories. The decision to use a metaphor meant that, as an adult retelling my story to you, the reader, I was able to disarm the darkness, protect the child that once existed and protect further pain upon myself as an adult. The importance of this meant this allowed my individual feelings to appear to be of greater consequence and significance. By writing this thesis and delivering my reflective experience through uninterrupted noise, other people's voices or critical eyes, I was able to source my own power. This enabled me to connect on a deeper level and hear the silenced, younger voice of my inner child once again.

Ethical Implications:

The ethical implications surrounding me during the creation of this work were ones that meant continual reflection within myself, adding extra time and making personal choices, one of these choices was not sharing pieces of information of instances where I did not feel comfortable. I ensured I recharged and cleared my mind through taking time out whenever possible. On receipt of my state records, I did feel immense heightened sadness, pain and anger for the child within me. Through building emotional walls of protection, practising self-preservation, self-care, I ensured I had fulfilled and safeguarded ethics.

A strange thing occurred to me when scribing the journals in the way I have, as I read through the records at times, I felt like this had all happened to someone else, not to me. I became aware that the receipt of my state records and the reliving process had truly dehumanised me. When I was brainstorming ideas for my thesis, I contemplated the inclusion of other individuals with life experience in care through interviews to add further objectivity. After further critical thought, I felt I could not ask a person with lived experience such as mine to relive their circumstances in the hope of further marks. This is not just an ethical decision but a moral implication, issue and concern of mine to ensure the protection of others.

Chapter 4:

Findings and Analysis

This chapter is not created or built from afar through distance or by detached reading; it reflects my care experience and my experience through education and learning in Ireland. It is built from my memories, my emotional pain, and my survival, which taught me resilience, and it is delivered through my truth. It is drawn from the pages of my own journals, written sporadically and at night and in the stolen moments of quiet, this is when the words came faster than I could process them. This is not just researched, it is my life, told honestly, with at times trembling hands and an open heart.

The findings found within this chapter do not follow straight lines; they move like memories do, intermittently through flashbacks, feelings, metaphors, and reflections, and at times, they do not always arrive gracefully. I make no apology for that, as the structures that shaped my early life were not graceful or neat. During my early childhood, neither the care system, school, nor disability services followed clear or compassionate lines while handling or making impactful decisions regarding me or my well-being. And so, as a result, neither does this story, which is mine. However, I have outlined the partial story of my life that I chose to share with you, the reader, in a more structured and streamlined way, and I try to give order to my at times messy reality and existence.

You will find an emotional and, I hope, an educational and relatable journey through four key periods of my life. Each section represents and projects a different kind of learning within my discussion systems, highlighting my experiences of silence, identity, and power through my experience. This thesis is transformed by the intertwining of both theoretical literature and empirical data due to me choosing to use my own lived experience, which I have absorbed and continue to carry daily within my bones.

The first finding reflects on systemic failure. I chose the word failure as the social care system failed to provide continued care to me, as a child.

They chose not to act in repeated instances where they were alerted by the school of concerns for my well-being, and when I had asked for them to help. My memories also specify my early care experience and how my foster family became a learning environment for me and much more.

The failures arrived through their decision to discontinue my first early care experience; the cost this meant to me as a child, and the lack of assurance that became embedded within me. The care, security and safety which I received while in my first foster home that I had grown to know, from a young infant, just months old, being taken from me. The overall systemic failure is the changing of my home from a place of safety to a place of fear. These feelings brought vulnerability and endangerment. This taught me as a child that systems did not hear or see me; they failed me by making the wrong decision for me as a child.

What unfolded within that home, the social care chose to return soon, led to the ending of my childhood. It also became the source for me of irreparable emotional and social damage, leading to endless years of therapy. This therapy gave me back my emotional solace, and it was where I was told that the situation I was placed in should never have occurred. From my records, I have established this decision was encouraged by a medical professional who thought it would be the right thing to do. 6 and a half years later, this same medical professional informed the same social services department to remain vigilant when they sought advice and voiced concerns for my unborn sibling. As a child, I continued to feel vulnerability and endangerment within many systems, including my early education, and this meant that as an adult, I believed education was for others, not people who experienced care, like me.

The second section emphasises the feelings of oppression, displacement and difference that I felt and learned to live with, and the birth of silence, uncovering how I learned to retreat and shrink within myself to survive. This section explains how stigma and shame began to grow not just within me but as an internalised ideology, as an inherited belief within me, as a feeling I carried every day within society and all institutions. These feelings have been a core part of my learning environments, formal and informal. This is how collectively they shaped my educational and learning experience as a person who had lived through care experience.

The third section discusses disability, intersectionality, and empowerment in my learning journey as a different type of learner. It encapsulates systemic failures within the education system, focusing on educators who failed to recognise, my position as a learner with disabilities and care experience. This section reflects on my experience with epilepsy, care experience, and motherhood; these issues all collided at times intermittently, but eventually, they aligned. This section explained how I used advocacy unknowingly to myself, as a model of resistance. I became empowered as an adult when I recognised that I truly felt and believed education was for me. I actioned this by allowing myself the chance to succeed again, and this time, it was for me.

The fourth section focuses on reclaiming my own power and finding my authentic self through adult education and academia. I will identify the slow process of finding and reconnecting with my voice in this section. I silenced the distorted belief of shame and guilt, I had inherited throughout the years, and I could visualise my place in future education, this is when I believed it was for me and people just like me, with care experience and intersectional oppressions. This section also highlights the relationships I developed with tutors and supervisors who I considered powerful gatekeepers of knowledge. They were patient and enabled me to believe and trust in them. This journey has enabled me to believe and recognise my own value and autonomy. I begin again and recognise how to exercise my own voice through this thesis.

This chapter does not pretend to be purely objective; it is based on my own personal subjectivity and does not deny my bias; this is reflected within the words of my journal entries. These have been established through my individual and true emotions, highlighting my experiences. These experiences explain how there were many roads in life which led to the shaping of the person I have become today. I am a mature adult woman with care experience, and the areas I focus on all intertwine and will explain why I experienced education and learning with feelings of displacement and difference.

This chapter carries a weight and reflects my voice for the first time. This chapter does not just record or focus on what was observed by others; that description is located and recorded in my state records. In my emotion, I hope you can recognise my method of sharing as a unique and informative one. Embedded within my truth, which I narrate to you through my journals as a woman with past care experience, lies subjectivity, but most importantly, within this subjectivity lies clarity.

What emerges here is not just my story, but a challenge to the systems that failed me and a celebration of the educational spaces that made my personal growth and healing possible. Within education, I also discovered and recognised my own empowerment, which I carry within my autonomous self. Amartya Sen described empowerment as "the acquisition by women of 'agency and voice' (Stromquist, 2015, p. 193).

Part 1: Early Care and Systemic Failure

Introduction

Before I ever knew what a state record was, or what it meant to be "in care," I knew how it felt to be safe. My body remembers the feelings of warmth before it remembers trauma. There were moments, early on in childhood, when I was just a child, not a case, not a placement, not a problem. A child in a home where the lunchbox was packed, my clothes and uniform were clean, I was bathed, knew feelings of security and trust, these were an everyday norm and part of my constant reality. I can still remember the snow under the bath that slid down the hill, feelings of shared enjoyment as I played with my foster siblings who chose for me to be around them. I can still remember my time in playschool and "the rich tea biscuits and the diluted orange in the hall with the beautiful spiral roof" (Journal Entry, Jan 27, 2025). These memories are not trivial; they are what "I unknowingly have absorbed", "into the marrow of my bones" (Journal Entry Jan 27, 2025). These memories are part of my foundation, and are proof that I once lived as a carefree infant and young child, highlighting that I had lived without fear:

> "I don't have many memories from school, but I do have one from I think senior infants. I recall sitting a few rows from the front on one of the small chairs facing the blackboard in the classroom, and on this day, morning, I believe, the darkness from my home arrived. The darkness was loud, intimidating and was not stopped or removed by my teacher. I sat there feeling smaller than physically possible and became aware from that moment on, from this instance, and very public performance, that I was different from my peers. Now, after this, I could not hide it from them, even if I tried; the darkness scared me, even though I was familiar with it. I sat there with the rest of my class, wishing I was invisible, feeling scared, and I suppose now looking back, feeling humiliated.

> I assume the rest of my young peers probably felt the same partial fear I did, and since that moment, they wanted nothing to do with me afterwards. A very normal reaction, I suppose, and only natural for children. My teacher at the time stood listening to the darkness, not stopping it, and allowed it to continue" (Journal Entry, Jan 27, 2025).

But care, for me, did not remain care. It became a disruption and loss because of systems making decisions about me, without hearing and listening to my voice, and often these decisions were against my wellbeing as a child and later a teen. The people who gave me safety in foster care were replaced by procedures that gave me explanations that I did not and could not understand. I went from being held and attached to the routines of safety I felt in a caring foster home to being handed over to something very different. From being protected, to being managed and what felt like being "unwanted" (Journal Entry, Jan 30, 2025).

I mention this specifically, not because I aim to idealise foster care, but this section traces that feeling I felt of separation and misplacement, beginning with what was not considered the ideal family structure or belonging for most others in the world. For me, the attachment I formed and the feelings I formed in my first foster home are reflected in my quotes below.

> "This foster family chose me and wanted me there and made the effort to spend time with me, I had no reason to hide, no pendulum swaying mood changes or outbursts of anger to worry about, no shouting, no darkness, no storms, just life" (Journal Entry, Jan 27, 2025).

The beginning of the above quote highlights the feelings and emotions I experienced while in foster care, which I felt until age 5, they are the feelings of being happy, content, chosen and wanted. The latter piece of this quote highlights the regular daily insecurities, fear, and the levels of alertness I lived with after returning to my biological home.

The beginning I had been given in early life ended, after leaving this foster home and my world and environment changed, forever. I began to experience feelings of sadness, where levels of care dropped, and this resulted in me being viewed differently socially by society. As mentioned in Chapter 2, the *Ideals of home and family relationships* study found that children's common ideals of family feature two things: "a child's home ought to be a place of safety" and should feature "biological relatedness" (Weitz, 2022, p. 3).

I highlight and explain how, based on my journey as a person with care experience, I believe I add to this research. I do agree with part of Wietz's findings, a child's home should be a place of safety; however, I did not receive this within my 'home' as a person with care experience, instead, I found this in my foster home.

This highlights the feelings that I lost, and that feeling of loss was not just an emotional one, but it was what I recognise now as an official and institutional loss. This systemic failure is one I grew up accepting, and I recognise this now as not only being the moment I was removed from the safety of my foster home. But this failure began the moment I was returned to a place which brought feelings of the darkness and ultimately danger, and where it was chosen, I should remain, and told this was home. Written in state records, the same dangers are felt by others; the dangers that I felt are recorded by the professionals who work within the systems, and still I was left, and I remained in harm's way, within my home.

My parents' house was considered by the social care and medical professionals as the ideal place for me to consider and regard as a home, my home, where the above-discussed "dominant ideal of home" was believed to be found within (Weitz, 2022, p. 6). I was meant to feel all the security and care, and ideals of home, where my parents lived like other children did.

1985 was the year I returned to my home, which was made up of a typical traditional nuclear family unit, consisting of 2 married parents, one male and one female. Tom Inglis stated that "the family remains the core cultural institution of Irish society" and that the "traditional family", is "based on marriage and children" (Connolly, 2014, p. 19). A study carried out on Irish families found "that most individuals are socialised within traditional nuclear family units" (Connolly, 2014, p. 19). The findings of the study above highlight the ideal typical family structure accepted within Irish society. However, for me, this was not the case; this was not ideal. I was not happy, and as I repeatedly voiced my home experiences of fear to social workers who visited asking for change, my voice was continually ignored. With time, I just felt unseen by those in power and those within the system, the systems of care. This left a scar of distrust within me toward all systems and institutions that can never be undone. And this scar shaped how I viewed gatekeepers and those with power within the social services, and during my early education. Due to the inaction of professionals, ultimately, I was silenced.

> "I lived in an environment where this was not shown, and when the darkness appeared, anything could happen, things were broken, and nothing could ensure silence. Unknowingly, I felt anger towards the rules and demands, especially from those in authority who expect conformity from the young. This was the anger and rebelliousness that raged within me due to those who should have cared, not showing care or acting, just ignoring, which created an internalised sense of oppression and worthlessness within me. You will note that as a young teen, I carried memories of previous positive and joyful experiences from both school and foster care, but those had been taken. This contributed to a very mixed-up, angry, unhappy teen struggling to survive. For many years after returning home from care, I spent a lot of my time under the kitchen table as it was safe there and had a wall to the back of it, and I believed if the darkness couldn't see me, it was better and safer for me. I used to believe that if I closed my eyes, no one could see me either, or I was invisible. This was a very common childish untruth. Looking back now as an adult, the evidence is that within social care systems, I felt invisible. Another difficult and painful belief of mine that I held on to for a long time after I moved home was that the social services would come to my home and remove me and bring me back to my foster home and family. Being the young child I was, I had believed and felt they were my family, they had shown me love and care, and I believed and felt I loved them" (Journal Entry Jan 30, 2025). "I learned painfully early that being heard does not guarantee being helped. At roughly 7 years of age, I began to accept and believe no one was coming to save me, I was unwanted, no one saw me" (Journal Entry Feb 18, 2025).

These were not unfortunate oversights, these were patterns, and this shaped how I saw adults, how I understood and viewed power. The sub-themes that follow explore two strands of this failure, firstly, the warmth that shaped me before it was taken away. And secondly, as mentioned previously, the hope I clung to, believing they'd come back for me and the harm that hope caused when they never did.

The Warmth Before the Storm

My earliest memories of care are not of fear, neglect or uncertainty, but of safety. Foster care, during those early years, gave me something I couldn't name then but deeply recognise now as safety, which gave me the sense I belonged. I was not an object of annoyance, causing resentment, or an extra chore, or a thing to mind; put simply, I was a child, a young, delicate child, who had not asked to be born or returned from foster care.

> "This foster family chose me and wanted me there… no shouting, no darkness, no storms, just life" (Journal Entry, Jan 27, 2025).

There was joy in those years, not in the material sense, I don't remember toys or brands, but from within the feelings I have when I try to remember, my early life before, it changed. My bones still remember being chosen, not by accident or birth, but with intention. A child so small but held with kindness.

It's this early version of me I return to often, not just as a memory, but for the feelings of safety I have now created and give to my own children; this is proof I once absorbed, felt and learned what real and right care was. Proof that I was once nurtured. Proof that care could exist without fear. I look back on the child that I once was in my foster family and realise this was the version of me that knew what calm felt like, and it's that mood barometer I've carried all my life, enabling me to read people and situations.

"Foster care was life to me as a 1, 2-, 3-, 4- and 5-year-old… this is also the reason I refuse to accept anything but peace within my home" (Journal Entry, Jan 27, 2025).

That's what I've tried to give my own children, I do not give perfection, but peace and always safety, because once you've had that, even briefly, you know what's missing when it's gone. Within my experience and journey within the care service, it did go. When the social services decided "to make a systematic decision that would affect the rest of my life" (Journal Entry, Jan 27, 2025). With clean signatures and tidy files, they returned me 'home,' they ended more than my placement. They ended my stability. They ended a version of me that still believed the world could be safe.

What followed was not just trauma, it was confusion, and the most painful thing wasn't what happened next, it was that I had once known something better, and it was taken away.

Unmet Hope as Harm: The Damage of Believing They'd Come Back

I trusted the adults and the decision makers, I was a 5-year-old child; however, the social services made "the wrong decision", making me collateral damage, time and time again, after they were wrong (Journal Entry 27/01/2025). It was not my fault. At five and a half, I was returned to my biological family. Within my state records, I read the system's language of "plans" and "placements" and "conference meetings", all instances where the social care team came together to discuss my situation within my 'home'.

But no one asked what it felt like to be removed from love and returned to instability, and the experiences I had voiced were ignored. The loss didn't hit all at once. It was gradual. It revealed itself in the silence that followed. The colouring books my foster mother gave me that were meant to be little links back to her were put away, and I never saw them again.

> "This choice left a lasting impact on my life… Their continued decision to allow me to remain there, even when informed, was the wrong decision and was unforgivable" (Journal Entry, Jan 27, 2025).

> "Another difficult and painful belief of mine… was that the social services would come to my home and remove me and bring me back to my foster home and family… they loved me, and I loved them" (Journal Entry, Jan 30, 2025).

What I now understand is that hope, when unacknowledged and unmet, becomes corrosive; it can decay your self-worth. You start to wonder why they didn't come back, and question whether I was worth rescuing, or if did I something wrong? The system's failure was not just in its decisions, but in its silence, lack of explanation and inaction. They never told me why I was not going back to my foster family, and they never explained what changed. Paulo Freire also discusses silence, and he describes the hopelessness that I accepted as a child living in a situation that I was placed in, and I could not change. As stated in Chapter 2, Freire (1994, p. 4) states, "hopelessness is a form of silence, of denying the world and fleeing from it"

I believe Freire's description is wording my chosen action by letting my hope of change go. As a child at that time, I felt I could not change my reality, so instead, to protect myself from further pain, I distanced myself from the hope of change.

The silence I received and the questions that lacked answers regarding my removal from my foster home from social care resulted in the explanation being filled in as a young child with my imagined voice, I believed I wasn't wanted anymore, and I wasn't enough. Later, when I accessed the 665 pages of my state records, the pages confirmed what I had felt in my memories, but wished I could be wrong, people had known and did know. Teachers reported incidents of concern to the social services in letters and a professional documented being threatened with a knife, the same knife I was later threatened with.

> And the professional who worked for the social services recorded "how they feared for their safety", this was the adult's and professional's feelings, how they felt when faced by the darkness (Journal Entry, Apr 30, 2025).

Embedded and repeated throughout these records was my voice, this was recorded, repeatedly, locked away, unheard until now, which I reflect within this thesis as my care and aftercare experience through my words. There was no action taken by the social care to remove me from my home, which was always delayed, deferred or denied to me. My records have shown me, time and time again, through 'poor management', that what happened to me was wrong.

> "This tells me it was not my fault… for years I have felt and carried self-blame, now as a 45-year-old adult and mother, repeatedly I remind myself, it was not okay and not my fault. I was a child" (Journal Entry, Apr 30, 2025).

Ideal Home and Family

This safety I speak about here is a word that is repeatedly used within Chapter 2 and throughout this thesis. The warmth I speak of is the concept of safety; my foster family gave me a safe space, as this is where I never experienced fear. As described in Chapter 2, Tyner (2012) describes safety as relying on an underlying threat of violence, which is enacted on us. The "home" I lived in with my parents, to me, did not feel safe; it was not a safe space.

I felt feelings of cold, lovelessness, and the darkness interrupted my daily life, ensuring I was aware of the constant threat and shadow of its impact. Within my "home", I was related by blood, but that is where the commonalities and character traits ended. Within this "home" that I was returned to, I could not be myself; I had to begin to grow up fast and stop being the child I had been accepted as and had grown to be. As per Day (1999), as discussed in Chapter 2, my home was safe for my parents, but not for me.

This concern highlights age as a category difference, which may trigger and cause a space to be felt as safe or unsafe by others. I believe that my age as a small child and my subsequent vulnerability ensured my "home" was not recognised or felt by me as a safe space, and others did not show fear like I did. Home for me was my foster family, they were not biologically related to me, but this is where I gained a sense of belonging, calm and a space to be myself, a child.

This concept of safety I talk about here challenges both the idea of the "nuclear family" being the only acceptable social construct for a child with previous care experience, based on the reasoning that I should grow up with my biological parents. However, my concept does agree with the Ideals of home and family relationships, as the study carried out by Weitz (2022, p. 3) acknowledged "a child's home ought to be a place of safety". I would challenge Weitz's statement that children's ideas of family and home are tied into biological relatedness. This binary belief is based on the dominant social belief system and does not consider that I was a child with previous care experience; my needs differ. The idea of safe space in the classroom is to keep vulnerable groups free from violence and harassment (Rosenfeld & Noterman, 2014). Safe educational spaces also promote growth of knowledge (Weems & Stengel). I believe this should transfer to the home, where a safe space is vital to keep children free from harm or intimidation.

Power and Inaction

Below is a piece from a journal entry which emphasises what the receiving of my state records meant to me, this journal entry also highlights the power of the systems over me as a child and the system's inaction. The call for action I speak about was in the hands of the social care system, as they were aware of events and concerns which are recorded within my records, they ceased to incite change for me.

> "These files represent my life… and are a priceless connection to the limited time I spent living with my only sibling, my brother" (Journal Entry, May 1, 2025). "The words recorded are provoking on first scanning the pages, I felt anger and deep inner sadness and regret for the once innocent red-faced baby that was me. Sadness and even a sense of personal responsibility about how things could have been so much better and different, I really struggle with this. As an adult, I blame myself, even though I was a child, for the inaction of adults or the behaviour of others. I note when scanning the records that there are specific pages numbered, which all contain any statements or incidents which detail either the threat of physical abuse or involve physical abuse. I feel anger because no one takes accountability, no one gives an explanation, and I have sat in conversations and listened to people say maybe the professionals could not intervene or act. I say as that child and now adult, that is not okay, not acceptable, and I recognise that as an excuse, doing nothing is enabling the behaviour to continue. Children should be protected, adults and specific organisations should protect those who need protecting, in my opinion, this organisation and the decision makers failed, whether they know it or not. I also note that after scanning through more of this information, I felt that the darkness was also not protected and should have been from themselves. I refer to the records being non-emotional, clinical, and vague; these types of notetaking are probably the standard for those who work in these vocations, and they become detached from the issues. No one intervened or stopped it from continuing. This is probably what I struggle with the most and will never accept as okay; this is and will never be okay. I feel disappointed by all the professionals who are detailed within my records. I am left disillusioned as to why no one acted. The main feeling I have now is a numbness, and where at first glance of these records an anger built up inside me and a demand for accountability, this soon subsided and turned to, who cares" (Journal Entry, Apr 30, 2025).

Reading the state records didn't offer healing, but it did offer clarity, I saw that what I lived wasn't imagined and that there were witnesses, that silence wasn't neutrality, it was responsibility. What this section revealed was that for me, failure by care systems did not simply end in childhood; it became the emotional foundation for everything that followed, distrust, anger, and disconnection, which was invisibly embedded deeply within me. Until eventually I began on the long road towards reclaiming power, my power.

Part 1: Displacement and the Birth of Silence

Introduction

If early care offered warmth, returning home replaced it with confusion and silence. I didn't have the language for what was happening around me, but looking back, I must have felt it as the shift from being nurtured to being neglected, from being seen to becoming invisible. This was the beginning of a different kind of learning, which is not the type you find in a classroom, but in the quiet corners of survival, within what I was told to call home. I learned how to shrink, how to disappear, how to stop asking for help. I wasn't just displaced physically; I was and became emotionally detached and felt inwardly lost.

School should have been a refuge, but instead it mirrored the instability of home, and it wasn't long until I felt like a spectacle, not a student, and because of that exposure and time, I learned how to mask my shame with laughter, defiance, and silence. These weren't behaviours and they were not strategies, they were ways of saying "I am not ok" without ever having to say these words out loud.

The following two sub-themes speak of how that silence was formed and the internal shifts it caused within me. One explores the invention of "the darkness", which was my way of making sense of chaos without language. The other looks at performance and the way I tried to anticipate rejection by becoming the thing I feared people already thought I was.

Sub-theme 1: The Invention of the Darkness

I didn't know the word trauma, but I did know how it felt when the temperature in my house changed without warning. I knew how it felt when someone's voice heightened quickly, and my body began to freeze. I call this "the darkness" not to dramatize it, but because it was the only way I could name the thing that took over and swallowed all the light around me. Below is a journal entry that explains why I chose the word 'darkness' as a synonym.

> "I chose to use the specific word the darkness purely and simply because that is in fact how it felt as a feeling and impacted me. To illustrate further, when I imagine myself born, I imagine all children born full of life and different colours, they are filled with happiness, hope, excitement, innocence and a mind full of wonder and curiosity for the world around them. They are keen as I once was; to live and as we grow, venture out in the world, from this and positive exposure, we gain confidence. Each feeling is represented by different colours and shades such as reds, pinks, yellows, blues, oranges and whites, etc. I would like to invite you now to imagine that I, as a 5.5-year-old girl, carrying a lantern with a flickering light inside it, the lantern reflects the same colours as I have described above, which represent some of the feelings that we are born with. Now imagine that same little girl, again carrying that same lantern, she is older, this time, the lantern does not reflect anything, it has lost its flickering light. The feelings are gone, and all that is left is darkness. That little girl who grew older was me. That is the most delicate and gentile way of communicating and demonstrating my feelings as both a young child and when I reflect on all that happened within my childhood and how I believe my care and early life experience transcribes. The wording, the darkness, I believe, fits as it made me feel unseen and invisible for a very long time. And for that reason, it works" (Journal Entry, Feb 20, 2025).

> "The darkness was loud, intimidating and was not stopped or removed by my teacher…I sat there feeling smaller than physically possible and became aware of my difference from that moment on" (Journal Entry, Jan 30, 2025).

The darkness didn't just visit me within our home; it also followed me to school as young as 6 years of age and nowhere was safe for me. The darkness interrupted my learning, humiliated me in front of students, and taught me that adults such as teachers wouldn't step in to stop it, not even when the darkness was right in front of them. It made me feel tainted and different from all the other students, and this was not because of anything I had done, but because of what was done around me.

> "Imagine that same little girl… carrying that same lantern… this time, the lantern does not reflect anything… all that is left is darkness" (Journal Entry, Feb 20, 2025).

bell hooks, spoke about how domination silences the oppressed by teaching them that their visibility is a threat (hooks, 1994, pp. 13,14). That image of the girl with the broken lantern has stayed with me, and she wasn't just lost; she was trying to guide herself with something that no longer worked. I learned early that visibility could be dangerous and that being noticed could lead to shame, and so I became quieter. But the quiet I chose wasn't peace, it became the echo of what I had stopped myself from saying.

That is how the darkness dominated and made me feel; the darkness was not just a person, it was the atmosphere, the unpredictability, and the fear it sparked within me. I carried it with me into every new room of life, and every new relationship. It shaped my silence, and it explained why I didn't raise my hand anymore in classroom spaces. Why I made jokes to deflect attention from myself, and why I sat at the back and learned how not to be seen.

Identity and Not Belonging

Goffman's "definition of stigma as the situation of the individual who is disqualified from full social acceptance" enabled a lens of "classifying and understanding a vast array of discriminatory social attitudes and practices" (Tyler & Slater, 2018, p. 729). I believe Goffman's explanation of stigma aligns with the beliefs I developed within myself as a child, as I gained the feelings of misplacement at "home" and within school, and this was a result of not experiencing the same family connections due to the darkness, fear and my care experience. I appeared differently through the loss of my childhood and living with the feelings of not belonging; this era in my life represented the beginning and continuation of the systematic erosion of hope. I felt this throughout the society around me, resulting and impacting upon my social and educational experiences.

Sub-theme 2: Performing Worthlessness Before It Could Be Given to Me

Somewhere along the way, I stopped trying to be liked and not because I didn't care, but because caring had become too painful. I figured if people were going to see me as broken, I'd get there first. I'd wear the mask, play the clown, and take control of the narrative before anyone else could.

> "So, I made someone laugh, and thought they'd like me, but it backfired… so the feeling of isolation began" (Journal Entry, Jan 01, 2025).

I started to perform the version of myself that matched what I thought people already believed, the troublemaker, the distractor, and the girl who didn't care. But this was my armour, and underneath was still a child desperate to be told she mattered.

> "The only time recognition was given was when I misbehaved, or when the Darkness was present" (Journal Entry, Jan 30, 2025).

Recognition came in the wrong form; it came in the form of punishments, reprimands, and being sent out of classes. As a result, I leaned into it and took advantage, probably because it was still attention, and attention meant I at least existed.

I began to believe these assumptions, as even when I succeeded in a class test after memorising my multiplication tables, it went unnoticed by the teacher and by anyone within my home. That silence taught me that effort didn't matter, and this meant I learnt to stop trying in the ways people expected or wanted me to within or out of school. I learned to perform in ways they couldn't ignore me, and at times, this was brought to the outside of classroom doors or the principal's office.

> "Living with the feeling that your mere existence was wrong and hated, and it was always all your fault, repeatedly. Eventually, when you ingrain this into a child and continuously tell a child that enough times and hurt them when doing it, they will grow to believe it" (Journal Entry, Feb 19, 2025).

This wasn't self-sabotage by me, it was a tactic and a strategy, another way of me surviving rejection by getting there first and a way to say to people who may have wanted to reject or dismiss me, you won't and cannot dismiss or give up on me, as I already have.

Paulo Freire wrote that the oppressed often internalise the voices of their oppressors and I didn't just internalise them I spoke to them aloud and wore them like a warm coat in the winter and used them as a shield from the harsh winters and storms we are faced with in life (Freire, 1993).

Even now, when I feel the urge to make myself small again because of the past shame I have felt and the stigma I faced, I know it is that old performance trying to return, which lies within myself. But I also know and remind myself it is not my truth now, that was a past survival script, and a toxic and very damaging one, and I am learning, slowly, to write something else.

Part 3: Reclaiming Voice and Self

Introduction

I began to develop an internal, what I now call, having studied Freire, as discussed in Chapter 2, a critical consciousness within myself. This was my guide, my instinct, my protector, but also my internal judge. I believed this evolved during the long periods I was alone, and my mind would replay the events of moments throughout my days; I could recognise the negative events that occurred based on my decisions. The replaying of events within my mind acted as lessons; I was learning socially, replaying people's words and reactions, and I used them to change my future actions. At first, when this appeared, I could sense its presence weighing negatively on the choices I made, but with time and age, this brought me deep reflection and valuable life lessons.

My journals also highlight and explain that what happened to me wasn't about me, it was about power, inaction and neglect dressed up as procedure. There was no lightbulb moment and no sudden breakthrough in reclaiming myself; this appeared in fragments over the years with time and distance, through the steady push and pull of being seen and unseen, heard and ignored, believed in and doubted. For years, I had lived with a voice folded in on itself, too used to silence to risk speaking loudly and clearly.

But in adult education, something shifted and changed within me; I wasn't rescued, and I wasn't fixed, but I was invited, I was invited to speak, to write, and to think critically. This challenged the old story and experience I had of education and learning. The one I had been familiar with in my early education was emotionally damaging, and it was one I did not belong in and subsequently failed in. In adult education, I was not just invited as a learner, but as a person with a story.

This wasn't a smooth journey, and my self-doubt didn't vanish overnight, and the fear of being "found out" and judged by my past and early journey lurked within my mind, and I felt I could be rejected at any time by those around me. But the difference was that I kept showing up and not just to class, but to myself. For the first time, I was in a space where knowledge was not a weapon used against me, but a tool I could use myself and shape myself with. Education stopped being something that happened to me and started becoming something I owned and created, and most importantly, something I was proud of and proud to be a part of.

The first sub-theme that follows below explores the tension between the internal shift within me and the remnants of self-erasure that still whispered within my mind and in the background. I focused on writing as a personal restoration and used journaling to declutter everything. For me, these pages offered a place to make sense of what I felt could not be said out loud. The second subtheme explores the difference it made to be seen by a teacher who came from where I came from, someone who didn't pity me, but instead, she saw what was buried within and recognised me.

Sub-theme 1: Writing Myself Back into the Story

For a long time, writing was the only place I felt I could speak without being interrupted or judged, and the page did not ask me to tidy myself up first. It didn't tell me to stop being "too much"; instead, it let me say what I really meant, too, even when I wasn't sure what that was.

> "Writing became a space where I could explain things that didn't make sense out loud. It gave me permission to be messy, to be angry, to be real" (Journal Entry, Mar 18, 2025).

That space was sacred. It was where the little girl with the lantern returned. I was not fully healed, not glowing, but I was flickering and flickering was enough.

When I wrote my first English essay in adult education, I felt sick with fear, and I felt like I had held up a mirror to everything I had hidden before. But when the feedback came back and it was not just about the grade, but comments that spoke and engaged with my ideas, it felt like being handed a piece of myself I had forgotten had been missing or that I even knew I had.

"That essay brought back a voice I didn't even realise I had lost" (Journal Entry, Mar 9, 2025).

This wasn't just academic success to me; it was something much deeper, this aligns and is something Freire might call an act of becoming or rebirthing (Freire, 1993). What appeared to others as a simple academic exercise of just writing about a book or answering a question, to me was something much more meaningful. I had decided to implant an intrinsic piece of me that had lain buried within me and placed and inserted it into that piece of work, rewriting and rewriting it until I submitted. This was my becoming or rebirthing through the process and overcoming the oppression I once felt.

Returning to adult education at 39 years and choosing to write again allowed me to challenge the inner voice that said I had nothing worth saying. There's something defiant about when I first put pen to paper, especially if, like me, you have been told directly or indirectly that your story doesn't matter, and no one wants to hear it. To me, each word was and even now is a kind of resistance, each paragraph was like a crack in the silence I had carried for decades. Writing is a source of reclaiming and presenting voice, asserting presence and considered "to uncover ideas, setting "ourselves free to step into other worlds, writing matters while delivering meaning" (Meyer & Whitmore, 2014, pp. 1-10).

Sub-theme 2: Recognition Without Rescue

In this educational centre, I met a teacher who saw me and recognised me, not as a case or a tragedy, but as a learner with something to offer, she didn't try to fix me and she didn't ask me for my story, but she taught me in a way that told me she understood.

> "She didn't see me as someone to be fixed, but someone who already had something to offer" (Journal Entry, Mar15, 2025).

She came from where I came from, and that mattered more than I could ever explain, as there was no need to translate myself; it was like she knew the social code, the unspoken fear, the hiding, and the humour that masks pain. She didn't treat my education as anything other than it was a right for each of us all in the classroom.

bell hooks wrote about the classroom as a site of possibility, where healing and learning can co-exist. I believe this is what this teacher allowed to happen in the classroom, that teacher created, not by using big speeches but through equal presence with learners (hooks, 1994). Through doing things this way, the teacher never said she expected something from me and never made me feel like I had to prove my worth to her or the class, I could just me and that was enough for her.

This kind of recognition didn't feel like being singled out, and it never felt like I was being formally invited into a shared classroom or space; this way just felt different, and as a result, I began to show up differently. I started arriving earlier, staying later, scribbling down thoughts long after class had ended. I wasn't just completing assignments, I was starting to reclaim the parts of myself that had once hidden behind misbehaviour, sarcasm, or silence. And I found learning this time as something I enjoyed.

> "I wasn't surviving anymore, I was beginning to live, and I wanted more of that" (Journal Entry, March 22, 2025).

This wasn't about achieving perfection or becoming someone else for me; it was about becoming more of myself and allowing the buried version of me, and the little girl who had shrunken herself and remained hidden in education, to come safely forward. She had always been there, waiting underneath the performance, waiting to be recognised again.

Charles Taylor refers to Franz Fanon's quote where he "describes recognition as a basic human need", referring to the harm, highlighting the effects on women and other colonised groups as being one "when denied that can damage us at the core" (Taylor, 1994, p. 156). Within his chapter, he describes the power of recognition when it's given authentically to those marginalised; it can restore something they may have felt they had lost forever. For me, receiving learning in this way, where authenticity was valued, allowed me to feel safe for the first time in a classroom. This resulted in me being true to myself through education, enabling me to not need a mask or a coat of armour, for the storms were over.

Part 4: Disability, Intersectionality, and Empowerment

Introduction

This part of my story is harder to tell. Not because it hurts more than the others, but because the struggle here was quieter and more internal, living with epilepsy wasn't something I advertised, it became something I managed silently, shamefully, and often alone. This was very much like my care experience; it carried with it a sense of being "too much" and too complicated, too unpredictable and too risky.

I didn't want to be seen by anyone as vulnerable or powerless, but I was, and I still am, learning to say that out loud and to own it over the years has been one of the hardest, and most liberating, parts of this journey, admitting I am different, and being ok with that.

Disability is not just about diagnosis or medicine, as it is about relationships, it is about institutions and about space and about control. When you grow up already feeling like a burden, and then your body confirms this by failing you and itself in public, it reinforces a dangerous silence. For years, I tried to make myself small enough to manage alone, but I wasn't meant to. None of us are meant to.

The two sub-themes below reflect the emotional layering of this chapter, one centres on the experience of losing control, and the shame, frustration, and dependency that came with this. The other explores agency reclaimed, not through perfection, but through advocacy, voice, and action rooted in lived experience.

Sub-theme 1: When the Body Says No

Below is my journal entry discussing life with epilepsy.

What was born a curse but grew to become what I refer to now as just an added sprinkle of something more:

"I continued to take seizures intermittently as time went on, I would never get a warning, and it was the hardest thing to control, accept, and understand. I was brought by my foster mum to see a specialist in Dublin, they organised tests and soon after I was diagnosed as being Epileptic. The only seizures I was aware I was having were Grand-mal or Tonic Clonic, as they are called. I joke and describe the seizure as brake-dancing, the funniest thing about this is that there is nothing funny about it at all.

Epilepsy sneaks into a person's brain, takes over their body functions, steals their independence, causes short-term memory loss, impacts the person's confidence, and leaves the person feeling like they have done 10 rounds with Muhammad Ali. If that wasn't bad enough, at a time when the person is in public, they may even suffer incontinence during the seizure, no dignity there for a teen girl in a skirt. Embarrassment is not the word, and I wonder why I felt so different from every other young person around me. The truth is, I was, in a million and one ways, in what I only felt and saw them, as negative.

This diagnosis meant that I had to be medicated to try and gain some control over it, but what I did not realise was that the changing of medications caused side effects such as stomach problems, weight gain and drowsiness, and soon after negatively impacted my mental health. Maintaining a seizure-free life means attempting lots of different meds, increasing strengths, and becoming a human guinea pig in the hope of finding the right dosage and drug. I would count at times the weeks, then the months, if I was lucky and once getting 3 months, and I thought this is it, more time passed, then bang, open eyes, ambulance, closed eyes. When I woke up again, I was in hospital, and my foster mum was there. This had happened at a 24-hour fast that I was participating in at school, where I was excited to be a part of a fundraiser, but my Epilepsy had other ideas.

> Eventually, my epilepsy did begin to stabilise; however, it took a lot of trial and error, and to my demise, I needed a high dose of a strong type of medication. When I was unwell, being in hospital meant being absent from school and missing classes, and I wasn't offered extra help; in fairness, I probably would not have taken it anyway. I was beginning to accept that life had become more limited for me, and having this diagnosis left me reeling, and I had a feeling of inadequacy; I was broken and felt like a reject.
>
> This became another reason to dislike myself, although I tried very hard to hide it. The only time you would know how I truly felt regarding my relationship with my Epilepsy is after I have a seizure as I sob, break down and cry. I cry not just because I am sad, but for all the lost moments of freedom and adventures, I will not have because of it. Even later, as an adult, I reacted in the same way. Epilepsy completely unearths your whole person as it removes your power and your control. You must rebuild yourself and remind yourself after each seizure you won, you are awake, and you do have, in fact, the power to, where humanly possible, in a safe way, choose to live, not hide in the shadows of Epilepsy.
>
> It took me a long time to learn this, though I suppose I had to learn a way of making peace with it, each day, seizure-free now, is a win for me" (Journal Entry Feb 20, 2025).
>
> There's a specific kind of grief in watching your own body betray you when one minute, "I was making a cup of coffee and the next, I was waking up on the floor, my lips had turned blue from the loss of oxygen. I was surrounded by strangers in uniforms, and I had no memory of the fall, just the aching muscles and a chewed tongue that told me what had happened. The feeling of disempowerment that I felt internally ripped through me like a wire cut through butter… my epilepsy was in control of my body, again" (Journal Entry, May 10, 2025).

This seizure came four weeks after the birth of my daughter, and I had just handed her to my husband; the timing saved her from me dropping her on the floor. But the thought of what could have happened, of what didn't happen by seconds, did and still does haunt me. I went from being the one who cared for others to the one needing care, and the irony cut me deep; all I wanted was to be normal.

> "The carer needs a carer. That was the hardest thing of all to live with" (Journal Entry, May 5, 2025).

The above quote highlights the irony I felt as I had previously been an independent woman and mother who both cared for her children and worked daily as a carer for others. The feeling of despair I felt and the struggle I lived with in accepting care and help meant I felt as both a mother and woman, I had failed in my duties to perform the accepted social norms. This is where I had to ignore, forget and reframe my expectations of myself and accept my difference as a mother living with a diagnosis and ultimately my typical expectations of what I had believed to be a proactive and 'good mother'.

I was still a good mother and woman; I did not work any longer as a carer, instead, I began my own recovery with the help of my own carer. I needed care and assistance to achieve the things other mothers and women did, in the receiving and submission to this new way of life, I gave myself and my children the best version I could of myself, as their mother. I taught my children it was okay to be different from the social norms within society, that common distorted belief that their mother, being a woman, could only care for them daily and show up this way in society. Through my acceptance of care, as a woman and their mother who lived with a disability, I was continually present, and eventually this care enabled me to become stronger, and able to achieve, and unknowingly, I continued to grow.

Daily life changes meant that my driving licence was revoked, and my independence dissolved, the outside world and the simple errands, school runs, walks with the buggy all became out of reach unless someone came with me. I hated this as it was not because I wanted to do everything alone, but because I had spent my whole life learning not to need anyone and for me to need anyone had never been safe.

I was one person with not just a disability but one of care-experience, this did not mean I received twice the support. Instead, I felt it meant twice the judgement, twice the red tape, and often, twice the silence, twice the inaction and more struggle. People see the seizure, but they do not see the shame felt by the person afterwards, they don't see how you plan your day around your energy levels, your fear, the risk factors that may be involved. They don't see what it takes just to show up and not cancel, to not disappear within yourself.

When they do see you, they often see you or view you as either fragile or inspirational. To me, these are never both and are never real.

Sub-theme 2: Advocacy as a Form of Survival:

Eventually, I got tired of hiding the seizures, hiding my fear, and hiding the care experience that I had, and I realised that silence wasn't protecting me, it was isolating and alienating me, and so I started to speak about it. First, I did this in quiet ways, small disclosures to friends and peers and through gentle honesty in conversations. When I became braver, I became louder, and I organised an awareness and community event for epilepsy, and during this time, I was interviewed on live radio.

> "It was historic… I was proud of me" (Journal, 10/05/2025).

The epilepsy awareness event I helped organise wasn't just about information, it was about support for the families of those with epilepsy and visibility, it was also about breaking stigma and enabling people to know how to react during a seizure. It was about naming the thing that had sat heavy on my shoulders for years, and bringing it into the light, I felt it this important so others wouldn't have to carry it alone.

That shift and progression from secrecy to advocacy did not erase all the challenges, but it changed my relationship with them as I no longer had to work so hard in hiding how it made me feel or what a normal day could be like when living with active seizures. It gave me back a sense of control, even when the seizures themselves remained unpredictable; this gave me purpose on the days when shame wanted to return.

American feminist philosopher Judith Butler wrote that when a person is vulnerable, it can be seen as a valuable tool and source of personal resistance (Butler, 2004, pp. 29,30). This statement and point that Butler made did not impact me until I became brave enough and decided to tell my story of living with epilepsy, and instead of being pitied, I was heard.

> "I used to think asking for help made me weak. Now I think hiding everything nearly broke me" (Journal Entry, Apr 7, 2025).

I began to volunteer within my village and local town, I took part in community groups, and supported other women like me, eventually, I took the step and decided to return to education, and this was not because I felt ready, but because I had started to realise, I did not need to be.

Advocacy, for me, meant a few things. It became a way to rewrite the scripts that had once defined me and let me down, I was not just the girl with epilepsy anymore, I was not just the child who had been in care. I was a mother, a learner, and a teacher, all those parts of me deserved space and not just within classrooms but in the world.

> "I am a care-experienced woman with epilepsy. I am tired some days. But I am here. And I matter" (Journal Entry, Apr 10, 2025).

That is the kind of empowerment I am talking about; it is not perfect, not fixed, but it is meaningful and whole, I am honest and still standing.

This chapter has not offered a resolution as this was never my intention, but what it does offer instead is a testimony to my survival, to complexity and to my voice and a footprint to those like me with care experience or other minority groups who feel hidden or unseen. Each section has uncovered a layer of silence that once defined how I felt and moved through the world. From my earliest memories of safety and failure to the invisible negotiations within school corridors and hospital wards.

The slow rediscovery of voice and value that these chapters follow emphasises a life interrupted but not ruined. What binds these findings together is not just trauma, it is transformation, and this is not transformation in the triumphant, headline sense but instead the quiet, stubborn way that people do manage to rebuild their lives. Rebuilding after care, rebuilding after misrecognition, time and time again rebuilding after seizures, after shame, after systems failed to see the whole person.

The themes in this chapter are not fixed categories. They are interlinked with each other, the way memory does. My silence may have shaped my voice, but my voice exposed my vulnerability. My disability demanded advocacy from me, the care experience coloured everything for me, leading me to see the world differently for a time.

These are not separate stories, as I have shown you, they are the same one, told in different rooms, with different lighting.

What remains clear is that survival came at a cost for me, it required strategies that sometimes looked like self-sabotage, requiring me to shrink, to perform, and to endure. It made a different kind of possibility, the kind of knowing, this was rooted in empathy, criticalness, resilience and refusal. Refusal to accept invisibility or to remain silent.

Through the experience of adult education, through relearning to write again freely, through speaking freely again, I began to not just reclaim myself but to reimagine what kind of teacher, learner, and woman I could be. I believe this chapter stands as proof of that process, as I have not stopped trying in life or education, and I continue to look forward with hope.

The findings do not end here as they will repeat forward into my final chapter, which I aim to present for learners with care experience like mine and suggest recommendations for authorities, create a MGT system, enabling awareness. Finally, suggesting how learning and education should be reshaped and redesigned for individuals when it comes to the care experience and intersectionality.

Chapter 5

Discussion

This chapter shines a light on improvements for educational journeys, for all people with care experience, who experience education and learning in Ireland. I do not look upon this chapter as a closing stage; instead, I would like to recognise it as an unveiling, this unveiling aligns with my journey and voice, as it emerges as something unique and different. I begin to ask what my story means beyond me, what my lived experiences reveal about the systems I've moved through. The silences I carried, the spaces where education has both harmed and healed me.

The findings in Chapter 4 were intense, authentic and deeply personal to me, they traced my journey through care, shame, silence, survival, motherhood, disability, and ultimately adult education. They were transferred from my memories, my fingertips and onto the pages of my journals. After I intertwined my journals alongside theory and existing research, I was able to successfully envisage a list of suggestions, which I will discuss below in my recommendations section. I will focus, expand, and develop the outcomes of Chapter 4, suggesting a different but significant practice for people with care experience in Ireland. The focus and specific lens will be directed towards legislation, education and learning.

The shift here is subtle but significant, as previously, I have spoken from 'inside' my experience of care and education. Moving forward within this chapter, I will begin to speak 'about' the experience, remaining emotionally attached to my research, but stepping back just enough to ask what the findings tell us. What are the implications for educators, educational institutions, social workers, the state and policymakers?

On page 2 of this section, I will begin to decipher and build on my thematic findings, which I examined in Chapter 4; listed as *Early Care and Systemic Failures, Displacement and the Birth of Silence, Reclaiming Voice and Self, and Disability, Intersectionality and Empowerment*. I will reflect and use the knowledge I have extracted to build a suggestable and attainable practice. I will emphasise my overall analysis through the aid of theorists and research.

The above information has been vital in ensuring and enabling my journey of development, which will add to the minimal existing research and awareness surrounding people with care experience in education and learning in Ireland.

1. Early Care and Systemic Failures: Right to Information and Explanation as Children's Rights

My first theme included 3 subheadings which dug deeper into the effects of the failures of the social care system. The first subheading, *Unmet Hope as Harm: The Damage of Believing They'd Come Back,* focuses on the emotional and traumatic effects of being a child in care and not receiving explanations. The absence of an explanation surrounding decisions to uproot me as a child from a 'home' filled with care and safety, to a 'home' filled with noise and fear, was a catalyst of pain for me. Every child should receive information and explanation for their change of place and home, for their safety and well-being. Children should be involved in the care experience, especially the decision-making process when moving between homes; this should become a significant part of policy implementation. It is also a human right to receive information on what happens to your home and why. Being heard is a significant part of children's growth and development when it comes to a safe space.

When children are not included in decision-making processes within systems, this leads to feelings of systematic isolation as their participation and voice are not valued enough to be heard. The impact of not being heard when I spoke of my experiences and fears, and the repeated silence and inaction I received from social care, marked the beginning of my distrust in systems. The reading of these decisions within my state records, minus any discussion on the emotional disruption caused to me, the child, was disillusioning. But this reaffirmed the effects of the system's type of record-keeping of people. The impact of the system's silence led to my hope developing internally into something which became harmful towards me, resulting in an evolution of another, unmet need. I carried this unmet hope into every other system I found myself in, as no one ever heard my voice, the child in care, and I carried this through the system of early education, feeling stigmatised and unseen.

We are encouraged to see hope as a positive connotation within life, but over time, when hope is unmet, it savages and ages within a person's mind, as a child like me who knew what better had been, what safety was, before it was taken away. I hoped for change until hope transpired into a feeling of grief and a reminder of a lost world that I was no longer a part of.

Paulo Freire states, "hopelessness is a form of silence, of denying the world and fleeing from it" (Bilgileri & Weiler, 2003, p. 3). The beginning of this quote reflects my internal hopelessness as it became another form of silence, I used against myself, an internal silence, which I was unaware had existed. Freire's wording within the latter part of his quote aligns with how I mentally fled from my existence, as I did not want to be a part of it. I challenge Freire's quote regarding hopelessness as I believe it is a criticism against those who are oppressed, he believes hopelessness is a form of weakness and inaction, and avoidance.

I used hopelessness as a tool of self-preservation, to mentally control and protect myself from disappointment due to the inaction of change within my 'home' situation. This was due to the result of the constant belief in the hope of change becoming a source of mental pain and internal torture. I believe Freire's quote, "the violence of the status quo on an unjust society", reinforces how social norms ensure minority groups, such as people with care experience, are confined to unchanging social circumstances (Bilgileri & Weiler, 2003, p. 3). Social norms such as being returned to a 'home' which lacked safety and care but aligned with the status quo meant I experienced further stigma, within society and in educational settings.

2. Implications for Children's Safety and the Concept of Family and Home:

The next subheading, *The Ideal Home and Family*, reflects the importance of feeling safe to a child or person with care experience. I received the concept of safety, and the feeling of safety and belonging to a safe space, in my foster family, not within my 'home'. Tyner states, "safety relies on an underlying threat of violence, particularly physical violence", and is "enacted upon us in a way that interrupts daily life" (Tyner, 2012, p. 15). This occurred within my 'home', this meant I was in a state of unease and fear within educational and social settings. Policy needs to be improved to prevent a child from feeling this way, and trauma training needs to be given to all educators to recognise young people who show symptoms of trauma.

As all too often, they are labelled as being difficult or as having behavioural difficulties, when really, they are living within a home of fear. In my 'home', I was related by blood, but it was not a safe space. Kristen Day offered different categories that lead to some individuals feeling safe and others not, based on gender, age, race and others. She states some environments "can be considered safe for some, but unsafe for others" (Day, 1999, p. 320). I believe it was my age that contributed to my lack of safety, as this meant I was defenceless (Day, 1999, p. 320).

The idea of safe space was engineered keeping "marginalized groups free from violence and harassment"; educators have begun practising this concept (Rosenfeld & Noterman, 2014, p. 1346, Weems & Stengel, 2010, p.507). This concept has been encouraged within adult education settings; however, funding needs to be implemented to ensure all children's safety going to and from school, safe space should be taught within schools to early age children. I believe this would ensure children recognise what safe looks like, as for those vulnerable within society, may live in fear daily, and not recognise the difference of 'safe' and 'unsafe'.

A previous study was carried out in 2022 based on *Children's idea of home and family*, the study found "a child's home ought to be a place of safety", and should include "relatedness", this study did not mention care experience (Weitz, 2022, p. 3). This study does highlight social norms and binary beliefs which continue in children within today's contemporary world. My findings challenge both ideas of ideals and the social norms surrounding a 'nuclear family' and the idea of relatedness as being part of the only acceptable and needed ideal of a home and family, for a person of my care experience, my needs differed.

This explains why the government and educational facilities should ensure awareness programs to enable children recognise children who grow up in care as another type of ideal to help put an end to stigma. This would encourage the acceptance of all people who grow up in care and continue to carry the feelings of difference both socially and educationally.

3. The Implications of Power and Inaction: Right to Recognition and Not Feeling the Weight of the State's Inaction:

The *Power and Inaction* section emphasises the power of the systems over children, I explain the failures of the systems of social care reflecting my feelings of pain, anger and sadness for the lost childhood, I could have had. I explain, even as an adult, I blame myself, I carry a sense of personal responsibility, as I gave up hope for change, for the inaction of adults, and the lack of accountability. I reflect on the experiences that I lived with, due to the inactions of those in power, reflecting upon all children with care experience and our lack of a political voice and the ability to change our circumstances. My experiences of systemic failures intersect with expansive patterns of the lack of recognition or misrecognition when failing to hear my voice and failing to see me as just another case.

This led to continued exclusion among my peers in education and the increased stigma within society as a child with care experience. The failure of the system to ensure safety and care was consistent within my 'home'. It did not value the need for a safe space for me to develop and grow naturally.

These instances could have been avoided with the enforcement of radical empathy, and if a system of care-led teaching was enforced. The enforcement and refusal to allow people to disappear in systems was politically implemented alongside a full social inclusion program to include people with care experience, would improve and enable positive social change. If this began in early years schools and continued throughout all educational settings, this would ensure that people with care experience are acknowledged within the society of education. This would ensure people with care experience feel recognised and seen within education, removing the power instilled through social norms that make people with care experience feel invisible and different within our classrooms. People with care experience may begin to feel less shame due to being different.

Systems that refuse to act on what they are told by children who are in crisis teach children not to speak at all and allow them to learn that silence is the preferred language.

I believe this theme on power links back to Freire's quote I spoke previously on when he stated, "the violence of the status quo on an unjust society", this also refers to the system's compliance and refusal to change, (Bilgileri & Weiler, 2003, p. 3). Their refusal to change my home environment, meant I remained in a harmful situation, systems that remain passive in the face of harm and inaction, become a form of social violence. I believe the government needs to have a redress system and focus on the 1980s and following years, revisiting the past social care systems. The system has the power to take accountability, to address the mistakes of the past stop them occurring in the future but chooses not to; this is true power, this is the power of inaction.

4. Implications of Displacement and the Birth of Silence: Education and making sense of Chaos and The Right to Change, Understanding and Training:

Growing up and feeling the constant threat of fear meant I longed to be hidden at times as it felt safe, bell hooks spoke about how domination silences the oppressed by teaching them that their visibility is a threat (hooks, 1994, pp13,14). The comment made by hooks is explanatory at first glance, which I align with as a child with care experience, if you cannot be seen, you cannot be hurt. For me, hook's comment runs deeper as it was not just my physical and vocal presence that the dominance within my life as a child took from me, it was my hope, my peace and my authenticity to just unfold safely as a child.

I have felt this dominance throughout much of my life, that fear of appearing to much, when the eyes of a room turn to me, I find my voice quivers, and my physical body reseeds into itself. I believe that when I step into my own importance, the damage and inadequacies I have carried so long become visible.

I believe this is where I step back to where I feel unseen and into a space where I am just enough for others within a place of personal safety. This statement highlights the power of fear over another, where silence replaces authenticity with fear; this impact promotes the need for governmental action plans in educational settings and the need for real trauma training.

This action and training need to be mandatory for all who work with children, teens and adults in education, social care and any public sector individuals to share awareness for those who have care experience.

Limitations of Identity and Belonging: Everyone deserves to feel like they belong:

I lived through my early school days with feelings of isolation from educators, living each day with a constant feeling of misplacement and not belonging within my 'home' and society and not being wanted. Society taught me through the acceptable visible family networks and cohorts that I belonged in my 'home', even though I felt unsafe and misplaced. The lack of action by educators and other professionals who could have helped change my circumstances but chose not to, caused me lasting scars, which resulted in me becoming a social chameleon. When my home issues presented within my classroom in front of my peers, this should have been stopped, prevented and silenced, not given consent to fill my early educational space. The educator's compliance within this instance meant my chance of social acceptance, voice and the feeling of safety within my educational setting was discontinued.

Goffman E. (1968) describes social stigma as being "disqualified from full social acceptance", (Tyler & Slater, 2018, p. 729). I believe my behaviour as a child aligns and adds to this theory, as I acted specifically in ways that meant I had a chance of being accepted socially. I performed in a bid to receive social acceptance to find that sense of belonging I yearned for, I began to shape my social character with what fitted with others around me. Through doing this, I lost and denied my own true character, but society had told me that my character was unacceptable, so I changed and tried to fit in whatever social circle would have me. This left me vulnerable to the world around me.

The stigma I had felt led to my educational experience suffering as I believed and recognised it as another space where I did not belong; it was for the others in society, the others who did not accept me. These were people who I recognised as accepted and intelligent, from good homes, not people like me. I believe if educators in my early education recognised my few successes there may have been more, but that was ignored, the fuss was made during negative times, so this became my outer performance. It is so difficult showing up in a world you must perform in just to be seen and feel acceptable to those around you.

This point I repeat explains the need for assurance for all children, especially those with care experience, to be made to feel as important as meeting the needs of a person with a disability or any other difference. Each child should feel equally invited to interact within the classroom space and feel that this is a safe space.

For this to happen, educators need to build trust and be aware that children and people of care experience are layered and complex. This is where training is necessary as these issues are unseen. Children and adults of care experience should be encouraged to be themselves without the expectation of performance, allowing them space to rebuild, gain knowledge freely and not feel isolated. The government needs to ensure all educators are trained and informed on the value of feeling accepted and the damages that people with care experience feel because of social stigma.

Children and people with care experience carry hidden and silent issues, such as the misplacement and feeling of not belonging, which I speak of repeatedly, many give up trying and stop showing up to school. For this reason alone, they need extra educational time, fewer rules and more support to enable them to organically build trust in a world full of both vocal and silent overt stigma, which they feel and face daily. Education needs to reach the level of quality that ensures a person with care experience can recognise educational settings as spaces that are rich in empathy, reassurance, continuity and acceptance.

5. Implications of Reclaiming Voice and Self: Everyone has the Right to be Seen and Heard:

As discussed in Chapter 2, critical consciousness enlightens people about inequity, and if they do not resist oppression, the result is perpetual residual inequity (Alexis, 2017). This theory encourages all people to oppose the social norms which lead to imbalance and inequality, and which continue to entrap those who wish to be accepted by what appears to make them different. Included are those recognised within society as not being a part of the status quo or binary beliefs and structures based on gender, identity, social class, and disability, and what I focus on within this thesis, families.

I associated with this ideology within my education as an adult, as my further study of this social theory allowed me to understand my needs and the significance of a slow awakening of my critical awareness. This meant when I read my state records, I recognised the inequalities against me, and the parts that I had yearned for, which were not societal social norms, leading to a life of stigma and suffering. The significance of me in pursuing my own research into my past in care is necessary to address the inequities that are still present today. People with care experience continue to be faced with stigma, like I was, due to the lack of awareness and feel unseen.

6. Implications of Writing Myself Back into the Story and Recognition Without Rescue: Everyone has the Right to Recognise Themselves in The Classroom:

Writing is the only place I felt I could speak without interruption and judgement, and where I felt truly free to be myself. Returning to adult education at 39 years of age was to become for me a sense of what Freire referred to as an act of rebirthing (Freire, 1993). Writing within education as an adult was a way for me to present my voice safely, allowing me to freely "step into other worlds" (Meyer & Whitmore, 2014, pp. 2-8).

Within adult education, I felt recognised and accepted by the environment, it was inclusive and at first, I was just encouraged and invited to try a few days without commitment, so I did. I believe the encouragement of experiencing the classroom environment minus the pressure of expectation gave me time to breathe and left me free to just observe and just quietly be. I would recommend this within all adult education settings where participation is encouraged, ensuring that the person of care experience is free from any requests. I did not realise the importance of this until I look back on my journey. I was afraid to commit as I believed I could not achieve like others could, as I carried an inherent belief of being less, but then, something shifted, and I tried.

I began to slowly believe in my own ability. bell hooks wrote about the classroom as a site of possibility, where both healing and learning co-exist side by side each other, my tutor allowed this to happen through the equal presence of learners (hooks, 1994).

I believe I add to hook's concept as it is within this space that the little girl within me stepped forward again, as my worth and authenticity were accepted and not just invited but welcomed and recognised.

Taylor refers to Franz Fanon's quote where he described the damage caused by not meeting the basic human right of recognition as being one which "when denied that can damage us at the core" (Taylor, 1994, p. 156). This quote not only aligns and adds to hooks concept above but reinforces the value of the recognition I received in adult education, this was the difference I needed to become a proactive learner.

7. Implications of Disability, Intersectionality and Empowerment: Everyone deserves the Right to be Treated Equally:

After further study of intersectionality, I began to visualise a signpost at the side of the road within my mind. This signpost represented me, my disability, and my complexities in life. The most obvious being that I am a woman, a mother, growing up in a socio-economic background and returning to education as a mature student. These are all obstacles and signs upon my signpost that meant I was different from the status quo and social norms which are accepted within contemporary society. Combined, these differences, or obstacles, made life more challenging for me compared to someone who does not have these issues. I agree with (Samie, 2025) point in chapter 4, as she explains intersectionality in a way that aligns with Freire's previous point above, both enforcing and adding the acknowledgment of difference. They also encourage the importance of opposing social norms to prevent "the masses from systemic inequity" (Alexis, 2017, p. 1).

8. Implication of Advocacy as a Form of Survival: Breaking Free from Stigma through Growth and Empowerment:

Through personal empowerment and growth during adult education, I was able to overcome the stigmas that held me back in life, as I accepted my complexities, I began to thrive as both a person and learner of difference. American feminist philosopher Judith Butler wrote that when a person is vulnerable, it can be seen as a valuable tool and source of personal resistance (Butler, 2004, pp. 29,30). I agree with this as my thoughts on overcoming stigma through advocating for myself and others in recognising difference and opposing the social norms and status quo within society. This shows both the need for adult education and the systems of government to endorse a recognisable signpost of support specially engineered for people with care experience. I believe this change could improve the statistical outcomes and visibility of those within education from a care experience background.

Limitations for this research:

This thesis does not speak for everyone with care experience; it scratches the surface of my lived care experience and adult education journey; it does shine a light on an area within society which needs further recognition and study in Ireland.

I did not set out to become a representative or a spokesperson for care experience; what I have offered is part of my story, which may prompt others to see the value in investing time and energy to help improve the system for people like me who live and feel unseen within society. I have told my story with as much honesty and reflection as I could bear, that is the nature of autoethnography, it is not about generalising or claiming authority over a group of people, instead it is about writing from the inside, from my body and my memories and emotions. This choice gives this research strength and its limitations.

One limitation is the subjectivity of this work; I am both researcher and the researched, there is no separation between the story I am telling and the person telling it. This means I bring bias, hurt and hope into each line, and I am not neutral; however, I highlighted my feelings, my experiences, and this could not have been truthfully reflected without the use of the feelings of anger, loss or love.

I acknowledge that others with care experiences stories may differ from mine, and they may not recognise themselves within the pages of my stories. This is a significant point as it shines the light on the need for more stories and or autoethnographies to be written on care experience, so comparative data and comparisons can be made.

Another limitation is the size and scale of this research; it has not been based on groups of data, and because of this, it lacks measurements of experiences and lacks how widespread these experiences have impacted others in different areas across Ireland. The word count has increased due to journal insertions. The depth of this research is valuable, but it must be paired with broader research to shape policy improvements.

I should emphasise that within this research, it does not record opinions or input from professionals who work in adult education, other educational settings, social care or governmental departments. The lack of research in this area has limited my ability to judge where the systems of care and care experience in Ireland have progressed to.

I can only narrate my story from where it began in the 1980s, based on my experience. The time frame of my life experience in care must be emphasised as new laws have been incorporated since 2019, to protect children. Agencies such as Youth Work Ireland are now available, but with the expansion of population and the growth in demands for social care, I do not believe this is enough, I will discuss this further in my recommendations below.

Recommendations:

The recommendations in this section do not come from theory alone; they come from lived reality, the gaps I fell into and the silence I carried. They are born from what I believe I needed and what I believe would make a meaningful difference for others like me, those trying to navigate education with a care background.

Government Recommendations:

My first recommendation, which I mentioned previously, is the implementation and complete change of the systems of social care; the one that is in place today in contemporary society is not working and is insufficient, and because of this, it needs to be discontinued.

Too many children are unseen within systems, and this needs to stop; both all educational and governmental agencies need to ensure all people in care feel seen in society, opposing the binary social norms. Programmes of change need to be fully endorsed, and for this to happen, full government funding for the administration of more staff, suitable full retraining, and funding for custom-built infrastructures need to begin. These infrastructures would house 'safe spaces' of free support and care, which is needed for all people with care experience to allow them to visit, seek help where there is no judgement.

The government needs to retain all staff in social care, with full trauma training to assist people with care experience. This should also be implemented within all health care workers, community organisations and the Gardaí. A new policy needs to be encouraged and implemented to ensure people with care experience are given equal rights and job opportunities and supports which align with existing policies for people with disabilities.

New Policies around how State Records are written and shared:

I must speak about state records, something broke within me while reading my care records, the way it was written, cold, factual, full of gaps, this did not reflect the child I was, I read this alone, no warning, no support, just me and their truth. Professionals who write within these records must remember that the child they write about may one day read every word; there should be emotional and psychological supports in place for anyone accessing their records. There should be an advocate to sit with that person who enables them to understand and decipher what they read. There needs to be a right to respond, to add our own words, corrections and context, because this is our life, and we deserve to be heard, even within the archives of the state. For these above reasons, there needs to be full implementation of laws to support people with care experience the right to an assigned independent advocate of their choosing and the allowance for the right to respond.

A Utopian Lens for all People with Care Experience in Adult Education:

I believe a national trauma-informed support practice for care-experienced learners, which I would name the MGT Practice and create as a national model built in every level of education and care from early years throughout adulthood, should be enforced.

I name it the MGT Practice, as this is an abbreviation of the full name I had before I fled my 'home' and in memory of the child who disappeared within a system. I refer to it as the practice, as the systems I discuss within this thesis were unsuccessful. This practice would ensure each child with care experience would have a named advocate or group of advocates to ensure a continuum of care. This advocate would represent the child on their educational journey, not change every 6 months, and they would build an understanding of the child and who understands the story in context. This advocate would not work alone; they would operate within an interagency network that includes school, social work, mental health, disability services and community organisations, continually working together for the child. This role would ensure a centralised and protected record of educational history so that learners do not have to repeat or retell their stories. Each time a person retells their story, this unearths their trauma, and this must be done during all school or educational changes.

Which would enable learners to transition from school into adult education, offering real continuity support beyond 18, 23 or 25 years until the person choses to exit education. There needs to be a radical change in the way educators are trained. I do not believe many teachers and or educators know what it truly means to live with care experience. I believe presumptions are made that may misread behaviours, or some do not see people from care at all. I believe every educator at all levels needs full trauma training, as they need to understand how trauma impacts learning, how silence can be a survival strategy or, at times, the opposite, care experience intersects with other forms of marginalisation.

This training needs to be organised with people of care experience, not just about us, it should be embedded into teacher education, college policies and professional development. Nobody should have to explain why they don't go home for Christmas family traditions or weekends and how writing a task about this may not be harmless task.

Adult education must treat care experience as a personal issue and not separate from learning as my story shows that trauma, identity and belonging are always present in the room. If adult education is to continue to be considered a space of transformation it needs to be responsive, which means designing courses and assessments that allow for emotional destress, that make space for both voice and silence. These spaces must continue to recognise the knowledge we bring, not just deficits, for someone like me who survived care, navigated systems raised, children, lives with a disability, which is all learning. This may not come with a certificate, but it matters and shapes how I engage with education, which deserves recognition.

Future Research Suggestions:

Future research should include more care experienced voices across gender, ethnicity, traveller identity, disability, class, and more. There is an urgent need for state-sponsored studies into education outcomes for care-experienced adults, as I have shown in the literature review, the data simply is not there. Due to this, we cannot improve what we cannot measure, and I believe in the value of auto ethnographical research as this empowers shared storytelling, which welcomes difference, contradictions and solidarity. People with care experience do not need one perfect narrative; we need space for many, messy, powerful, and imperfect ones. Although, unless this opinion is valued and equally shared within adult education, I believe this may limit further research and progress within this area of knowledge.

I did not write this for praise or to be inspirational, I wrote this as I was tired of carrying the silence, and I wrote this as I know I am not the only one who has lived a situation like this one. There are others like me care experienced, shamed, overlooked, labelled, punished, and misunderstood, who never got the chance to speak in a space like this; this chapter is for them. Through this autoethnography, I have tried to reclaim something I was not supposed to have authorship over my own story. I have taken the fragments from the state records, the missed opportunities, the journals written in a panic, the seizures, the years of being unrecognised and tried to make something whole.

This story reflects a wider system that is failing, failing to care, listen and act. What I have demonstrated here is not just personal struggles or unmet needs; it is, in fact, political failure. The MGT practice is not a fantasy; it is what a functioning education and care system and should be incorporated, already. Recognition, stability, advocacy, and trauma-informed practice are not luxuries; they are the bare minimum. I have focused on those with care experience, experiencing education and learning throughout the editing of this chapter to try and explain the need for change.

Adult education enabled me to find myself once again, but it should not take 20 years and a crisis for that to happen; it should not require people like me to write an entire thesis to just be taken seriously. I want educators to know what silence means, I want policy makers to stop pretending that ‘no data’ means ‘no problem’.

I want the state records rewritten, not just the ones in drawers, but the ones written in people's memories, and I want readers, especially those with power, to ask themselves:

What part did I play in this silence?
And what part will I play in breaking it?

I became a woman who recognised her own capabilities, and I began to write, to speak, to be. This thesis is not the end of something; it is a statement, I am here, I have always been here, and I refuse to disappear again.

Final Thoughts

To conclude this thesis, I recommend the need for comparative research to be carried out by Ireland with other countries to view how they could fill the gaps for people with care experience both in society and adult education. Within the definition of intersectionality, consider a category for people of care experience, as at present, we remain and are unseen.

To reflect upon what I have gained from this experience while creating this auto ethnography and this journey through adult education I would like to say it has given me factual and theoretical explanations. This thesis has offered me a deeper understanding of myself, and through aligning it reading studies and explanatory theory I understood my actions and my inherit beliefs that both the systems and at times society taught me. I gained educational experiences, but most importantly, I have gained the confidence and words to both express and view myself differently from how I did as a child in education.

I believe if I received the experiences and assurances as I was given in adult education and the invitations to just be myself and shown, I was enough in my early education, I believe my life could have been much different. I state on receipt of my state records I finally recognised my experience was not my fault, no one within social care told me this, within the records, but I learnt this through adult education, through laws and the learning of how political systems function.

I learnt how to recognise failures of systems and the meaning of equality and inequality, reinforced to me, through my learning what governmental and citizen's rights are, through research and experience I have learnt, these are not granted or guaranteed to all.

I close this thesis by remembering all the people with care experience who share similar journeys as mine and may have felt feelings which they recognise or find reflected within this autoethnography. Finally, I remember all children, and all young men and women who have died in care, those, I mentioned within the introduction or known to Child Protection. Intervention is needed now, with each year there are more deaths, these deaths continue to be recorded but they do not make the media, and I believe, these deaths could be avoided with proper immediate intervention.

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