Maynooth University
National University of Ireland Maynooth

Because Everyone Deserves to Learn: Exploring the Educational Support Role of Social Care Workers

Ciara Long
24253716

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Supervisor: Dr. Angela McGinn

Department of Adult and Community Education

Maynooth University
National University of Ireland Maynooth

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Abstract
This research explores the experiences of social care workers as they support individuals with an intellectual disability to access post-secondary education. There is a notable lack of research in this area, and this study aims to add to the existing literature by addressing four research questions. (1) What types of support do social care workers provide, and how are they implemented? (2) How do social care workers perceive the effects of post-secondary education on the individuals they support? (3) What barriers do social care workers encounter in facilitating access to post-secondary education? (4) What theoretical frameworks are underpinning their work? The study employed a qualitative design, using semi-structured interviews with social care workers in one region in the south of Ireland. A thematic analysis was applied to the dataset to identify emerging themes. Findings suggest that social care workers provide supports to fill the gaps created by a lack of policy and institutional supports. The research also highlighted that supports provided are creatively implemented and are dependent on the good will and values of the social care worker. Participants did not identify any theoretical influences, but the research indicates that supports are provided because of care and respect for the rights to education for the person they are supporting. Further research should be undertaken in this area and to include to the voices and perspectives of people with an intellectual disability.

Dedication

I would like to dedicate this research to my long-suffering children Odhran and Freya who have been incredibly patient and kind to me while I have completed this work. Over the last ten months you have grown more independent and can now competently use the air fryer, George Foreman, washing machine and dryer and for that I am forever grateful as you have maintained your body weight and hygiene standards ☺ I am so proud of you both – I love you.

To my mother, Maureen – there are not enough words to express my gratitude to you. You have supported this 'hobby' of mine with gusto: you have listened to me cry and laugh, have minded my children, listened to *them* cry and laugh and every Saturday you have plied me with coffee and cake to buoy me up. I make this solemn vow to you now – I promise I will never do this again (and if I do – I won't tell you).

A heartfelt thank you to my supervisor Angela McGinn. Thank you for taking me on halfway through – your knowledge, expertise and gentle guidance has helped me to make it to the finish line.

And finally, thank you to Michael Murray and Fergal Finnegan for sharing your knowledge and expertise over the last ten months – I've thoroughly enjoyed each and every lecture.

Chapter 1: Introduction

1.1 Aim of the Research

This research aims to explore the experiences of Social Care Workers employed in Health Service Executive (HSE) funded day services, as they support individuals with an intellectual disability to access post-secondary education. The following questions have guided the research:

1. What types of support do social care workers provide, and how are they implemented?
2. How do social care workers perceive the effects of post-secondary education on the individuals they support?
3. What barriers do social care workers encounter in facilitating access to post-secondary education?
4. What theoretical frameworks are underpinning their work?

These questions were developed in response to my own experiences of working within a disability service organisation in the south of Ireland. I worked as a tutor in a rehabilitative training centre providing accredited programmes to learners with an intellectual disability aged between 18 – 21. While in this role, I grew increasingly frustrated with the lack of progression from this service into mainstream education and training. To me, it felt as though I was preparing people for lifelong attendance in an HSE-funded day service and not preparing them for an independent life.

I eventually left rehabilitative training and went on to manage a community-based day service with hopes of improving access to mainstream education. In hindsight, this was both naïve and arrogant of me. I soon realised that education alone is not a panacea for independence, happiness, or a positive future. While education is profoundly important – to me. For the people who attended the day service, what was important to them was a stable home, emotional wellbeing, love, acceptance, safety, and food. *However*, for those that did want to engage in education, I witnessed a dedicated, loyal, and determined staff body doing everything they could to make it happen – by hook or by crook! It was these observations, and the care and creativity that led me to ask: **What is this like for you?**

To fully understand the significance of these experiences, it is necessary to consider how the education system in Ireland has historically responded to the needs of individuals with intellectual disabilities. The following section provides an overview of the historical and policy developments that have shaped the current landscape of educational provision and access, particularly in the post-secondary context.

1.2 Historical Provision of Education to Children with an Intellectual Disability

From the creation of the Irish state in 1922, children with intellectual disabilities in Ireland were either excluded from education or were educated separately from their nondisabled peers (Department of Health, 2012; Ring, 2024). It was seen as beneficial to society and the individual child with an intellectual disability to be institutionalised and segregated from their nondisabled peers (DOH, 2012; Ring, 2024). In 1930, the first organisation to be publicly funded to provide custodial care to children with intellectual disabilities were the Daughters of Charity in Dublin, and although their remit was primarily to house these children, they were also expected to provide educational provision (DOH, 2012; Ring, 2024). This model of segregated care and education began to establish itself throughout the country, with religious and lay charitable organisations moving into the position to provide services of this type, which enabled the state to relieve itself of its responsibility to provide education to children with intellectual disabilities (DOH, 2012; Ring, 2024).

In 1978, the Warnock Report was published in Great Britain and though it was seen as influential in Ireland, it did not influence Irish policy to the extent that it would create meaningful change (Ring, 2024). The Warnock Report advocated for children to be included in mainstream schools in their communities, using special education as the means to do so (Ring, 2024). It wasn't until the 1980s that the Irish National Teachers Organisation (INTO) agreed to the criteria contained within the Warnock Report on deciding what children could be integrated into mainstream classes (Ring, 2024). However, by the 1990s, it was felt by the INTO that the state had not provided sufficient resources to enable the successful integration of children into mainstream classes and that there had been a lack of investment in upskilling teachers (Ring, 2024).

There was a lack of education legislation in Ireland, and parents had begun to take cases against the state to ensure the rights of their children who had disabilities would be provided with an education as was their constitutional right. One such case was that of O'Donoghue v Minister for Education in 1993, which saw a judgement that made implicit that all children were educable and that the state had an obligation to provide primary education to all children, including those with severe to profound intellectual disabilities (*O'Donoghue v Minister of Education*, 1993). This paved the way for more cases, such as the defining case of Sinnott v Minister for Education, which judged that all children, irrespective of capacity, were entitled to an education up to 18 years of age. These cases spurred the development of key legislation in the area of special education with the enacting into law of the EPSEN Act in 2004 (Ring, 2024).

The EPSEN Act 2004 is a piece of legislation which forms part of the state's strategy with disability. Other legislation of relevance includes the Disability Act 2005, Equal Status Act 2000 and 2015, Assisted Decision Making Act 2015 and The Education Act 2018. The EPSEN Act 2004 was designed to ensure that children were educated in an inclusive environment and would see the implementation of an assessment process to determine the educational needs of the student, and the supports required would be outlined in an actionable Individual Education Plan (IEP) to ensure the student with a disability could access an inclusive education. The Act also established the National Council for Special Education, which would oversee the delivery of special education to primarily children in Ireland. In addition, it also has the function to review the provision of adult, further and higher education for adults with disabilities (*Education for Persons with Special Educational Needs Act*, 2004). The EPSEN Act has come under significant criticism; the Ombudsman for Children's Office in its submission to the review of The Act by the Department of Education stated that the non-commencement of the legal right for children to obtain an educational assessment and the resultant IEP and necessary supports have led to children with disabilities receiving an education that was ad hoc with poor outcomes. Supports provided are based on policy as opposed to a legal entitlement (Ombudsman for Children's Office, 2023).

1.3 Provision of Post-Secondary Education for Adults with an Intellectual Disability

The EPSEN Act has been in place now for 21 years, and during that time, research has shown that there are still 'insufficient pathways to tertiary education… for young people with intellectual disabilities' (Banks, Aston and Shevlin, 2022, p. 17). There is also a lack of career guidance, transition supports, and networks for people with an intellectual disability to access post-secondary education (Banks, Aston and Shevlin, 2022). People with intellectual disabilities have limited access to information when looking at options for further education and their futures, instead of getting support from a career guidance counsellor, like their peers, they get career advice from the Special Education Needs Organiser (SENO) who will facilitate referrals to the Health Service Executive (HSE) who will then profile the individual by meeting them and their family to establish the best day service for the person (Banks, Aston and Shevlin, 2022). This places the person in a passive role, with no agency and is seen as the normative role for a person with an intellectual disability to be in (Hughes, 2005, p. 82). It also makes the role of education and health institutions explicit as a legitimate agent to guide and control a person's future as a result of their expertise and recognised status in society (Tremain, 2005, p. 6).

In 2000, the Department of Education and Science published the White Paper Learning for Life, which sought to establish the sector of adult education for those who wished to engage in lifelong learning, to include people with disabilities and sought to address provision at appropriate levels for this cohort of learners. The White Paper identified the need to prioritise those who were in particular need of educational support and those who would have been excluded from mainstream compulsory education. It identified people with disabilities as one such group although it did not specifically mention those with an intellectual disability. The White Paper recognised that people with disabilities were historically educated separately from their peers, and this led to educational disadvantage. Although the White Paper advocated for people with disabilities to be included into mainstream community education provision it did not advocate for specialist providers to cease the segregated education that they were providing thus continuing on a system of segregated adult education (Department of

Education and Science, 2000). This can be seen today with the limited number of people with an intellectual disability accessing higher and further education and training. The Health Research Board, which collects data on people with disabilities accessing state disability support, states that in 2023 just 1000 people with disabilities identified as students and that there were 15,200 people with an intellectual disability accessing day service provision (Health Research Board, 2023). However, for those identifying as students, this data did not specify the type of disability or the type of education they were engaged in. Additional to this is the lack of data pertaining to intellectual disability collected by the Higher Educational Authority that looks at participation rates in higher education for all students with disabilities (AHEAD, 2024). Although policy appears to be progressive there is a lack of information about the numbers of people with intellectual disabilities accessing higher and further education to make a true assessment of its effectiveness.

The SOLAS Future FET: Transforming Learning strategic plan 2020-24 has tried to incorporate provision for adult education for people with disabilities by trying to establish mechanisms through which to encourage people with disabilities to access education through the Further Education and Training sector. It also recognises the need to address funding disparities between PLC courses and other types of provision which can be a barrier for learners with disabilities. The adoption of Universal Design for Learning is also a key action for SOLAS to implement (SOLAS, 2020). The actions pertaining to people with disabilities is not ambitious as it mirrors what was identified in the White Paper Learning for Life in 2000 and shows that not much progress has been made for the inclusion of people with intellectual disabilities into mainstream further education and training.

Ireland, in 2018 ratified the United Nations Convention on the Rights of Persons with Disabilities which enshrined under Article 24 the rights of people with disabilities to access “general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others” (United Nations Convention on the Rights of Persons with Disabilities2006, Article 24). This convention has had wide reaching implications for the delivery of services to people with disabilities in Ireland and has been incorporated in the Higher Education Authorities

National Access Plan 2022 – 2028 which has under its goal for Inclusion set two goals that directly impact people with intellectual disabilities: the roll out of Universal Design for Learning across all higher institutes of education and to improve access to higher education for people with intellectual disabilities (Higher Education Authority, 2020). These goals are driven by the PATH Programme for Access to Higher Education Funding under stream four. The impact of this funding can already be seen with ten higher institutions being granted funding to provide specialised courses for people with intellectual disabilities for the academic year 2024/25 which will hopefully have a positive impact of the provision of additional courses being established (HEA, 2023).

1.4 Structure of Thesis

This thesis is structured into five chapters. Chapter 1 introduces the research topic, outlines the rationale and context for the study, and presents the research questions that guided the investigation. Chapter 2 provides a review of the literature, exploring the historical and current provision of education for individuals with intellectual disabilities, relevant models of disability and education, and theoretical frameworks including governmentality, biopower, and professional love. Chapter 3 outlines the methodology used in the study, including the research design, participant selection, data collection, and analytical approach. Chapter 4 presents the findings that emerged from the interviews with social care workers, organised into key themes. Chapter 5 offers a critical discussion of these findings in relation to the literature and theoretical frameworks. Chapter 6 outlines the final conclusion, the studies limitations and recommendations.

Chapter 2: Literature Review

2.1 Introduction

Access to inclusive education has become an important right for people with intellectual disabilities to realise and has become more attainable for a small cohort of learners to achieve. This is due to the efforts of activists, families, educators, and legislators to ensure that the rights of people with intellectual disabilities are upheld. It has been my experience that people with an intellectual disability want to continue with their education after they finish their compulsory schooling but are faced with limited opportunities to do so. They find themselves in disability day service provision relying on social care workers to facilitate this human right. However, there a significant gap in the literature exploring the role of social care workers enabling access to post-secondary education for people with intellectual disabilities.

For the purposes of this literature review I am going to focus on the social care worker as they try to support a person with an intellectual disability access postsecondary education and how they are situated within dynamics of oppression and love. I will draw upon Foucault's concepts of governmentality and biopower and the models of disability to explore the relationship of power; looking at its origins and its continued influence over those reliant on disability supports and those that are employed to provide them. This is an important facet to explore as people with intellectual disabilities are placed in environments that have been chosen by state agencies or well-meaning family members. People with intellectual disabilities experience power that is exercised upon them, and the social care worker is part of that power structure. In turn, I will explore the role of the social care worker, and the challenges they may encounter working within these power structures and how the concepts of professional love and care, and bell hooks concept of love may act as a means to resist this power and oppression. Those that choose to work with people with intellectual disabilities do so because they want to make a difference and, in my experience, it has rarely been to intentionally reinforce power structures. They find themselves engaged in acts of resistance against an oppressive system and for many this is an act of love. I will also examine literature concerning the role of scaffolding, as conceptualised by Vygotsky, as a tool used by social care workers to aid those they are supporting to successfully navigate through postsecondary education.

2.2 Social Care Work: Between Care, Policy, and Practice

To understand why the social care worker becomes involved in supporting a person with an intellectual disability to access education it is necessary to explore the context within which they work, as well as the challenges and rewards they experience. These factors can greatly influence the supports provided to people with an intellectual disability and may influence whether or not a social care worker proactively supports access to post-secondary education.

Historically, day services were established to provide a safe place to go to for people with an intellectual disability as their families required respite from caring duties. This evolved over time to the provision of other supports such as education and training but with the primary function being one of a provision of care. These day services were typically segregated from the community and run by charitable organisations with little oversight from the state (McConkey *et al.*, 2019). This model was criticised in the Value for Money Report (2012) as it did not offer a quality service at an affordable price. The report recommended that disability services should be more transparent, accountable and have clear and quantifiable targets while also reducing the cost of such a service through reduced staffing and the recruitment of nonprofessional staff (Department of Health, 2012). This shift in policy was similar to those in the United Kingdom which sought to create a new third sector, which were organised under the guise of a social partnership between voluntary organisations and the state to wield greater governance and control over them (Carmel and Harlock, 2008). One type of third sector organisation in Ireland are disability service providers which provide social care services that have been procured by the state. Due to their nonprofit status tensions have arisen between the state and voluntary organisations in relation to funding and resources (Donnelly-Cox, Donoghue and Hayes, 2001; Carmel and Harlock, 2008)

The relationship between disability service providers and the state can be contextualised within the Foucauldian concept of governmentality. Governmentality is the process through which liberal governments guide a population's behaviour and actions through the use of 'techniques and procedures' (Ball, 2013, p. 60). In order to act upon the population, Foucault states that it is more effective to act indirectly upon it using non coercive methods. This led to what Foucault describes as governmentality

which became an “ensemble formed by the institutions, procedures, analyses and reflections, the calculations and the tactics, that allow the exercise of this very specific albeit complex form of power…” (Rose, O'Malley and Valverde, 2006, p. 6). From here it is argued that instead of one government wielding power over its citizens, it is the case that power is wielded in multiple sites each with its own mandate, such as education, health and welfare (Rose, O'Malley and Valverde, 2006). Disability services were historically autonomous but have now been incorporated into this system of governance through funding models, targets, accountability and transparency resulting in forms of conflict whereby voluntary organisations who had a social mandate to deliver human services but are now constrained by state governance (Carmel and Harlock, 2008).

Disability service providers and their employees are now obliged to deliver the new HSE programme New Directions which has key standards of quality and accountability embedded throughout (Health Service Executive, 2012). New Directions was developed to transform day services for people with disabilities to be person-centred, and with active inclusion, citizenship, and quality at its core. New Directions consists of twelve supports that should be offered to all people attending a HSE funded day service:

1. support for making choices and plans
2. support for making transitions and progression
3. support for inclusion in one’s local community
4. support for accessing education and formal learning
5. support for maximising independence
6. support for personal and social development
7. support for health and wellbeing
8. support for accessing bridging programmes to vocational training
9. support for accessing vocational training and work opportunities
10. support for personal expression and creativity
11. support for having meaningful social roles; and
12. support for influencing service policy and practice. (HSE, 2012)

Three of these supports are directly related to the provision of education and training alongside supporting a person to make choices and plans and to be supported to have meaningful social roles. This change in policy direction has implications for staff who now need to pivot from a primarily caring and minding role to one that involves taking risks, providing individualised supports, and recognising the skills and talents of those they support (HSE, 2012). Although there is an emphasis on education and training within the twelve supports realisation of this has been challenging due to inadequate resources being provided to ensure that individualised services and supports in these areas can be offered to those attending HSE funded day services (National Council for Special Education, 2021). There is also no legislative requirement for disability day service providers to provide education or training to their service users (NCSE, 2021). It is in this context that social care workers are situated, on one hand being expected to implement New Directions across their day service but on the other not being resourced appropriately to do so.

This shift in policy also necessitates changes in the workforce, particularly around qualifications and professional standards. Front line staff tasked with delivering the HSE New Directions policy are social care workers, and this will be the umbrella term that will be used to name disability support workers such as senior supervisors, care assistants and social care workers. There are different qualification requirements for social care workers, care assistants and senior supervisors with the former requiring a professional qualification in social care work and registration with the Social Care Workers Board (CORU) (Health Service Executive, 2025). Care assistants are required to have a QQI Level 5 qualification in a care related discipline or must gain one within two years of employment. Care assistants are not required to register with CORU (HSE, 2021). Senior Supervisors were not required to have a professional qualification but are eligible to complete CORU registration under the grandfathering scheme. Registration with CORU requires a standard of professional competencies and ethics, while also affirming the human rights of those they support by:

- respecting the right to self- determination
- promoting the right to participation
- treating each person in a caring and respectful fashion

- making every effort to understand service users lived experience when assessing their needs (Social Care Workers Registration Board, 2019, p. 27).

In an environment marked by change and professionalisation there has been an erosion of the social care workers individual autonomy due to guidelines and procedures relating to interventions and requirements of 'transparency' and accountability when supporting people with an intellectual disability (Hermsen *et al.*, 2014, p. 222). In addition to this there are a range of factors that may also impact on a social care workers creativity, motivation and work satisfaction such as low wages, risk of to personal safety as a result of challenging behaviour, insufficient training, and long working hours (Hermsen *et al.*, 2014; Ryan, Bergin and Wells, 2021). Hastings and Horne (2004) as cited by Ryan et al. (2021) highlights that the negative impacts of working with people with an intellectual disability can be mediated by positive outcomes such as the person they are supporting learning new skills, making developmental gains, receiving recognition for the work that they do, and a supportive relationship with supervisors and their organisation (Ryan, Bergin and Wells, 2021).

This perspective informs my research by demonstrating that there are many factors both positive and negative that influence the motivations and effectiveness of a social care worker in the work they undertake. What needs to be explored further is what the role of professional love and care has in promoting meaningful relationships between social care worker and the person they are supporting and how this may align to bell hooks concept of love as a transformative and emancipatory practice.

2.3 Love as Resistance in Social Care

Van Heijst (2009) speaks of the concept of professional love and care which recognises that the site where care and love occurs is in the interactions between carer and cared for. It is within this interaction that quality relationships can occur which can aid a professional supportive relationship to develop. Professional love and care involves being present for someone in need but doing so within the confines of their professional practice to ensure that a person's voice is heard and respected and that they feel valued (van Heijst, 2009; Hermsen *et al.*, 2014). Hermsen et al. (2014) found

after interviewing 28 care staff that they saw the foundation of professional love and care lies in becoming attuned to and building trust with their client through meaningful connection. Using this concept of professional love and care can lay the foundation for applying bell hooks concept of love a means to resist systems of oppression. In the case of this thesis, I will be focussing on access to postsecondary education as the means of resisting oppression.

I would like to apply hooks concept of a love ethic to the relationship between the social care worker and the person with an intellectual disability being supported while exploring if this love ethic may provide a means of resistance to exclusion. hooks uses M. Scott Pecks 1978 definition of love as the basis for her concept of a love ethic; love is defined as 'the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth' and through this, love is seen as a choice that one can make that has both 'intention and action' (hooks, 2000, pp. 4-5). hooks did not develop an ethic of love in relation to people with intellectual disabilities, but I would argue that this concept is appropriate to support the resistance to oppression and domination that people with intellectual disabilities experience. Building upon the concept of professional love and care which placed love and care within a professional context, hooks goes further to claim that 'we can collectively regain our faith in the transformative power of love by cultivating courage, the strength to stand up for what we believe in, to be accountable both in word and deed' (hooks, 2000, p. 92). She argues that fear is used to uphold the dangers of difference while sameness is used to promote safety. Fear is used as a tool of domination over those who are different which 'alienates and separates' and ensures oppression (hooks, 2000, p. 93). Using the different elements of love such as 'care, commitment, trust, responsibility, respect, and knowledge' can help to overcome the power of fear and lead to freedom from oppression (hooks, 2000, p. 98). It is here that I would argue that social care workers can be an agent of change for those they support.

To look at why people with intellectual disabilities may require emancipation through love involves acknowledging their experiences of oppression and restriction from a society that is inhospitable through the construction of barriers which has resulted in their exclusion from all aspects of life (Oliver and Barnes, 2012). Exploration of the

models of disability can be used to understand and identify these barriers but can also serve as a tool to aid in their removal.

2.4 Medical Model of Disability

Disability became a problem for society from the 1800's onwards due to society moving from an agrarian to an industrialised capitalist economy. As work increasingly became factory based and more complex people with disabilities were unable to work the machines leaving them unable to support themselves. This became problematic for governments as it fell to them to provide support to people with disabilities (Oliver and Barnes, 2012). Within the medical model, disability is seen as an individual condition and a medical problem that is 'abnormal and pathological' and needs to be 'cured' or 'rehabilitated' (Goodley, 2011, p. 7). The medical profession are seen as best placed to provide this care to people with disabilties who are in turn expected to receive this care in the role of a patient (Olkin, 1999, as cited by Retief and Letsosa, 2018). Oliver (1990) states that medical interventions such as extending life span, rehabilitiation, diagnosis of impairments and the curing of disabling diseases have had positive impacts on the lives of people with disabilities but that there has been a significant overreach in this arena that can lead to profound consequences (Oliver, 1990). Oliver cites Brisenden (1986):

> The problem comes when they determine not only the form of treatment (if treatment is appropriate), but also the form of life for the person who happens to be disabled. (Oliver, 1990, p. 49)

Doctors can determine if a person with a disability can receive social welfare benefits, if they can drive a car, what type of education they can access and what type of work they are suitable for (Oliver, 1990, p. 48). In western society this power is taken for granted and normalised; Oliver and Barnes (2012) use Gramsci's concept of hegemony to explore this phenonenom.

Hegemony occurs when ideologies are endorsed for the purposes of societal order and functioning by those in positions of power such as the state, church, media and those in the medical profession (Oliver and Barnes, 2012). These ideologies become normalised and seen as common sense within society (Oliver and Barnes, 2012) .

Oliver and Barnes (2012) see this hegemony as the reason that people with disabilities are viewed as being victims of personal tragedy, the cause of differentiation between able-bodied and disabled, the ideology of normalisation, and the medicalisiation of disability (Oliver and Barnes, 2012, p. 79). These ideologies led to segregation of people with disabilities accross physical, occupational, cultural, educational, and political realms (Oliver and Barnes, 2012).

In a rebuttal to the medical model a group of activists sought to challenge the status quo of the dominant ideologies of the medical model and proposed the reconceptualisation of disability using the term the social model of disability to signify that it is constructed by society (UPIAS, 1976; Oliver, 1990).

2.5 The Foucauldian Lens

To understand how the medical model became so dominant, and how it persists today, Foucault's concepts of governmentality and biopower are a useful tool. As mentioned previously, governmentality is the process through which liberal governments guide a population's behaviour and actions through the use of 'techniques and procedures' (Ball, 2013, p. 60) It also gives rise to the concept of biopower. There are two aspects to biopower; the first is disciplinary and regulatory power. Disciplinary power works at the level of the 'individual body' and involves institutional practices that observe and examine the body (Sawicki, 2003, p. 382). It connects 'normative' standards and 'practices' to the individual who then internalises this into their identity (Sawicki, 2003, p. 382). These normative standards also become embedded into society and institutions who interact with the individual, having the effect of making subjects that are 'docile and useful at the same time' (Sawicki, 2003, p. 382). If the individual does not meet these normative standards, then they become labelled as other (Sawicki, 2003, p. 382).

The second mechanism of biopower is that of regulatory power using policies and procedures as set down by a government. Governments will take action to ensure that the population is stable, that it is conforming to the 'norm' and maintaining an average of the population to ensure its continued productivity and survival (Tremain, 2005, p. 5). With an emphasis placed on being normal, individuals identified themselves

through knowledges that were perpetuated by the state and its institutions (Tremain, 2005) .With such an importance being placed on the normative, the disabled 'objectivised' individual came into focus in 'social discourse' (Tremain, 2005, p. 5). Around this disabled individual a complex network of systems arose to manage that individual (Tremain, 2005). Having the label of disabled meant that the individual was the subject of experts, disability institutions, special education, and social welfare (Tremain, 2005).

Using Foucault's concept of biopower, it can be seen that the classification of impairment and disability are constructed and pathologized through medical and educational discourses of knowledge and power which classify ability and difference (Hughes, 2005). The pathologisation of disability led to people with disabilities being segregated from society into institutions, educated separately from their peers and losing agency in their lives. They were seen as dependent and unable to do anything for themselves while also being subjected to interventions that would make them normal to enable them to fit in with the rest of the population (Hughes, 2005). Biopower acts on the body as an object, a docile body which is seen as a passive entity to be controlled and influenced. Disabled people's bodies were cast as being powerless to change how they were classified and othered by the normative standards that biopower espoused (Hughes, 2005)

Within the sphere of education, Simons and Masschelein (2005) discuss how the government coopted existing educational structures of early schools which had been successful in creating subjects imbued with ideals that were transposed by religious education. The aim of this co-option was to now transpose the ideals of the government to the individual whom they wanted to be 'free and educated' and to 'exercise freedom according to certain norms, upon which it may act' (Hughes, 2005, p. 213). By doing this the state was creating subjects that would conform to the ideals of 'normality' of being 'typical' and 'average' (Hughes, 2005, p. 213). For those that were unable to attain this level of normal they are viewed as 'a learner who fails to fit in and learn' (Goodley, 2011, p. 139).

For those that fall into the category of not being able to learn in the mainstream classroom, they are required to obtain a diagnosis or a label to access special or remedial education and without which, may be blamed for not being able to learn while at school (Shakespeare, 2014). The importance of getting a diagnosis to access such supports Goodley maintains is leading to schools constructing children with impairments (Goodley, 2011). This view is related to Foucault's notion of biopower which sees impairment as being constructed by professionals with their expert knowledge and not as an 'ontological' fact where the impairment actually exists (Shakespeare, 2014, p. 65). Shakespeare argues that in some cases impairment is 'ontologically' factual and he uses the example of intellectual disability to say that if there were no services for people with an intellectual disability would it then not exist? But it would exist especially for those with a moderate to severe intellectual disability (Shakespeare, 2014, p. 65). Shakespeare also highlights that for those who require a diagnosis it can be a positive 'liberating and empowering process which facilitates functioning and inclusion' (Shakespeare, 2014, p. 64).

2.6 The Social Model of Disability

The social model of disability arose from the frustrations of disability activists in the 1960s and 1970s with the medical/individual model of disability and was conceptualised at a meeting that occurred between The Disability Alliance and The Union of the Physically Impaired Against Segregation in 1975 who wanted to identify ways in which disabled people could become active participants in matters that affected their lives (Owens, 2015). That meeting led to the publication of The Fundamental Principles of Disability which outlined their refutation of the medical and individual models of disability (Terzi, 2004). They wanted to distinguish between impairment and disability and remove the causal link between them that had been established by the WHO definition of disability, impairment, and handicap, which was defined as follows:

> An abnormality in the structure of the functioning of the body whether through disease or trauma; disability as referred to the restriction in the ability to perform tasks…, and handicap as referred to the social disadvantage that could be

> associated with either impairment and/or disability (Bury, M. as cited by Terzi, 2004, p. 142).

The WHO definition views impairment as a deviation from normal 'biological' functioning which causes the individual to be disabled through limits on their capacity to carry out tasks. Handicap is linked to the disadvantage that occurs due to not being able to participate or carry out task as able-bodied people would (Terzi, 2004, p. 142). This definition means that the link between impairment, disability and handicap is an individual 'abnormality' hence the model is called an individual model of disability (Terzi, 2004, p. 142).

In an effort to move away from the individual/medical model of disability UPIAS (1976) defined impairment and disability as follows:

> Lacking part or all of a limb, or having a defective limb, organ, or mechanism of the body: and disability as the disadvantage or restriction of activity caused by a contemporary social organisation which takes no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities (UPIAS and TDA, 1976, pg. 14).

Through this definition, the social model places disability not as a result of being unable to perform tasks but as a result of being precluded from participation by institutions and organisations within a society (Terzi, 2004; Retief and Letsosa, 2018). Disability is inflicted on an individual 'on top of their impairment by an oppressive and discriminating social and institutional structure' (Terzi, 2004, p. 143). This discrimination leads to deliberate segregation and exclusion from the built environment, and from planned social activities (Wasserman & Aas, 2023). In order for the social model of disability to be effective it must be representative of the experiences, political will and needs of people with disabilities with the aim of being fully accepted into society, to enjoy the same rights, responsibilities and entitlements as those of their nondisabled peers (Oliver, 1990; Terzi, 2004)

2.6.1 Critiques of the Social Model

There have been many critiques of the social model. Owens (2015) identifies the main criticisms which ignoring the lived experience of a person with a disability and a lack of examination of intersectionality (Owens, 2015). Jenny Morris speaks to the separation of disability and impairment and how this separation negates the personal experience of impairment. Morris (1991) outlines how the differences between people and the resultant limitations placed upon a person with a disability are socially constructed. To only look at physical and social settings are not sufficient to explain disability and in doing so is to reject a person's personal experience of impairment (Morris, 1991). Even with proper materialistic support the ability to take control of one's life is not assured and does not change the reality that there is an impairment (Morris, 1991). Morris advocates for the feminist call of the personal is political and to the creation of a positive self-image for those with a disability that celebrates difference rather than hiding it (Morris, 1991). Other theorists have also expressed similar views in relation to the social model which Shakespeare and Erickson speak to, stating that they:

> Do not deny that society causes many problems, [but] they also feel that their bodies may cause difficulties, and they want a theory of disability to take account of the physical dimension of their lives (Shakespeare and Erickson, 2000).

Degener (2014) cites Oliver clarifying that the social model never intended to deny the experience of impairment but rather to offer a means to challenge issues 'through collective action rather than professional or medical treatment' (Degener, 2014, p. 14). Separating disability and impairment has led to political advantage but it has come at the detriment to the identities of those with a disability (Owens, 2015). Another critique of the social model concerned the lack treatment given to the concept of intersectionality.

Mike Oliver attempts to address the issue of intersectionality through the examination of gender and race, but he situates it in relation to 'history and ideology' through the

rise of capitalism; he doesn't speak to intersectionality explicitly. He cites Leonard (1984):

> A materialistic understanding of the individual must centre upon two aspects of the ensemble of social relations of which the person is constituted: the performance of labour and the incorporation of ideology (Oliver, 1990 pg. 60).

Oliver (1990) argues that women have largely been ignored within the movement towards realising disability rights as a result of male misogyny. Disabled men can compete for jobs and valued social roles as they are only competing with non-disabled men. However, disabled women are faced with being disabled and being a woman. A disabled woman is competing for employment against disabled men and non-disabled women but is also denied access to traditional female roles as she is seen as sexless and unfit to mother. Oliver accepts that there is a lack of empirical evidence to prove this point (Oliver, 1990).

Brinkman et al. (2023) argues for the inclusion intersectionality in the development of a theory of disability. This would allow for the examination of processes of power and oppression that occur for disabled people because of intersecting personal identities such as race, gender and classism. The convergence of 'historical, societal and personal factors' can help to explain the continued marginalisation of disabled people and the 'fragmented approach to conceptualising disability' (Brinkman *et al.*, 2023, p. 52) . Brinkman et al. state:

> An intersectional framework offers a solution to the failure of previous disability models to comprehensively consider other heterogeneous identities one holds and has the added benefit of incorporating explicit considerations of the role of power and oppression (Brinkman, et al., 2023, pg. 52).

Shakespeare (2004) argues that the social model is too simplistic and is applied so generally that it overlooks the way that disability can operates at a human level. However, he also argues that the social model has been hugely effective as a political tool in the identification and removal of barriers to promote inclusion, and to help

people with disabilities see that it is society that is deficient and not them (Shakespeare, 2014). Another important legacy of the social model was its influence in the creation of the United Nations Convention on the Rights of Person's with a Disability (Degener, 2014).

2.7 Human Rights Model of Disability

Since the adoption of the United Nations Convention on the Rights of Person's with a Disability in 2006 the use of the term human rights model of disability has gained prevalence and is seen by some as a replacement and an improvement upon the social model of disability (Lawson and Beckett, 2021). Degener (2014) states that the social model of disability was used as the foundation with which to develop the UNCRPD but that it moved beyond it and is now the legal codification of the human rights model and offers a 'theoretical framework for disability policy that emphases the human dignity of people with disabilities' (Retief and Letsosa, 2018, p. 5). According to Article 1 of the UNCRPD (2006) the purpose is "to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect in their inherent dignity".

Degener (2014) has sought to highlight the differences between the social and human rights models of disability. She argues that a fundamental person's human rights are not precluded because of impairment or capacity and are bestowed at birth irrespective of gender, sexuality, ethnicity or social status. It is also recognised that impairment is a feature of 'human diversity' and that those with higher support needs should not be cast aside in favour of those that can be included in mainstream society (Degener, 2014, p. 14). In addition to this Degener argues that the human rights model incorporates both first- and second-generation human rights such as civil and political, and also economic, social and cultural rights (Degener, 2014, p. 8). She also highlights that issues of identity such as gender, sexuality and race are incorporated into the human rights model of disability. Lawson et al. (2021) argues that the human rights model is not an improvement upon the social model but as a complimentary tool in the furthering of rights and conditions for people with a disability. The social model seeks to explain the construction of disability and the human rights model seeks to develop law, policies and oversight to ensure that the human rights of people with disabilities

are established and maintained (Lawson and Beckett, 2021). Finally, Degener (2014) states that the human rights model for disability through the mechanisms of the UNCRPD can offer a pathway to positive change for those with a disability that the social model was not able to achieve.

One such way to achieve positive change is in the realisation of the rights of people with disabilities to access education as expressed in Article 24 of the UNCRPD of which Ireland is now legally bound to and thus responsible for the provision of education at all levels including lifelong learning on an equal basis as their peers (Aston, Banks and Shevlin, 2021). The convention has spurred inclusive education initiatives across a range of post-secondary institutions, including courses dedicated to the inclusion of people with intellectual disabilities into universities (Kubiak *et al.*, 2021). These courses have highlighted a range of benefits to learners such as improvements in autonomy, inclusion, relationships, self-worth and earning capacity with Kubiak et al. (2021) advocating for the inclusion of people with intellectual disabilities in to post-secondary education for 'economic and moral' reasons (Kubiak *et al.*, 2021, p. 2).

2.8 Access to Post-Secondary Education: Opportunities and Barriers

While there has been more investment in post-secondary initiatives in Ireland they are unevenly distributed across the country and access is limited. Recent research carried out has highlighted the benefits of inclusion for people with intellectual disability into mainstream post-secondary education can be profound. Hart et al. (2010) point out a range of such benefits that centre on the positive impact on the person such as increased employment opportunities with higher earning potential. They also draw attention to the raising of expectations of progression into post-secondary education after completing inclusive secondary education with their peers while also demonstrating that with the right supports post-secondary education is attainable.

Similarly, Paiewonsky (2011), in her study of a post-secondary education programme for students with intellectual disabilities, found that students reported 'feeling more mature', 'treated like adults', and 'freer in college' due to the social opportunities and

independence afforded by campus life. These learners also described a stronger identification with the role of ‘student’, and expressed motivation to meet academic expectations.

Despite these benefits, barriers to participation remain significant. Banks, Aston and Shevlin (2022) note that systemic factors continue to prevent the majority of people with intellectual disabilities in Ireland from accessing post-secondary education. Reports from the National Council for Special Education (NCSE) indicate that a large proportion of this population are not engaged in education, training, or employment following secondary school (McCoy, Ye and Carroll, 2025; Aston, Banks and Shevlin, 2021). Key institutional barriers include a lack of diverse study pathways, limited coordination between schools and post-secondary institutions, and an absence of proactive supports to encourage progression. In addition, the expectations placed on learners with intellectual disabilities are often low, and students are frequently directed toward HSE funded day services as the default option, limiting their access to information about other possible progression routes (Aston, Banks and Shevlin, 2021).

In addition to this, by undertaking a post-secondary education programme, a person with an intellectual disability can ‘participate in the valued social role’ of being a student, leading to a sense of ‘esteem and belonging’ (Hart, Grigal and Weir, 2010, p. 136). The concept of a socially valued role was developed by Wolfensberger as a replacement for the term normalisation and seeks to highlight that if a person takes on a role that is valued by society, then they would be able to secure the rewards conferred to that role (Wolfensberger, 2011). For example, going to college and securing employment afterwards would reduce the risk of a person becoming marginalised. Hart et al. (2010) draws attention to the importance of creating a student experience that is authentic, has real meaning and has outcomes that are beneficial to the learner.

An important aspect of a model of education that includes people with an intellectual disability is to provide individualised supports such as an academic coach, access to technology, tutor, peer support worker and natural supports (Hart, Grigal and Weir, 2010). Other inclusive post-secondary courses have developed support groups and counselling services, while the private market has also begun to provide fee paying

services that provide additional supports to learners to access post-secondary education (Hart *et al.*, 2004).

2.9 Pedagogical Support: Scaffolding Learning for Inclusion

One type of support that is used in the provision of inclusive education is that of scaffolding which can be undertaken by a fellow learner or a tutor and is especially beneficial to learners with intellectual disabilities particularly at the outset of learning new concepts (Nardacchione and Peconio, 2022). Scaffolding's origins lie in Vygotsky's theory of socio-cultural learning and the Zone of Proximal Development (Moll, 2014; Nardacchione and Peconio, 2022). Vygotsky was a Russian psychologist who studied the learning of children with physical and intellectual disabilities in Russia during the 1920s and 1930s. At the core of Vygotsky's theories of learning lay the belief that social and cultural influences were central to learning. He believed that everything humans interacted with such as signs, knowledge, and material objects was culturally, historically and socially constructed (Moll, 2014). Scribner, as cited by Moll (2014), states that Vygotsky viewed the social mediation between the learner and these elements as essential for the intellectual development of humans. Such mediation can occur in a number of ways such as through interactions with other people, tools and instruments, language and art, kinaesthetic means, and a person's ability to mediate their own learning (Moll, 2014). Social mediation with people is a key element in the construction of meaning and led to Vygotsky to develop his concept of the Zone of Proximal Development (ZPD) (Moll, 2014).

Vygotsky believed that learning begins before the start of formal education with the acquisition of language, basic arithmetic, and social skills; Vygotsky saw that there was a difference between this informal learning and that which occurred in formal education. He sought to explain this difference by examining the relationship between learning and development and how they influenced each other; and the order that they occurred in formal education (Vygotsky, 1978). This led to Vygotsky identifying at least two levels of development; the first is the 'actual developmental level' which refers to what is already known and understood, and what skills have already developed and assimilated (Vygotsky, 1978, p. 85). This level only considers the current development and does not include the potential for future development and learning. The second

level includes future learning and development, such as what skills and knowledge that may be assimilated tomorrow or in the future. Vygotsky describes the space between these levels as the Zone of Proximal Development, and he defines it as:

> … the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers. (Vygotsky, 1978, p. 86)

The Zone of Proximal Development is a tool with which to measure actual development but also to understand the transition that development is undergoing and to what it can develop into (Vygotsky, 1978). The Zone of Proximal Development can aid in the development of teaching strategies that are focussed not on what the learner can do already but what they are working towards with the support and help of more knowledgeable others (Moll, 2014). When utilising the ZPD, Miller (2016) states that educators can design the hardest tasks that that a learner can do with assistance; with a reduction in support as the learner becomes proficient. This method is collaborative, but ultimately learner led with the educator taking cues from the learner's progression and adjusting supports as necessary.

There have been critiques of Vygotsky's Zone of Proximal Development with Miller (2016) arguing that it does not measure how a learner learns, their learning ability or how their development compares to others their own age. It also does not factor in poor teaching strategies, learner motivation, or cultural reasons as a means of understanding why a learner cannot progress through the zone of proximal development. There is also no current metric for measuring a learner's zone proximal of development; Vygotsky measured it in terms of age but this may not be comparable with others of the same age across different cultures (Miller, 2016).

2.9.1 Bruner's concept of Scaffolding

Wood, Bruner and Ross (1976) built upon Vygotsky's zone of proximal development by developing the concept of scaffolding which they outlined to aid problem solving. They describe scaffolding as the role an expert undertakes to help someone who is not an expert to learn something new which they would be unable to do on their own (Wood, Bruner and Ross, 1976). They maintain that the social element of this support

goes beyond ‘modelling and imitation’, and that scaffolding is more complex (Wood, Bruner and Ross, 1976, p. 90). The expert is controlling the elements that the learner does not know thus enabling the learner to focus on and complete the areas that they do know. It is expected that the learner will learn at a quicker pace than had they been unassisted. An important element to the successful use of scaffolding is that the learner must be able to comprehend what the outcome or solution will be before they attempt to solve a problem. For them to understand the solution means that they will be able to recognise when the steps they have taken have been (un)successful (Wood, Bruner and Ross, 1976).

Reiser and Tabak (2014) offer some examples of interventions that can be used when scaffolding learning such as prompts, hints, direction, handover hand and imitation. As the learner becomes more proficient in a task these supports are faded out. This type of instruction differs from traditional behaviourist methods that introduce bite sized decontextualised learning before building to learning that is more complex and related to previously learned material. Scaffolding can be used to introduce learners to new skills that can be situated within complex systems resulting in the learner understanding the context of the new learning and how to apply it. This type of learning can work well for projects and apprenticeships and has many benefits such as simplifying tasks so that they are achievable to the learner thus reducing frustration and maintaining motivation. Scaffolding also allows for mistakes to be picked up and either used as a teachable moment or is corrected by the expert to enable the learner to continue with the elements they do understand. This prevents mistakes from disrupting the learning and impacting on completion of the task (Reiser and Tabak, 2014).

There have been critiques of scaffolding such as it is not a panacea for all types of learning and all contexts. Scaffolding can encourage questioning and research which may not suit the ethos of particular learning environments in different cultures. It can also be difficult to ascertain how much support is required and when to fade it out which can lead to learners being over supported and not given the opportunity to try on their own. This can become an issue in classrooms where there might be a wide

range of abilities requiring different levels and types of support (Reiser and Tabak, 2014).

2.10 Conclusion

This literature review aimed to highlight the role of the social care worker in facilitating access to post-secondary education. However, I was unable to source sufficient literature to explore this in more detail. I was able to highlight the role of the social care worker within their role of applying care while seeking to explore the concept of love as a means of resisting institutional power and oppression. For those that do access post-secondary education I have investigated the concepts of scaffolding that can provide an important bridge to learning success. I have shown that Foucault's concepts of biopower and governmentality and the models of disability can make clear the oppressive and restrictive practices of institutions, governments and society can have on a person with an intellectual disability. As mentioned previously, I found it difficult to source literature on the role that social care workers can have in supporting a person with an intellectual disability to access post-secondary education. The purpose of my research is to explore this in further detail and to make known the supports that are provided by social care workers as they act in love to resist the system.

Chapter 3: Methodology

3.1 Introduction

The aim of this research was to understand the experiences of social care workers as they support a person with an intellectual disability to access post-secondary education. These social care workers were employed with a disability service provider funded by the Health Service Executive and are based in a community day service. There were four questions that I wanted to explore:

1. What types of support do social care workers provide, and how are they implemented?
2. How do social care workers perceive the effects of post-secondary education on the individuals they support?
3. What barriers do social care workers encounter in facilitating access to post-secondary education?
4. What theoretical frameworks are underpinning their work?

Within this chapter I will outline who my participants are, and how I recruited them to take part in this research. I will also situate my research with a philosophical paradigm which will include my ontology and epistemological position. In addition, I will discuss the methodology I used to conduct this research. I will also include ethical considerations and the assumptions that I may bring to this research.

3.2 Research Paradigm

For my research paradigm I have taken an interpretivist position, which seeks to understand how people make meaning of their experiences within the context of their social and cultural environments (Crotty, 1998). This will align with my epistemological and ontological positions.

Ontology refers to ones understanding of what reality is (Braun and Clarke, 2013). Ontology can be understood as a spectrum; at one end is realism where reality exists independent of human interaction, to relativism as reality existing in concert with human influence and cannot be separated from it (Braun and Clarke, 2013). While epistemology is concerned with what knowledge is, how it is produced and the

standard it needs to meet in order to be considered valid as opposed to being viewed as a belief (Blaikie, 2000).

I have drawn on a social constructionist epistemology, as knowledge is recognised as being co-constructed through social interaction, discourse and shared understanding (Burr, 2015). This aligned with the aim of my research which is to explore how social care workers make sense of their roles in supporting people with an intellectual disability to access education within institutional contexts.

My ontological stance aligns with a social constructionist view of reality as I understand reality to be socially constructed through culture, language and institutions and also shaped by power relations and policy. In this way my ontological stance is also influenced by critical theory as it is influenced by historical and institutional power structures (Burr, 2015)

3.3 Research Approach

The design of this research will be qualitative which will enable me to understand and explore the experiences of social care workers as they undertake the task of supporting a person with an intellectual disability to access post-secondary education. Qualitative research aims to gather rich data which has depth but which is narrow in focus (Braun and Clarke, 2013). It allows for interpretation of the data which can accommodate differences and similarities (Braun and Clarke, 2013). Although I wanted to understand what was important to my participants, it was important that they shared their own experiences and what they felt was important to share. A qualitative research methodology enabled this to occur.

3.4 Participant Selection and Recruitment

The social care workers that I have interviewed for this research have been working in a disability day service setting for between seven and thirty years and they work with people with a mild to moderate intellectual disability. They also work a 39-hour week during business hours. Each of the participants work within teams of two and ten staff members and are responsible for key working ten to twelve service users. Service users who attend their day service are over the age of 21 and all would have completed three years of HSE funded rehabilitative training. The social care workers that I identifed all support people with a mild to moderate intellectual disability and are

situated in a small city in the south of Ireland. I chose not to interview social care workers who supported people with a servere to profound intellectual disability as the educational needs of this cohort of learner is more complex and would be better served with its own research. I only included people in this research who had direct experience of supporting a person with an intellectual disability and excluded those who did not.

I chose to interview five participants as I wanted to get indepth knowledge of their experiences. The process started with two people I felt would have some experience in the research area; who then recommended three other people they felt would also have experience of the research topic. The first two people that I interviewed were previously my direct reports before I interviewed them. I left the employment of the disability service provider before I made contact with any potential participants.

3.5 Data Collection

To capture the insights of my participants I met with each of them one on one to conduct a semi structured interview which allowed me to generate data that was rich in detail. In order for the data to be rich and detailed, Smith et al. (2022) offer many suggestions to aid this such as developing a schedule of interview questions and providing it to them, meeting the participant in an envirnomnet that they feel comfortable in and meeting on a one to one basis. When I was arranging to meet with my participants, I gave a range of options on where to conduct the interviews. Three of my participants wanted to meet on Microsoft Teams due to time constraints and two participants wanted to meet in person. All participants consented to having their interview recorderd, however, one participant spoke more freely after the interview was completed and the recording stopped. He spoke for an additional 30 minutes on the questions asked, and on reflection I could see that he was not comfortable during the recording phase of the interview. I made notes after the interview of what he said and gained consent to use them for the research.

Smith et al. (2022) also advise recognising that the participant is the expert of their own experience, and that the interviewer is there to listen and to trust that the participant will answer the question in their own way. It will be up the researcher during analysis to answer the question based on the information provided during the

interview. To support this I developed a range of questions for the interview and provided it to participants before the interview. I did this in order to alievate any anxiety that they may have and to ensure that they knew that they were not being tested. When developing the questions, I tried to make them broad and open ended to enable participants tell me a story of their experiences. Upon reflection and through feedback from my supervisor I removed one of the questions as it was leading and would have lead the participant to answer the question in a way that I would have wanted them to.

3.6 Data Analysis

To analyse the data, I used thematic analysis as outlined by Braun and Clarke (2013) which is a method of identifying and classifying themes and patterns across the complete set of data derived from the interview stage of my research. I chose this method of analysis as it aligned with my ontological and epistemological postion is respect of the aims of my research. The first step of the process was to transcribe the interviews. I used a transcribing application to do this but I reviewed it multiple times to ensure that the transcription was accurate. Once I was confident in the accuracy of the transcription, I began to code each transcription. To do this I picked out information in the data set and assigned it a colour and a provsional name and placed it into a new document. I did this for each transcription and over the course of this work, crude themes, ideas and patterns began to emerge. I then mapped these themes in to a mind mapping application for better visualisation of themes and potential sub themes. I also stored each theme into its own Microsoft Word document. I initially identified three themes, each with three subthemes. I eventually decided to remove one subtheme and focussed on the two that have been included in this thesis; this was due to time constraints and the limit of the word count. I began the writing up process when the coding of themes was completed.

3.7 Ethical Considerations

At the outset of this research, I was concerned about the power differential between myself and potential participants as I was in a managerial role and could potentially be interviewing my direct reports. Before I began the interview portion of this research, I left the organisation I was working for and moved to an educational organisation which did not have direct connections with my previous employer. When I contacted potential

participants to participate, I made it clear that they were under no obligation to participate and that it was entirely voluntary and was not in connection with the organisation they worked for, nor would they or their organisation be named in the thesis. I contacted ten potential participants and five did not respond to my request. Sharing of documentation, protection of identity have been addressed within the information sheet and consent form.

3.8 Reflexivity

I have many assumptions and beliefs based on working within a disability service provider over the previous twenty years and I was concerned that I may unintentionally influence participants responses. Two of the participants were formally my direct reports and were aware that I held these values and beliefs concerning the education of people with an intellectual disability and as a result I was concerned they would adjust their answers to account for my beliefs. I devised open ended questions for the interview and hoped that participants would speak honestly about their experiences and beliefs. I tried not to ask leading questions but upon reflection and guidance from my supervisor one question was found to be leading as was removed from the list.

3.9 Limitations

Even with a small sample size, I was expecting themes to emerge that would be common to most of the participants which allowed me to draw generalised findings. However, due to the small sample size it is not possible to generalise for all social care workers in Ireland who undertake this work as it is a large cohort of people. This research was undertaken with employees of one disability service provider in one small city in the south of Ireland. The findings contained here may not be gernalisable to other service providers or locations due to differences in their contexts. This research is also limited by the absense of the voices of those with an intellectual disability. Their perspective would have added to the data and provided a richness and a depth to the research. Without their voice it is impossible to know if they value or need the supports that are provided to them.

3.10 Conclusion

In conclusion, this chapter has outlined the philosophical paradigm, ontological and epistemological positions of this research. This research has been conducted using qualitative methods such as semi-structured interviews and thematic analyse of the dataset. The lack of representation from people with an intellectual disability has been highlighted as a significant limitation within this study.

Chapter 4: Findings

4.1 Introduction

Over the course of this thesis, I spoke with five participants who are employed as social care workers with a disability service provider, who provided a rich account of the work they do in supporting people with an intellectual disability access education. Over the course of the interviews an overarching theme emerged relating to supports. Under this umbrella of supports were related subthemes such as what supports were provided, why they provided it and the impact of supports provided. Participants also spoke of how they perceived an improvement in learners' confidence, but they also highlighted weaknesses in the education system that they had experienced. The findings highlight that a learner's journey through further and higher education is dependent on the good will, capacity, and knowledge of the social care worker and the educational provider. The right to education as outlined in Article 24 of the UNCRPD is not evident in the findings below. The findings below show where we are now but not where we should be.

4.2 Theme 1: Supports

This theme is divided into three subthemes, 1. Support provided by the support worker, 2. Motivations of the support worker to provide supports, and 3. Resourcing Challenges and Organisational Constraints. This section highlights the range of differing supports that can be provided. They demonstrate that supports are individualised and person centred but also constrained by resources within the day service and educational provider.

4.2.1 Support Provided by the Social Care Worker

Joan spoke of how her learner, who was confident at QQI Level 3 struggled with the transition to Level 5, which had negative impact on his confidence. The learner had failed his first assessment which prompted Joan to scaffold supports around assessment.

> *"… we would do the practical work again, and I would say "so tell me about it" … And then I would ask [name] the questions and get them to write the answers*

and talk to them and prompt them through that… and they did pass every other assessment" Joan

The reason that this was a possibility was due to the social care worker contacting the course director to look for ways to support the learner with assessments. The lecturer was open to this and provided Joan with the assessments in advance so that the learner would have time to prepare for the assessment. Joan also stated that there was no option for a different assessment method to be utilised such as an oral assessment. Joan was now in a position to provide targeted support to the learner due to this information. Without the support of Joan and the lecturer, the learner would not have had access to such in-depth support and could have potentially failed the course.

"she would kind of give me a lot of detail on what she was planning on doing. She actually ended up sending me copies of the assessment… I would know what to work on with him." Joan

Maeve also spoke of her similar experiences of supporting learners with assessments and using scaffolding to break down the task and how going through it with them in a structured manner enabled them to learn how to answer the questions independently during assessments.

"…to show [how] a question would be broken down. The person could verbally answer questions really easily, but didn't know how to put it on paper. So by the person sitting down with them and breaking down how the question was posed, the person was able to put [in] their headings and then [they] could fill in the information under the headings. So when they went back to re-sit their exams, they passed." Maeve

Maeve also spoke of the positive experience of working with a tutor in the Further Education and Training sector who provided learners with an intellectual disability with the assessment questions so that they would have additional time to prepare for the assessment. This was an informal support that was put in place as an alternative to the standard assessment that was planned.

> *"And it was to such an extent that he would tell 'em what the assessment questions would be several weeks in advance so that they could actually start preparing and gathering information to build their assignment rather than an actual assessment." Maeve*

John's experiences differed from Joan and Maeve with the supports he provided centred on signposting and advocacy. The learner he was supporting was undertaking a degree programme and support was located in the day service when requested. As the lecturer did not provide additional information to the learner the social care worker had to draw on his own subject knowledge expertise to support the learner.

> *"You might have to give advice, maybe expand on this or if they're struggling, just kind of try and point them in the right direction with it, would be the way that would've been done"* John

John also supported the learner to advocate for additional supports and to fill out forms so that he could access a scribe. John spoke of his frustration with this process as it involved many follow up phone calls with the disability access office. Even when established it was not consistently provided due to personnel turnover. However, when the scribe was in place it provided the learner with access to rich notes that John could teach him with.

> *"…he finally got a scribe, so I didn't have to go out… my colleague didn't have to go out either… but then she left. So then there was a bit of time, a massive gap then before he got another scribe"* John

John also spoke of how his learner began to understand what supports he needed himself and would only seek John's help with filling in forms. However, initially he was intimidated by the process as it was seen as a proper college.

> *"He did need us to advocate for him because I think he felt a bit, what's the word? Intimidated, I suppose. But that could be, I suppose that was like a proper college…and I suppose a different experience for him"* John

> *"but the applications, he sees them himself and he comes to me, and he says there's a job or course or whatever, could you help me apply for that?"*

John's learner also returned to college after successfully completing his degree and although he required supports with filling out forms he did not require John to support him gain access to a scribe as he was able to do this independently himself.

> *"He went back to college after and he didn't need my help to get a scribe or anything. He did it himself." John (not recorded during interview but noted after interview during conversation with John)*

Rebecca spoke of a different type of support being provided which involved a learner sampling some classes over the course of a few weeks to see if he liked it and if he would be able to manage the course. This led to him being accepted on the course the following September.

> *"… so what we did was that we set up kind of a shadowing session that he would join the class over a period of a few weeks, maybe one class per week and see how he got on" Rebecca*

4.2.2 Motivations of the Support Worker to Provide Supports

When participants spoke of supports provided, two briefly touched on their motivations for doing so. Joan and John spoke of their learner's talent or interest in a particular area and that given the right supports they could be able to make it either through the course or into employment.

> *"But I was very invested in him and very invested in supporting him through it because, you know, we all really felt that he could actually make it, you know, into industry." Joan*

In addition, Joan felt that the support she provided was a deeply rooted in care and this provided the motivation to keep going.

> *"And it was a labour of love. And I will say that you know… I was very personally invested in the young fella. And you know, it ended up taking an awful lot more of my time than we'd anticipated it would" Joan*

John spoke about how knowing the person was interested in going to college and wanted supports motivated him to be there for the learner and to provide the necessary supports for the learner to succeed.

> *"And when you see that someone has a genuine full proper interest in something, you're more likely to go that 101% for them. And he really did have that Interest." John*

George also spoke with determination when he was describing how one person he was supporting did not get into a course because he didn't speak clearly during his entrance interview. He was determined and motivated to help him get into the course and was going to support him to do that.

> *"We're definitely going to reapply again and again to push that forward. That is not his issue here, it is the provider's issue…" George*

4.2.3 Lack of Resources Due to Institutional Constraints

The impacts of supports provided were mentioned by three participants. Joan in particular felt that providing support to her learner was a labour of love, but that there was little time during her working day to provide it. Other duties were pushed to the side and she had to stay late after work and use her lunch breaks to catch up on other work. She felt that it was worth it but that she would be slow to provide such a level of support in the future and stated that her learner may have preferred to be supported by someone who was not part of his disability service provider.

> "… *I think ultimately you know those learning support services probably would be better provided by somebody who's not in the disability service"* Joan

While discussing scaffolding supports that Maeve put in place for her learners she spoke of the amount of time that was required to facilitate it and how she was not able to get her lunch or complete paperwork. Maeve says this with humour though and although it is a fact she doesn't appear to mind.

> *"it's very time consuming and we don't always have the time… it's available because something else suffers, which is usually my lunch break or my paperwork."* Maeve

Rebecca's experience highlighted another form of impact such as effect on staff when supports don't work. She referenced an individual who due to a mental health illness disengaged from her education course and other social activities. Staff felt that they were under pressure to have her doing something but were unsure of how to proceed. She said that this was a very difficult situation for the service user and the staff to be in.

> *"…We can't stop. But that causes burnout and stuff… So you've done all of these things and not only do they not work in some [instances] they're catastrophic… it's exhausting to go on that wheel again. So, we've got to support the staff."* Rebecca

George highlighted the role that resources within the day service can have on providing support; with staff being required to take his groups while he supported learners with their courses. He also spoke of how beneficial it would be to have more staff so that an individualised service could be provided to all service users. George outlined the inadequacy of the 1:10 staff to service user ratio which should be closer to 1:1, ideally leading to the provision of an individualised service. He describes this as an organisational barrier.

> *"The main barriers will always come down to resources by the organisation that you work for and the limit on those resources… to give proper support, it should be on a one-to-one basis... it puts serious constraints on the service that you're providing. So you have to try and balance it out"* George

George also spoke of the benefit that increased resources could provide which would enable more people with an intellectual disability to access courses. He spoke of how day services are supposed to be rooted in an individualised support model that is responsive to the needs of those accessing the service. If a staff member is required to support someone attending an educational course then they should be backfilled so that the day service is able to function. He highlighted the need for more special needs assistants (personal assistants) to be provided by the colleges.

> *"if there was more support around SNAs to support people on courses, I think that might be a little bit of a benefit… you are better off with familiar staff as well… It should be about what supports do you need to get you into this course… If it's a staff member attending with you, then you need to be backfilled to keep the normal day-to-day service going."* George

Rebecca spoke of how when providing individualised supports for education can impact on the day service. She says that it is not appropriate to bring a large group of people from the day service to facilitate one person's interest in education. This requires looking at the resources that are available in the day service but also acknowledging that colleges and universities could do more to support learners access education.

> *"you don't want to be taking a big dose of 15 people along for just one person who's interested. This group mentality thing. Because it's resources, isn't it? Yeah. If universities and colleges were to do a little bit more"* Rebecca

Rebecca is also hopeful that with recent legislation such as the ADMA Act, the ratification of the UNCRP and recent media attention surrounding the lack of disability services and resources will bring about change with proper resourcing available for those with an intellectual disability.

> *"But I think maybe colleges and universities are starting at the right place because since the election last year, disabilities services and resources are a hot topic. Maybe we'll get some resources. Especially with the, UNCRPD and the ADMA Act. There's this obligation now."* Rebecca (edited for readability)

In an effort to look at solutions that would enable learners with intellectual disabilities to access and progress through post-secondary education, participants felt that colleges should be providing supports on par with what they have been providing. This would alleviate the demand placed on day services and position education support with the education provider.

> *"But I think those learning support services probably would be better provided by somebody who's not in the disability service… severing the link to the provider especially for those who don't have much literacy needs"* Joan

Rebecca discussed this topic also and highlighted that some learners can get on very well with supports provided by the educational institution and should be encouraged to do so but others it may not suit them. For these learners it may be best for someone who has an established relationship to provide support as they may be able to identify when they are struggling.

> *"Some people would get on with the support, doesn't matter who's delivering the supports, they'll get on and it'll be fine, but with others it's individualized… they won't get the best out of the experience."* Rebecca

In conclusion, this theme highlights the different types of supports that are required to support a person with an intellectual disability access education. It also makes clear that supports provided are improvised and reactive without clear policy or planning in place either from the day service or the education provider. Supports provided are at the discretion of the social care worker and can be withdrawn at any point and the learner has no recourse to challenge this.

4.3 Theme 2: Effect of Participation

This theme is centred around the effects of participating in higher and further education and training. Subthemes generated are the perceived impact on confidence, inclusivity, and progression with some participants outlining what they felt would improve each of the above. It should be noted that findings related to confidence and inclusion are limited in scope as these are the participants own judgements on the learner's participation and may not represent what the learner actually experienced. I included these observations as they may have motivated the social care worker to continue to provide supports to the learner even when it was challenging to do so. I will outline these findings below.

4.3.1 Confidence

Joan spoke of her learner who had engaged with learning in rehabilitative training at QQI Level 3 and was very capable at this level. She described him as 'the golden boy' of the centre but that this changed when he started in a QQI Level 5 programme in an FET centre.

> *"… suddenly he was in a mainstream course, and he might have felt bottom of the pile. So, there was a confidence thing…"* Joan

However, upon completion of the course there was a sense of achievement from successfully completing the course.

> *"So, I think you know it was a boost for him to go and do it. And I think he was very chuffed that he that he got through the year…"* Joan

Maeve felt that it was important for social care workers who support people with an intellectual disability to understand the ability of the person they are supporting and whether or not they have the capacity to do an education course or not. She said that learners should start at a lower educational level if there was any doubt to the person's ability and to build themselves up to the higher levels.

> *"… if there's any question, [then] the student is encouraged to try something at a lower level and build up to it, rather than going into something and failing. That will actually do the confidence a huge disservice."* Maeve

Rebecca spoke of her learner mixing with a wide variety of people in his course, people that he would not have met while in his day service, who were young and had eclectic personalities and backgrounds. She spoke about how he was navigating this environment and these relationships and how he seemed to be enjoying it. She also spoke about how he had spoken up in class for the first time. She described him as 'blossoming'.

> *"There [are] conversations that this person would never have had before, he wouldn't have had the experience of it… And just meeting in with lots and lots of young people from everywhere instead of a small cohort of people. He's really, really blossoming. His confidence has grown. I know one of the learner supporters, I spoke with them recently and they said this person spoke in class."* Rebecca

George spoke in depth about what he felt were the benefits of learners engaging in mainstream third level education. He spoke of how some of the people he supported would have seen and heard their family members going off to college while they were denied this same opportunity. However, through the supports provided by the day

service and the college were now getting the opportunity to experience this for themselves.

> *"It's something that they've heard their cousins or their brothers or sisters or other people in their life say, that they didn't get a chance to experience. Now they can. It's fantastic. It's absolutely worthwhile."* George

George also spoke of how going to college is a normal experience that most young people experience upon leaving school and now they are also experiencing this normal activity while also gaining new skills, building their social network and expanding their social life as a result.

> *"They get to take part in normal day-to-day activities that people their own age would be doing anyway. They're getting that experience. They're learning new skills, they're building a social network, they're expanding their social life because of that."* George

George also spoke of the growth in a person's confidence and independence, and how having the label of student has provided them with a sense of pride. He can see how engaged and proud they are in college by how they speak of it.

> *"It's the boost of confidence it's given to some people is unbelievable and they're proud to be a student… I'm doing this and I'm learning this and I'm doing this for work experience now. It makes a massive difference to their life. Yeah. It's the independence they gain from it, from being a student, like I'm a student of [college] or an [college] student."* George

4.3.2 Inclusion in Further and Higher Education

Rebecca spoke of a learner that wanted to attend college but did not want to gain a qualification or complete any assignments. She wanted to be in a classroom and listen to a lecture on topics that she was interested in. She wanted to be included in an environment that was stimulating for her. Rebecca was able to set this up with a college and the learner attended lectures with the support of her social care worker. Even though the goals of the learner were not the same as the other learners in the lecture, they were still seen as important, and she was facilitated to attend. This learner was also supplied with a voice recorder so that she could record the lectures and listen back to them.

> *"She didn't want to do any assignments or anything like that, but she wanted the experience of being at the lectures and being there."* Rebecca

Rebecca also spoke of another learner who wanted to engage with a college society. She was worried that as he had social anxiety that he may struggle to make connections with his peers. These assumptions were based on Rebecca's experience of supporting this learner over a long period of time and she had seen this happen before. To ensure that the conditions were successful for him she felt that it would have been beneficial for either one of his natural supports or his social care worker to attend with him to make introductions and smooth the way for him. Or alternatively to have someone there who would know he was coming and act as support until he had become comfortable in the group.

> *"… [he] might just keep going, but stand in the background and nobody would make an effort to engage. You're relying on somebody to see the outsider, to engage with them… So, it takes somebody like from the day service or some natural support to go along and say, well, here's so and so and they like. It would be better to have set that up beforehand so that people are aware you're coming and will be welcoming. It's all about making connections and having people to connect with."* Rebecca

George spoke of how smaller further and education training centres can be more inclusive for all people who attend; with learners who are unemployed and retired attending courses with people with an intellectual disability and how there is huge variety of people in the classroom.

> *"And also it's very inclusive, especially in the smaller places… everyone doing it together… there's a fierce variety [from] all walks of life doing the courses as well."* George

George also spoke of how people he would support in the day service would be excluded from participating on higher education courses that are tailored for people with an intellectual disability because they would be unable to travel independently to the course. He stated that the person would be able to complete the course but would just need support to get there.

> *"…that's not always viable or realistic for some people. It's not saying they can't do the course, they just need someone with them to help them along to the course."* George

Maeve spoke about how including people in mainstream further and higher education settings may not be appropriate for people with intellectual disabilities as the pace may be too fast for them and they would also be vulnerable in such a setting.

> *"…[it] may not necessarily be the correct setting for them because it's too fast paced. And also they may be very vulnerable within the community in the classroom."* Maeve

Both Maeve and Rebecca shared a similar experience when supporting their learners to access a QQI level 5 course. They found that the colleges were in unknown territory and were unsure about how to provide supports. They felt the responsibility to ensure a smooth transition and that their support was necessary to avoid an adverse outcome for the learner or the college.

> *"I felt that we were kind of pushing boundaries with them and that we had a lot of responsibility to make sure that he was going to make it through it, and he did, but they didn't want to take him back for the diploma." Joan*

4.3.3 Progression

Joan spoke of the lack of progression from second level education to further and higher education for people with intellectual disabilities. Her experience has involved witnessing school leavers coming into a rehabilitative training centre and how it appeared that schools directed them to specialist disability service providers. She also spoke of families preferring to send their adult children to specialist services as this would be where they would be safe while also receiving appropriate supports.

> *"I think schools may be inclined to direct them to the specialist services. Still, I think maybe families are inclined to direct them to a specialist service because it's what's always been done and it's familiar and it's a safe place..."* Joan

Joan spoke of the need for disability service providers to stop providing educational provision such as rehabilitative training to people with intellectual disabilities and to

provide other supports instead. She suggested that when a learner starts with a disability service provider that they are immediately supported to access further education and training on a part time basis.

> *"… where school leavers come into the specialist service but are immediately being supported to go straight out into a part time FET, and they do both together with a certain amount of support from the service provider…"* Joan

Joan felt it was important though that the provision of formal education by disability service providers should stop with the ETB's taking over full responsibility for its provision and the service provider being responsible for supporting other aspects of the learner's life such as building a circle of support, traffic training and employment development. She felt that it may be appropriate for the service provider and the educational provider to collaborate and develop a method to do this.

> *"But the in-house specialist provision of education and training should stop... If they're going to an ETB, the ETB is entirely responsible for the academic… the service provider is responsible for building the circle of support, doing the traffic training..."* Joan

Joan expressed her hope that in ten years it would be possible for a learner to transition from secondary school into a mainstream and inclusive further or higher educational institution.

> *"…it would be lovely to think that in 10 years' time the norm is for somebody who finishes school with an ID goes straight into a mainstream or an inclusive setting"* Joan

Rebecca spoke of her learner progressing into a course at QQI Level 5. He had been receiving supports such as trialling some of the modules to see if he would be able to manage the classroom environment. This had been a positive experience for him and the college and he was offered a place on the programme.

> *"… the next year he applied and he got the course. And we'd say a higher level, if you know what I mean. This course was level five…"* Rebecca

Rebecca also spoke of the necessity of continuously trying to progress a learners journey, to expect more for them and to have higher expectations for them.

> *"There are in the sense of where are we going here? How is this progressing? How would you say it? Always expect more."* Rebecca

Maeve spoke of the barriers learners experience when trying to progress from QQI Level 3 upwards. She has experienced a dearth of QQI Level 4 courses which could act as a bridge to QQI Level 5 courses. She highlights some courses that are available at Level 4 but not enough to offer meaningful choice. Maeve also highlighted that the available courses at QQI Level 4 and those at QQI Level 5 are usually full time which she feels would be too difficult for her learners. Maeve suggests that offering more QQI Level 4 courses over on a two-year part time basis as opposed to one-year full time would be beneficial to her learners. Maeve had also approached colleges to see if this would be possible, but they were unwilling to offer this as an option.

> *"Also, most of the courses that are available are full time. And a lot of people with an intellectual disability… will find that a full time course is too much… if the course could be done part time over two years… it would be more beneficial. But that option isn't available, in my experience…"* Maeve

Maeve also highlights that some of her learners have progressed through third level education but they are firmly in the minority.

> *"I have supported some people with an intellectual disability to go on to third level, and they have achieved what they set out to achieve, but they're in the few that progress..."* Maeve

Maeve also spoke of one of her former learners who was trying to find a part time course in a specialised area but was unable to source anything for him. He was only able to access this course after he became employed and his employer facilitated his training. She feels that a partnership between employers and the disability service may offer more opportunities for learners to engage in specialised work related skills that would enable a transition into employment.

> *"… needs to be a little bit more done in conjunction with employers, but then there would need to be huge investment if we're going to be delivering stuff that is to meet the need."* Maeve

However, she also stated that community and further education could also provide this sort of learning but would need to have a bridging element to it to enable learner to progress from QQI Level 4.

> *"The alternative is that it would be available through community education or further education, and it would have to start properly at level four to go to level five because students may not have leaving cert applied"* Maeve

Maeve also speaks about the loss of education courses run by other service providers that had training that was directly linked to work based skills such as culinary skills at QQI Level 3 which progressed to Food Preparation at QQI Level 4. Maeve has had difficulty sourcing these courses of late.

> *"But it seems to be harder and harder to get information on those, and I don't know is that because they want people to be in industry and to be using it as a path to improvement in skills rather than as means of entry into employment."* Maeve

Maeve feels that there are employment opportunities for people with intellectual disabilities in areas such as in the hospitality sector and laundry but feels with a lack of courses there are limited opportunities to gain access to them.

> *"… but how can somebody get into working in hospitality without experience if there isn't a course available that can show them how to use the washing machines, how to properly lay a table when at home, they don't use tablecloths when they don't do fine dining."* Maeve

Maeve also highlighted that often her learners do not have the foundational knowledge for some subjects at a QQI Level 5 Level due to completing the Leaving Certificate Applied. She gives the example of learners wishing to do animal husbandry but haven't

completed the QQI Level 3 Biology module and being required to undertake a QQI Level 5 module in Biology.

> *"… they're not going to be able to catch up or keep up. And they might have a lot of the practical skills, but it would be on the academic side that they would need more help… if they could do fewer of the highly academic subjects over each semester, it doesn't mean that they can't learn the material, it's just they can't learn it at the speed of everybody else."* Maeve

Maeve would like to see a system where identified pathways exist that would enable the learner to be fully informed before they start a course and to ensure that any course a learner enrols in will help them to realise their goals.

> *"And I suppose it could be nice to think that there would be a path identified early on rather than somebody getting onto a course, doing the course and then not knowing where the course can take them… it should be more a case of where do you want to go and can the course enable you to get there"* Maeve

Rebecca spoke of the need to ensure that prospective learners had the correct information provided to them about course expectations and prospective outcomes. She suggested that the identification of goals and supports should be undertaken before the start of a course.

> *"… people have just signed up for things and thought it was just too hard and left. Didn't really understand what that course was all about. And it was probably the work was too much, or the classes were too long… You have to put in an awful lot of time to the individuals that sign up for the courses."* Rebecca

Progression into and through post-secondary education can be negatively impacted as a result of lack of information, or information that is provided in an inaccessible format. Such information may include course expectations, assessment procedures, deadlines, disability supports access processes.

> *"that's the other big thing with students having disability is that to make sure that the information that's given is understood, and not only about the course*

> *work, but about how it's going to be assessed and when it's going to be assessed."* Maeve

Joan spoke of how different assessment techniques may have been more accessible to the person she was supporting. He found the written assessments difficult and may have achieved more if it had been tailored to his needs.

> *"If they had dispensed with the written assessment and had done it orally with him, he would have done a lot better. Or if they'd done it in a different environment, if they'd done it in the catering kitchen, or if they'd accepted video evidence of him doing something" Joan*

Maeve highlighted how some learners with an intellectual disability can find it difficult to navigate accessing disability supports through the education provider and that the route to do so may not be obvious to the learner with an intellectual disability. Providing this information in an accessible format would provide information on pathways to support.

> *"even though colleges have some support service available, it's up to the student to request it prior to starting in the college… But if somebody with an intellectual disability applied independently, that may not necessarily be obvious, that they need to do so" Maeve*

John highlighted the contrived purpose of the disability service provider which acts as a systemic barrier to progression in all areas of a person's life. He felt that disability service providers existence is based on having a steady stream of dependent individuals to access their services. He believes that disability service providers intentionally make service users 'stupid' and maintains that courses provided to learners don't offer any meaningful value and are provided as a means to fill time.

> *"I'm going to call it as what it is. They're made stupid. They're actually made to be stupid and they're left and they're put in a box and that's your box. And oh, we give you a little course here and a little course there and crap like that."* John

John spoke of the payments that organisations receive from the state to provide services to people with intellectual disabilities as the main motivation to keep people

within the service. Effectively, the service provider is a money making enterprise and if people progress out of the service then those payments would cease. As a result people are not meaningfully supported to progress past the disability service provider.

> *"I firmly believe that the system itself, i.e. the organisation tends to hold people back, dare I say, on purpose. The payment, the per capita payments… I've seen it time and time again in more than one organisation. And they keep the person, how can I put it? Not under the thumb exactly, but can I use the word stupefied. They belong in mainstream education, jobs, life and that's it"* John

John also feels that the label of having attended a special school or a disability service can lead to stigmatisation which can affect a person's progression into education and employment. There would be greater benefit to the learner if they were to be educated in a mainstream setting.

> *"They should be in mainstream school with help if needed with as much help as they need… so that then after, there's not a big kind of a big yellow flag hanging over 'em that, oh look, this person went to a special school or special organisation…"* John

In conclusion this theme has highlighted the positive and negative aspects of engaging in higher and further education and training. There have been perceived impacts on confidence and inclusion but one participant spoke passionately about the failings of the disability service and their role in the lives of people with intellectual disabilities.

Chapter 5: Discussion

5.1 Introduction

The aim of my research was to explore the experiences of social care workers as they support people with an intellectual disability to access education within further, community, adult and higher education. For the purposes of this chapter, I will be referring to these education settings as post-secondary education for ease of discussion. The participants all work as social care workers within a community day service setting with people who have an intellectual disability. What became clear during and after the interviews was the emerging themes surrounding types of support provided, what the effects of participation were, and suggestions and limitations to post-secondary provision. From listening to participants speak I was struck by their passion for this work, how it was personal to them and how it was important that the opportunity of post-secondary education was a positive and successful experience for the person they were supporting. This finding was driven by love either as a form of professionalism or as resistance to the established educational structures that can exclude people with an intellectual disability. This discussion chapter will be structured to explore each of these themes while also linking to related literature and theory to highlight their significance.

5.2 Theme 1: Supports

5.2.1 Supports Provided by the Social Care Worker

The most prominent theme that was discussed related to supports, with three subthemes emerging. These subthemes were supports that were provided to the person while engaging in post-secondary education, motivations of the social care worker to provide these supports and resourcing challenges that were experienced by the social care worker to facilitate the provision of supports. I will discuss each subtheme separately as they each raise different theoretical distinctions.

My findings indicate that the supports provided to the person engaging in post-secondary education involved the social care worker creating the right conditions for success to occur. An important element to this involved the social care worker establishing and maintaining a relationship with the education provider. This connection enabled them to understand what supports the learner needed, for

example, understanding concepts, managing assessments and navigating college supports, and then finally putting supports in place to meet these needs. These supports were provided in locations that would provide maximum benefit to the learner such as on the college campus for scaffolding supports in relation to social and emotional wellbeing or in the day service to support with learning and assessment. These supports were tailored to the needs of the learner and where possible the learner was supported to attend their college independently.

Supports provided to learners appeared to follow a scaffolding framework such as outlined by Vygotsky and Bruner which involved breaking down tasks, talking through solutions, prompting and modelling (Wood, Bruner and Ross, 1976). The participants of my research occupied the role of the more knowledgeable other and were able to socially mediate the required learning. This enabled them to aid the person they were supporting to master tasks and skills independently; and as these new skills became embedded, the social care worker was able to fade out supports (Wood, Bruner and Ross, 1976; Jalloul and El-Daou, 2016). This was evident when participants reported that learners had successfully passed assessments or were able to gain access to a scribe independently as it had been modeled for them.

These approaches align with recent research which has shown that scaffolding learning for people with an intellectual disability is an effective strategy for the acquisition of language and writing skills (Wang *et al.*, 2016). Similarly, Jalloul at al. (2016) in their study sought to teach students with an intellectual disability the language concepts of before/after and same/different using scaffolding strategies and also concluded that scaffolding learning is an effective strategy. The implications of these studies in conjunction with Vygotsky's concepts of scaffolding indicate that my participants are providing supports in a manner which best suits the learning requirements of the learner in those moments and that they have been applied successfully to measurable success.

5.2.2 Motivations of the Support Worker to Provide Supports

Within the theme of supports, some participants spoke of why they provided additional supports which included their belief that a successful outcome could enable them to find good employment, and the interest the person they were supporting showed in

the course provided an impetus to offer supports. However, over the course of analyzing the data it appeared that motivations for providing supports was communicated in a subtle manner that went beyond professional obligations to a resistance of the systematic exclusion of the people they support from post-secondary education. The implied reasons were rooted in ethics, care, love and a sense of injustice that such support was not naturally provided as a right. John spoke of his frustration of getting a scribe, but he kept persevering. George spoke of how his learner was refused access to a course and his determination to keep supporting his person to reapply. All the participants spoke of the people they were supporting blossoming, gaining confidence, and becoming students in college. They spoke of their frustration at exclusion, the need for additional resources, and offered solutions to improve access and outcomes for those they are supporting. Their dedication was evident by staying late to complete other duties, missing their lunch and through their perseverance.

Participants language was steeped in love and care and was evident in all the themes generated from interviews with participants. I would argue that it went beyond professional love and care and into a type of resistance rooted in love as defined by bell hooks. Professional love and care is occurs in the professional context between social care worker and service user and is based on an unequal relationship (van Heijst, 2009). It requires the social care worker to be professional but to develop a trusting and meaningful relationship (van Heijst, 2009). hooks using M. Scott Peck's definition of love 'as the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth' shows that love is action we can choose to do (hooks, 2000, p. 4). hooks goes further to say that love can be transformative by 'standing up for what we believe in' which was expressed by my participants when they advocated for the inclusion of those they support in postsecondary education and provided the supports to demonstrate that their learners belong and deserve to be in the education space; reflecting hooks concept of love as a resistance to oppression (hooks, 2000, p. 92).

5.2.3 Lack of Resources Due to Institutional Constraints

The findings indicated that participants felt that the levels of staffing and resources provided by their organisation was insufficient to meet the levels required to implement individualised supports which would enable more support to occur to facilitate educational opportunities for those that wish to engage in it. This lack of resourcing led to an impact on their own workload and that of their colleagues. Some participants spoke of the need for educational providers to start providing this type of support instead as it would be provided to other learners with disabilities. This would enable them to provide services that align with their organisations original mandate such as providing support for independent living skills and community inclusion.

These findings can be seen to be linked to the states strategy on disability as outlined in the Value for Money Report in 2012 which sought to improve the quality of day services while also improving the value for money of such services through reducing the professionalisation of the work force which in turn would decrease its staffing expenditure (DOH, 2012). The New Directions standards is the mechanism through which day services are to be reconfigured and through it a person's access to educational and vocational opportunities are realised, (HSE, 2012). In light of reduced funding and resources it is unclear how these standards are to be achieved. The NCSE has highlighted that insufficient funding and the lack of legislative requirements for disability services to provide for education has resulted in limited support for education in disability day services (NCSE, 2021)

It appears that my participants are meeting the requirements of the New Directions standards by filling the gaps that should be provided by educational institutions. The HEA has sought to address the lack of access to higher education through the National Access Plan 2022 – 2028 and through its PATH 4 funding initiatives which has seen the development of courses specifically designed for people with intellectual disabilities and the continued funding for other courses in operation (HEA, 2020; HEA, 2023). However, this has not made a significant difference to the levels of support that participants are providing in educational settings to those in their day service.

There is a contradiction evident with the requirement to support education but not the means by which to do so. Foucault's concept of governmentality may help to understand this contradiction. Governmentality is the process through which states govern indirectly through delegation of responsibilities, in this case it has shifted responsibility on to disability service providers and social care workers (Carmel and Harlock, 2008). This governance has been achieved by the procurement and commissioning of services through service level agreements and the establishment of partnerships between disability service providers and the state with an emphasis now being placed on value for money, measurable outcomes and performance metrics (Donnelly-Cox, Donoghue and Hayes, 2001; Carmel and Harlock, 2008; DOH, 2012). This has led to the service providers being run like businesses with market values and processes being ascribed and which social care workers are trying to navigate to provide support that is not aligned to market values and principles but one based in care that is not so easily quantifiable (Carmel and Harlock, 2008).

5.3 Theme 2: A Tantalising Possibility

Participants observed a range of benefits to the people they support accessing post-secondary education which included witnessing a growth in confidence, people blossoming, speaking out in class, a sense of pride in completing their course, widening their social network and improving their social skills. They also indicated that inclusion in the educational space led the person they were supporting to use the language of a student which positively reflected their socially valued role and inclusion into the post-secondary environment. This was of importance to the participant as they saw a change in the way they spoke about and viewed themselves; referring to themselves as students who were engaging in student centered activities with a sense of pride. It is tantalizing how much meaningful potential there is for people with an intellectual disability to be included in post-secondary education and in another way frustrating that only a few get to experience it due to a myriad of systematic and institutional barriers. These barriers were highlighted by participants and included lack of progression pathways into post-secondary education, lack of appropriate supports from post-secondary institutions, streaming of students with intellectual disabilities into HSE funded day services, lack of accessible information regarding access to disability supports and information on course structure and assessment. They also spoke of the

need to have more access to vocational training that would lead to employment. One participant spoke strongly of the role of the disability service provider preventing people from progressing out of day services due to the potential impact of HSE funding.

5.3.1 Benefits of Access to Post-Secondary Education

The benefits outlined by participants align with findings from Hart et al. (2010) who stated that there were positive impacts to a person's self-esteem and a sense of belonging from learners being included in post-secondary education. Paiewonsky (2011) found from her research, conducted with a small cohort of learners with intellectual disabilities undertaking a post-secondary education programme, that students reported 'feeling more mature', were 'treated like adults' while also 'feeling freer in college' because they had more time to socialize and develop friendships. Students from this research also reported feeling like students and were prepared for the hard work of academic demands (Paiewonsky, 2011), which corresponds to my participants observations of those they are supporting adopting socially valued roles associated with the identity of a student. Wolfensberger (2011) argues that taking up valued social roles can help protect a person from becoming marginalized due to the positive status conferred by that social role. While my participants are reporting what they have observed but not directly experienced, Paiewonsky's (2011) research indicates that their views correspond with learners own experiences.

5.3.2 Barriers to Progression

With positive effects being experienced by those undertaking post-secondary education there are significant barriers which prevent the majority of people with an intellectual disability from participating (Banks, Aston and Shevlin, 2022). This is evident in research carried out by the NCSE which highlighted that a significant proportion of people with an intellectual are not in employment, education or training and do not progress into post-secondary education (Aston, Banks and Shevlin, 2021; McCoy, Ye and Carroll, 2025). Highlighted within this report were institutional and systemic barriers such as lack of access to diverse study options, lack of links between secondary schools and post-secondary institutions to share information on post-

secondary options and a lack of support to pursue post-secondary education opportunities due to low expectations of people with an intellectual disability (McCoy, Ye and Carroll, 2025). For those exiting secondary school they were being encouraged through the Special Education Needs Organizer to attend HSE funded day services thus denying them the opportunity to access quality information about all progression routes available to them (Aston, Banks and Shevlin, 2021).

Despite the transformative potential of post-secondary education for people with intellectual disabilities, these opportunities remain limited by institutional barriers which can be understood through Foucault's concept of biopower that operates through disciplinary techniques and regulatory mechanisms that manage populations and shape their behaviors, in turn affecting how a person lives (Foucault, 1978; Sawicki, 2003; Tremain, 2005). In addition, the Social Model of Disability can be used in parallel with Foucault's concepts to examine how systems of exclusion are applied through institutional barriers (Oliver, 1990). It also allows us to view these barriers as socially constructed (Oliver, 1990). This can be seen in the findings with participants reporting that they have witnessed people with disabilities being streamed from special schools into rehabilitative training and day services with no alternative opportunity offered to access post-secondary education. In addition to this, participants spoke of a lack of progression pathways through post-secondary education. They noted the limited availability of bridging courses offered at QQI Level 4 which would enable learners to overcome gaps in their knowledge caused by reduced curricula in secondary school and enable them to progress to QQI Level 5 courses. Lack of information was also highlighted as a barrier that would exclude a person with a disability from accessing supports due to not knowing it was available or applying for it in time.

Using the Human Rights Model as codified by the United Nations Convention on the Rights of Person's with a Disability, participant's views can be grounded in a rights based approach to access to education as outlined in Article 24 (UNCRPD, 2006; Degener, 2014). Article 24 outlines the right to inclusive education at all levels (UNCRPD, 2006). One participant spoke of how going to college was a 'normal thing to do' and another of the need to have people with intellectual disabilities accessing mainstream education at all levels including post-secondary and how stigma

associated with attending special schools and disability organizations can itself become a barrier to full inclusion.

5.4 Conclusion

This chapter explored the key themes that emerged from the research, with the aim of situating the experiences of the social care worker within the broader theoretical and structural contexts. Social care workers often find themselves supporting people with an intellectual disability to access post-secondary education due to a vacuum of supports that should be provided by educational institutions. These supports should fulfil legal obligations under Article 24 of the United Nations Convention of the Rights of Persons with Disabilities. The lack of structural supports and the active exclusion of people with intellectual disabilities can be traced to a medical model of disability, which involved the systemic exclusion of people with intellectual disabilities from spaces they were deemed not to belong. In contrast, the Human Rights model of disability and the UNCRPD seeks to remove these barriers, to ensure that inclusion is a right realized by all. Social care workers are acting to fulfill this right through acts of resistance grounded in love, continually striving to support people with intellectual disability achieve their educational goals.

Chapter 6: Conclusion

6.1 Overview of Findings

This research thesis aimed to explore the experiences of social care workers as they support people with an intellectual disability to access post-secondary education. Four questions were used to guide the conversation with social care workers to understand the types of support provided, how they perceived their impact to the people they were serving, what barriers they encountered and if there were implicit or explicit theoretical frameworks underpinning their work.

Five experienced social care workers took part in qualitative interviews, through which it was found that they step in to fill a gap where formal educational supports are inadequate or absent. The role they provide is varied and complex, and involves providing emotional support, advocacy, practical problem solving and finding creative solutions that would not be in their official remit. These supports provided are as a result of deep personal commitment to the rights and dignity of those they support and not as a result of organisational policy.

For the second research question, which sought to explore how social care workers perceive the effects of education, the findings found that participating in education can be transformative. Positive effects observed included increased confidence, social inclusion, and in some cases led to new opportunities, however small. Social care workers also described the emotional impact of a lack of progression routes, inaccessible systems, and the risk of disappointment for learners who may not meet the required academic standards.

The research found that participants encountered barriers in relation to lack of transition supports, the domination of the medical model within some institutions, and the resultant view that people with intellectual disabilities are unsuitable for mainstream post-secondary education. In reaction to this, social care workers act as resisters by trying to bend rules, and doing what they can to ensure that those they support can achieve their goals.

Over the course of the interviews none of the participants spoke of a theoretical framework that guided their practice but the themes that were generated corresponded strongly with concepts explored in the literature review such as governmentality, biopower, professional love and the human rights model of disability. Participants try to resist institutional barriers through acts of care, advocacy and flexibility. By doing this, they created opportunities where people with an intellectual disability can be a learner, participant and a citizen.

This research sought to explore how social care workers are facilitating access to education in post-secondary institutions. It shows that this type of work is precarious as it is reliant on the personal values of the social care worker rather than on inclusive institutional structures. It shows that this model of support is not sustainable and that there is a need for structural reform of post-secondary educational provision for people with an intellectual disability.

6.2 Limitations

This research is limited by the small sample size of only five participants in one geographical area, which impacts its ability to be generalized to all social care workers in Ireland. Another limitation is the absence of representation from people with intellectual disabilities themselves. While the research focused on the perspectives of social care workers, the observations may not reflect the lived experiences of those they support. Including the voices of people with an intellectual disability would have added depth, richness and a more complete understanding of the research topic. Finally, my own personal bias towards inclusive education for people with an intellectual disability may have influenced the research. I hold a strong belief in the importance and value of post-secondary education for this group and although I tried to account for this and remain objective, it may have shaped how I interpreted the data and the findings.

6.3 Recommendations

Based on the findings of this study, the following recommendations are proposed to support greater inclusion of people with intellectual disability into post-secondary education. Participants highlighted that post-secondary institutions should fulfil their

legal obligation to provide supports for this cohort, as outlined in Article 24 of the UNCRPD. This could be achieved through continued and expanded initiatives such as PATH 4. In addition, exploring social care worker's motivation for providing educational support in grounded in acts of resistance to systemic exclusion or is undertaken as a routine action of their role could prove valuable in future research. This is particularly relevant in the context of the ongoing implementation of the HSE's New Directions policy, which emphasizes person centered support and progression opportunities. Finally, further research into the type and nature of supports offered within post-secondary settings is recommended, to help identify the right mix of interventions, those that are effective, empowering and not overbearing for the learner.

In conclusion, this research found that social care workers are important agents in the role of enabling access to education for people with an intellectual disability. The work that they do is invisible and occurs in the gaps left by policy and provision and is not motivated by a mandate set out by their organization but by love, ethics and a belief in the right to learn.

Appendices

Appendix A

Maynooth University
National University of Ireland Maynooth

INFORMATION AND CONSENT FORM FOR RESEARCH **PARTICIPANTS**

Information Sheet

Purpose of the Study. I am Ciara Long, a master's student in the Department of Education, Maynooth University, as part of the MEd Adult and Community Education programme.

As part of the requirements for a master's in education, I am undertaking a research study under the supervision of Lilian Nwanze.

The study is concerned with understanding the experiences of support workers in supporting people with an intellectual disability to access adult and community education.

What will the study involve? The study will involve a one-hour interview with support workers who have experience of supporting people with an intellectual disability access adult and community education. Participants in the study will be given the opportunity to review their transcript and clarify or change any parts of the transcript. This will take approximately 30 minutes.

Who has approved this study? This study has been reviewed and received ethical approval from Maynooth University Department of Adult and Community Education. You may have a copy of this approval if you request it.

Why have you been asked to take part? You have been asked because you have knowledge of supporting people with an intellectual disability in adult and community education.

Do you have to take part?
No, you are under no obligation whatsoever to take part in this research. However, we hope that you will agree to take part and give us some of your time to participate in a one hour interview. It is entirely up to you to decide whether or not you would like to take part. If you decide to do so, you will be asked to sign a consent form and given a copy and the information sheet for your own records. If you decide to take part, you are still free to withdraw at any time without giving a reason and/or to withdraw your information up until such time as the research findings are analysed. A decision to withdraw at any time, or a decision not to take part, will not affect your relationships with Maynooth University.

What information will be collected? The information collected will be your opinions, experiences and knowledge of supporting an individual with an intellectual disability access adult and community education

Will your participation in the study be kept confidential? Yes, all information that is collected about you during the course of the research will be kept confidential. No names will

be identified at any time. All hard copy information will be accessed only by Lilian Nwanze, Michael Murray and Angela McGinn and an external examiner.

No information will be distributed to any other unauthorised individual or third party. If you so wish, the data that you provide can also be made available to you at your own discretion.

'It must be recognised that, in some circumstances, confidentiality of research data and records may be overridden by courts in the event of litigation or in the course of investigation by lawful authority. In such circumstances the University will take all reasonable steps within law to ensure that confidentiality is maintained to the greatest possible extent.'

What will happen to the information which you give? All the information you provide will be kept secure and in such a way that it will not be possible to identify you. On completion of the research, the data will be retained in line with current GDPR guidelines.

What will happen to the results? The research will be written up and presented as a thesis. A copy of the research findings will be made available to you upon request.

What are the possible disadvantages of taking part? I don't envisage any negative consequences for you in taking part, however, should you become distressed we will stop the interview.

What if there is a problem? At the end of the interview, I will discuss with you how you found the experience and how you are feeling. You may contact my supervisor Lilian Nwanze by email at lilian.nwanze@mu.ie if you feel the research has not been carried out as described above.

Any further queries? If you need any further information, you can contact me by phone on 085 7231147 or email at Ciara.long.2025@mumail.ie.
If you agree to take part in the study, please complete and sign the consent form overleaf.

Thank you for taking the time to read this

Consent Form

I……agree to participate in Ciara Long's research study titled 'Understanding the Experiences of the Supports Workers Role in Facilitating Access to Adult and Community Education for People with an Intellectual Disability'.

Please tick each statement below**:**

The purpose and nature of the study has been explained to me verbally & in writing. I've been able to ask questions, which were answered satisfactorily.

☐

I am participating voluntarily. ☐

I give permission for my interview with Ciara Long to be audio or video recorded.

☐

I understand that I can withdraw from the study, without repercussions, at any time, whether that is before it starts or while I am participating.

☐

I understand that I can withdraw permission to use the data up to 31/03/2025 ☐

It has been explained to me how my data will be managed and that I may access it on request.

☐

I understand the limits of confidentiality as described in the information sheet ☐

I understand that my data, in an anonymous format, may be used in further research projects and any subsequent publications if I give permission below:

☐

I agree to quotation/publication of extracts from my interview ☐

I do not agree to quotation/publication of extracts from my interview ☐

I agree for my data to be used for further research projects

☐

I do not agree for my data to be used for further research projects

☐

Signed……. Date…….

Participant Name in block capitals ……...

I the undersigned have taken the time to fully explain to the above participant the nature and purpose of this study in a manner that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signed……. Date…….

Researcher Name in block capitals ……...

If during your participation in this study you feel the information and guidelines that you were given have been neglected or disregarded in any way, or if you are unhappy about the process, please contact Michael Murray (michael.j.murray@mu.ie) or Angela McGinn (angela.mcginn@mu.ie) Please be assured that your concerns will be dealt with in a sensitive manner.

Two copies to be made: 1 for participant, 1 for yourself

Appendix B

Interview Questions

What is your experience of supporting someone in adult and community ed?

What barriers did you face in accessing adult and community ed for the person you support?

What do you feel are the benefits of adult and community ed for the people you support?

Do you face external pressures from other stakeholders to source educational opportunities for the people you support? Would you mind telling me about this?

Is access to FET resource dependent in the day service? Would you mind telling me about this?

What are your experiences of engaging with the education provider?

What supports do you feel would enable successful learning experiences for those you support?

Would you like to add anything else?

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