

Driving outcomes: learning to drive, resilience and young people living in residential care

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ABSTRACT

There are continuing concerns about the experiences offered to older adolescents being looked after ('in care') in the UK and, especially, to care leavers. Questions are asked about the limitations of State care compared with normal family life. This paper reports on an initiative to provide driving lessons to a group of six young men living in residential homes in one city. It links with resilience theory – how individuals can have relatively good outcomes despite early adversity. A qualitative study was undertaken to explore the effects of the initiative, including individual interviews with young men, heads of homes in which they lived and children's services managers. The overall results indicated that the initiative was very worthwhile. The lessons were a significant part of young people's lives. Possible effects on young people were divided into personal, instrumental and social. Benefits were reported from all parties concerning young people's self-esteem and self-confidence, as well as in forging close relationships with supportive adults. Driving would not be seen as a panacea for complex personal histories and structural problems, yet this small experiment suggests that driving lessons could be of disproportionate benefit and there is a moral obligation to provide them in any case.

INTRODUCTION

Greater attention in the UK is being given to the experiences of adolescents living away from home and being looked after by local authorities ('in care'). Public concern focuses upon social work services for younger children, particularly the child care tragedies (Parton & Berridge 2011). Child care legislation covers young people up to the age of 18 and 25 for qualifying care leavers, yet less attention has been given to this older age group for reasons including difficulties in providing appropriate services (Association of Directors of Children's Services 2013); autonomy and independence expressed by adolescents, who do not always conform to our expectations; and public ambivalence towards teenagers posing challenging behaviour (House of Commons Education Select Committee 2012).

Major concerns have been expressed about the quality of care offered to adolescents, but the situation

is even more troubling once they leave the care system. Statistics showing the over-representation of care leavers among the prison population, homeless and the unemployed make sobering reading (Stein 2012), although some young people from care do well. Pertinent questions have been asked about whether or not the corporate state can actually 'parent' (Bullock *et al.* 2006) and the enduring disadvantages facing those deprived of a normal family life.

This paper reports on an initiative in a city in the UK (Bristol) to assist a group of older adolescents living in residential homes. Supported by the AA Charitable Trust, it comprised providing driving lessons for a group of six young men. Its origins date back to a previous study of children's residential homes (Berridge *et al.* 2012, p. 93), in which a resident returned from a driving lesson and this was the first time this had been encountered by the researcher in over 25 years studying the residential sector. An online search uncovered no relevant previous research

involving driving lessons and the care population, and a handful of English authorities with formal policies (no doubt there are more). A number of questions arise: why do we not seem to provide this experience for young people who are the responsibility of the State, when we arrange it frequently for our own children? Is public care partial and conditional and are we prepared to go only so far: influenced perhaps by the historical legacy of the Poor Law system in the UK and principles of 'less eligibility', which restricted spending on individual children (Parker 1990)? As well as any specialist or therapeutic interventions that are required, we should also presumably provide what is normal and commonplace. An evaluation of the results of the initiative was planned from the outset, reported later.

RESILIENCE

Reactions to this initiative are often that it is somewhat unusual or unexpected. It is not so much that cars or driving is considered a 'silver bullet' to reverse deep-seated personal and structural problems. Nor is it a 'Clarksonesque' obsession with driving. (Jeremy Clarkson is a controversial presenter of the popular BBC television programme *Top Gear*, which depicts a rather 'macho' interest in driving, fast cars and competition.) Instead, the driving instruction was pursued for three main reasons. One, as mentioned earlier, is to view older residents as adolescents who should be given the opportunities available to all. A second reason was to undertake a form of 'social experiment' and to try something different. The social science literature on social experiments consists mainly of large-scale social interventions, such as with labour markets or early education (Greenberg & Shroder 2011). There are often also trials with a randomized element. The 'experiment' discussed here is more modest but is trying something new in an experimental sense and attempting to gauge the effects. Indeed, residential settings in the UK can often lack an overarching framework, purpose or meaning (Berridge *et al.* 2012) and there was interest in the broader effects on life in the residential homes. Although a much reduced sector than in the past, residents tend to be a very troubled and troublesome group (Berridge *et al.* 2012).

Another main interest in the driving lessons initiative was its possible theoretical implications. Empirical child welfare research in the UK has been criticized for lacking a strong theoretical basis (Berridge 2007) and Stein (2005) has made this point specifically for the leaving care field. Alongside attachment theory

(Stein 2005), the concept of *resilience* has probably had the most influence on UK child welfare research. Its general popularity has been increasing in the literature, although, interestingly for current concerns, it is reported that much previous research has been conceptual rather than empirical, with few evaluations of policy interventions (Ager 2013).

Rutter (2012) has led the way on resilience science. His starting point is how to explain the heterogeneity in human responses to adversity, including child abuse. Resilience is defined as '... reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences' (p. 336). Rutter (2006) saw resilience as a dynamic process rather than something that is fixed, although it can be constrained if severe early adversity has led to biological changes. There is a need to discontinue harmful influences from the past as well as create new opportunities. He identified that major 'turning points' in life can be a key to resilience and an altered adult trajectory: examples include marriage, joining the armed forces (which can also postpone hasty marriage) or educational success (Rutter 2013). In terms of resilience, as well as any intrinsic merits, they can act to neutralize existing risks and '... provide(s) new opportunities for constructive change' (p. 479).

Certain key themes emerge from the resilience literature, which are associated with improved outcomes for children experiencing early adversity. In common with the attachment literature, those who succeed have been found to have good social relationships, either as children or later in adulthood. This can stem from the secure attachment and unconditional support, linked to strong social support networks (Howe 1995; Stein 2012). In addition, a wide range of social roles can help to break from the past and lead to new opportunities.

Research has identified raised self-esteem as an important precursor for resilience (Rutter 1999). Particularly harmful parental behaviour towards children includes scapegoating (singling-out for blame), hostility and criticism. Heightened self-esteem and self-efficacy might counteract the effects of this and enable individuals to deal more confidently with life's problems. There is also evidence that strengthening instrumental and social skills, as well as leading to new work and other opportunities, enables individuals to feel more in control, plan for major life events and deal better with the emotional consequences (Rutter 2012). Young people who are looked after often express a sense of powerless, linked no doubt to their

earlier maltreatment and perceived rejection by families as well as lack of choices in their own upbringing (Stein 2012). Success in accomplishing tasks can help young people be more in control of life and improve self-direction. Individuals who successfully adapt have been found to have a greater ability to plan for the future. Limited exposure to risk in controlled circumstances can help to develop a greater sense of self-direction and become less fatalistic (Rutter 2012).

Criticisms of resilience

Luthar *et al.* (2000) identified a range of criticisms against researchers' use of the construct of resilience. These include variations in definition and conceptualisation, such as how positive adjustment is defined and in which domains should it occur. There has also been lack of clarity over whether resilience is considered a personality characteristic or a dynamic process: in emphasising its dynamic rather than fixed nature, the authors urge use of the term 'resilience' rather than 'resiliency' (Luthar *et al.* 2000, p. 546). Further criticisms concern variations in functioning across a range of domains, leading some to question whether resilience is a useful unifying concept or too diverse. Researchers have also adopted very different levels of adversity and competence in their studies, making them difficult to compare. Objective and subjective perceptions of risk can vary. Importantly, recovery from adversity is not necessarily consistent over time: resilience is not static – many researchers do not account for this. Despite these and other concerns, Luthar *et al.* (2000) concluded that resilience is a useful field of inquiry to pursue and many of these criticisms are more general problems in the social sciences. Greater scientific rigour is required, especially when social research leads to policy interventions with consequences for people's lives.

Resilience and care leavers

Older adolescents preparing to leave care often need considerable resilience to cope with the future, given the accelerated transitions they face and the harsh economic environment for young people. Particular approaches have been identified whereby individual and social resources can be strengthened. Stein (2005, 2012) described the challenge of leaving care as 'overcoming the odds' (*ibid.*) and identified stability as key in promoting resilience: both in terms of positive placements as well as having a warm and continuous relationship with a carer. He also highlighted a strong

identity as being important in planning for the future and being in control. Young people are more likely to feel in control of their lives depending upon their self-perception and if they have the opportunity to frame their own biography. Stein (2012) marked the importance of educational success, extra-curricular activities and leisure pursuits in widening social networks, promoting competencies and developing emotional maturity (p. 429). Self-care skills are important while avoiding the limited 'domestic combat courses' of the past (p. 430).

Gilligan (1999) has also written on older adolescents in care in Ireland from a resilience perspective. He emphasized the need to develop individual solutions for young people's difficulties and argued that leisure interests and activities can help provide a 'positive pathway' out of care and help to 'join or re-join the mainstream' (p. 187). He outlined a number of relevant case studies that demonstrate a transformative effect, including performing dance, choirs, care of animals, basketball, skiing, football and athletics. Gilligan argued that mentors can play an important role in supporting these social activities. Having sketched some relevant background factors, let us now turn to the driving initiative itself.

THE LEARNING TO DRIVE INITIATIVE

Methodology

As outlined earlier, the initiative involved six young people living in residential homes in the city, beginning in 2011. We wanted to see what could be learnt and undertook a qualitative investigation of the project. Clearly, in order to demonstrate if driving lessons provide conclusive benefits, a larger intervention would be required with a different research design involving quantitative or probably mixed methods. This was not required nor justified for this modest initiative, which instead was considered more of a pilot as well as to stimulate interest. Initial qualitative research can reveal participants' insights and meanings, useful for generating hypotheses for more detailed study.

The research objectives were fourfold: firstly, to examine the process of selection and preparation of young people for driving lessons; secondly, to investigate young people's perceptions of participating in the scheme; thirdly, gather staff views on the impact on young people and their 'outcomes'; and, finally, explore the impact of the initiative on peer groups and functioning of the residential homes involved. This

paper concentrates on the first three. Careful attention was paid to ethical considerations, particularly anonymity and confidentiality. Informed consent was important and young people were given full information about the research and were under no pressure to participate if they preferred not to (Economic and Social Research Council 2012). Young people were given token payments as gratitude for their involvement. Formal permission was obtained from the University of Bristol, School for Policy Studies Research Ethics Committee. With their permission, semi-structured interviews were undertaken with participants lasting up to an hour. These were recorded, transcribed and analysed using (NVivo) qualitative software.

The minimum age in England for driving is 17 and all but one of the six young people had left care when our interviews commenced. Care leavers can be an elusive group to track down but we eventually located and interviewed four of the six. One of the others was in a young offender's institution and contacting him was problematic; the sixth did not reply to our requests. Interviews were also undertaken with two service managers in the city with responsibility for residential services, as well as heads of the three homes in which the young people had lived. An important point to note at the outset is that the six participants are all young men – no young women took part. We were informed that at the time, there was not a large number of over-17 s living in residential homes and, of these, there was a preponderance of males. So the imbalance seems to relate to the residential population at the time rather than any gender discrimination.

FINDINGS

The clear, unequivocal message to emerge from the interviews was that the driving lessons had been very successful and worthwhile. Of the five young men for whom we had information, only one at the time of interview had passed his driving test. Three others were making good progress with their driving but found the car theory test a challenge (see below). James,¹ who passed his test, was full of praise for the opportunity he had been given:

Do you know what, actually all I would say is that everything went brilliantly, it really was. I couldn't think of anything to be improved really at all.

Calum agreed:

It was pretty brilliant I think really, there was nothing bad about it.

Professionals commented that it was: 'a very positive experience' (M1); 'completely, 100%, yes' (HH3);

I: And were they reliable, did the young people always turn up or did they miss . . . ?

HH1: There were one or two occasions through their hectic lives that they . . . but their driving lessons were a very important thing to them that they really wanted it.

The finding that only one young person had passed his test might appear disappointing, but those who had suspended their lessons intended to resume when they were older. They were discouraged in the short term by the prohibitive costs of buying and insuring a car and were in no position to proceed. James revealed that his first year's car insurance cost him £1900 (approximately US\$3200). Others sometimes preferred a motorcycle in the meantime and one head of home (HH1), in particular, remarked how the driving lessons had made Mikhail a much more responsible and safer motorcyclist. A manager (M1) observed that it could have been anticipated how the six young people would respond to the lessons:

Fairly predictable who wasn't probably going to be able to do it because their life wasn't sufficiently stable enough to allow them to engage. . . .

Although it was worthwhile for the six residents involved, another group might have had different results. The limited pool of over-17 s to select from influenced the overall pass rates.

Young people enjoyed and made progress with the driving but it was the theory test that was more often the stumbling block. (To drive a car in Britain, as well as the practical road test, learners need to pass a computerized, multiple choice test concerning road safety, traffic signs, etc., and a hazard perception test involving a series of video clips.) Young people in care do not always admit their shortcomings, especially to strangers, but our interviewees acknowledged that they had found the theory test difficult. Steven commented, 'Yes, I did take the theory test but I did fail twice. I just gave up on it . . . I found it quite hard really'. Mikhail said that it was the formula for calculating stopping distances that he struggled with. Steven expressed similar views:

I: The driving was easier was it?

S: Yes, for me, but I'm not that good with words and signs and theory.

I: So that was quite hard going?

A: Yes, I'm not as good at that kind of stuff, but I will be doing it though definitely, I will definitely do it at some stage.

Many young people living in residential homes have been identified as having special educational needs (approximately half in the Berridge *et al.* 2012 study) and they have often not had previous success at educational tests or examinations. Educational psychologists might be able to identify particular cognitive, social or other problems that young people in care are likely to face with online tests of this nature. Young people accessed a range of supports, including rehearsals for the theory test. However, the head of one home (HH1), despite young people's coaching, identified impulsivity with online tests, problems of anticipation and one person's dislike of enclosed spaces in attending the test centre. Special arrangements can be made at test centres for certain learning difficulties but it did not seem that this was routinely pursued in these cases or if other social or psychological problems could be taken into account. This is important especially given the stringent nature of the car theory test (reassuringly no doubt): the national pass rate is just over half, down from two-thirds in the past five years (Government of UK 2014). More women pass (55%) than do men (49%). Residents do not always cope well with failure and this will require very careful preparation.

Impact on young people

So, overall, the driving lessons were perceived as successful but what were thought to be the specific benefits for young people? James thought that the experience 'definitely' affected him. His former head of home commented that 'He loved it'. Steven agreed: 'Yes, it was definitely useful'.

A range of benefits were identified which overlap but can be divided into *personal*, *instrumental* and *social*. HH1 supported three young people taking part at different stages. He summarized the effects and insisted that learning to drive was probably the most important factor in their lives at the time:

I: Did they enjoy the lessons?

HH1: Yes, really did, and got a good feeling when they came back from a lesson, especially if it had gone well, they were full of themselves; full of, like, 'one of my instructors said oh yeah I did well and I reckon that I can feel I've done better'. Also they'd become despondent if they didn't do so well as well and they'd want to talk about it, they talked to staff about driving and it was a major conversation, major talking point and the most important thing in their lives at the time.

A sense of *pride* in their achievements was evident in the responses from other young people and their careers. Mikhail was probably the best example.

Mikhail: On the fifth lesson I got there and the care workers at the care home watched me pull off and everything, they all came outside because they wanted to see.

I: How did that feel?

Mikhail: It felt a bit weird because I was thinking in my head I was going to stall the whole time, I was thinking don't stall.

I: You didn't?

Mikhail: No, I didn't, I pulled off pretty well.

I: Did you feel good about that?

Mikhail: Yes, I felt pretty good about it, but I had to try and stay serious. . . .

I: That must have been a nice feeling to have people seeing you?

Mikhail: Yes, just to think that people have actually seen me drive, and they've seen me do it properly and not in a stupid manner or anything.

I: That's a nice thing to do, nice achievement.

Mikhail: Yes it was.

His head of home confirmed this account and added that on returning from his lessons:

Fantastic, fantastic, particularly with (Mikhail) . . . it was really proud . . . Absolutely thrilled, really really happy and confident and just, yes, just thrilled that (he'd) achieved it really.

There was a general feeling that young people's *self-esteem and self-confidence* had benefitted from the driving. Mikhail made an interesting observation about his confidence level:

Mikhail: Yes, it's made me confident, but also it's made me less confident to take risks, but more confident to choose the right one if that makes any sense.

The heads of homes all independently agreed that participation had helped boost young people's self-confidence, for example:

HH1: It really did. That's absolutely genuinely, you could see that . . . it gave people with no self-confidence, no ambition or drive, something to think, hang on a minute, I could do something, I could, you know, there's a bit of hope there, a glimmer of, if I could achieve this . . . Yes I think it was a huge positive.

HH2: I think he benefited in confidence, because he's not somebody who had done very well academically, and I think it gave him quite a boost in his confidence, and to achieve something. Also he achieved it fairly quickly . . . He was very proud of passing, he came and told us all about it, he was also able to tell his girlfriend's parents that he'd achieved something as well and I think that was very important to him.

Other personal benefits identified for young people included contributing to a greater sense of *maturity*. James explained this:

James: I feel more grown-up now than I used to.

I: How do you mean (James)?

James: For example, I could go to a job interview, and they can say, 'Can you get here?' I was like, 'Yes I've got a car.' It's just more convenient as well, I feel like I can do a lot more . . . Yes, it helps me with my independence big time.

The head of a different home (HH3) put it this way: 'I think (it) helps them grow, it helps them grow and mature, definitely'.

HH1 identified other related benefits for his three drivers. One was to provide a goal and a source of *motivation*:

HH1: And it gave a goal, it gave a drive and it gave a positive goal to aim for, so that's quite a major thing for a young person in care . . . Yes . . . it definitely gave a fresh new hope . . . It was a good conversation point, it was a good motivator, when things were really tough with their lives and they were really upset and really down, it was something still to look forward to, something to hold on to, the fact that they were doing something positive.

HH3 referred to how the driving helped strengthen her residents' 'vision for the future'. It can be difficult for those outside social work to comprehend the stresses that children in care have endured. One participant in the scheme was being texted death threats from family members. A belief in a better future could help counteract feelings of despondency. Also, in relation to future goals, HH3 identified James' tendency not to complete tasks, so passing his driving test within 6 months was a major achievement.

The main *instrumental* benefit of the driving lessons was perceived by young people as the possibility of improving job opportunities. For example:

I: Do you think that driving is something that should be made more widely available to care leavers, and young people in care?

James: Definitely, it would give them a very good start in life, and it opens a lot more doors if you can drive.

The driving experience was directly linked with career opportunities for three of the young people. Two are pursuing careers with the police; strengthened, it was said, by being able to see themselves driving. One had become a special constable and the other aimed to train as a police dog-handler. For James, passing his test was linked to him finding a new job as a social care support worker, in which he used his car during the day.

The third group of benefits highlighted in interviews were more *social* in nature. It was clear that young people accessed a wide variety of support from residential staff for their driving and studying for the theory test. There was interest across the staff group but also it promoted individual relationships with key workers or others. For example:

I: Did you get much help or support in the unit about all of this? Did people do much?

Mikhail: They were trying to help me with the road signs and everything. And I had one member of the care home staff team they used to sit down with me and help with the road signs and . . . the practice for the theory test . . . Yes they did encourage me to do that quite a lot, yes.

James concurred:

I: Were they interested in this, in what you were doing, or could you have done with . . . ?

James: They were very interested, in fact I can remember one member of staff when I walked in with [name of staff member] and said that I had passed she actually screamed and said well done, she was very impressed.

Staff and manager interviews gave a similar picture. M1 commented how homes used the training DVD and quizzes with the whole resident group not just those directly involved. There were many other opportunities and activities available for residents which encouraged staff-resident relationships and the driving added to this. HH3 observed how the driving lessons enabled staff to get more involved in young people's lives and for staff to share their own driving experiences:

I: Has it affected at all the two in their relationships with staff or social workers or adult support?

HH3: I think it just enhances it because it just, they feel a lot more mature, so I think . . . it enhances it, it gives them another connection, another area of conversation to talk about and it's something, most people drive so it's something they can always relate to.

HH1 commented specifically that the driving facilitated the young people's relationships with their key workers, when they sat down for their regular, more detailed discussions about how their lives were progressing:

I: Did the young people access much support in the unit about the theory tests?

HH1: They got lots of support from staff, lots of support from their key workers, and to be honest for quite a few months it was the only thing that they wanted to talk about was their lessons and getting a car . . . it was a good conversation point, a good motivator.

The following extract from a head of home illustrates two further perceived benefits of the driving.

HH3: I think it just really helps with their child development, so they do see themselves as the older young people . . . it helps them be good role models really towards the younger members, and what I have noticed is the younger ones will say, 'oh yes, as soon as I'm 17 I'm going to get my provisional' [learner's driving license], so they can see . . .

I: So some others have said that?

HH3: Yes.

I: And do you think that would have happened before this?

HH3: No not at all. I've worked here for the last 10 years and . . . the young people wouldn't have seen themselves being able to drive, getting their 'provisional'.

I: And do you think that has a benefit?

HH3: Completely . . . A vital part, a vital part of being included in society.

HH3 identified a 'role model' impact, whereby some younger residents were motivated to aim to become drivers themselves. She also alluded to social inclusion benefits of driving: a skill owned by many adults, which allows them to participate more fully as citizens. HH1 made a related point, seeing the ability to drive as an important symbolic transition for these young people. M1 expressed it this way:

M1: It moves you on a step, you're suddenly a grown-up aren't you when you can drive . . . It's a big transition, and for our young people who perhaps don't make transitions quite as straightforward, so they don't go from school to university or from school to college necessarily, this is another transition that makes some sense.

H1 referred to one resident whose goal was to turn up one day at the unit 'in a big new car'. This young man particularly wished to impress his father and brother by being able to drive. It was perceived as a status issue. Indeed, HH1 said that, of his current group, he could think of only one birth parent or sibling who could drive.

We had wondered at the outset if participating in the initiative might have any educational benefits, e.g. encouraging young people to attend college or school more regularly or to study harder. Most applied themselves practising for their theory test as we have seen. However, it was not perceived that there were particular educational benefits: participants were attending college or on apprenticeships and the motivations were mainly vocational rather than educational. Having transport to a place of work was also seen as an advantage. Heads of homes saw the main educa-

tional dimensions as residents, who had not succeeded academically, now had an opportunity to acquire a new skill with important associated advantages; and that the absence of educational qualifications might not be as much of an impediment as they had previously perceived.

Overall, we also wondered if there were any *disadvantages* for young people who participated. Indeed, learning to drive could be stressful and failure might reverberate. In fact, no disadvantages were reported. Those who failed their theory tests could be upset and disappointed, yet staff provided reassurance and it seemed not to discourage repeat attempts. Although only one of the six had passed his test when we enquired, considerable general benefits were perceived in being selected for the lessons; its symbolism as a widespread adult activity; and the satisfaction derived from being able to actually drive a vehicle assisted by an instructor.

We did not gather detailed information about, or from, the driving instructors. It is unknown if they were selected especially for this group of pupils; how much they knew about their care status; or how these learners compared with their other diverse clientele. Learning to drive no doubt exposes many of us. Instructors were praised by the young men and staff for their skills, professionalism and patience. Indeed, James praised his former instructor for qualities that many of us would take for granted in our social relationships: punctuality, reliability and respect.

I: What was good about him?

James: He was on time constantly. If he couldn't make the lesson he would phone me plenty of time before. He was very patient with me from the start to the finish . . . he was fantastic . . . I would recommend him to anybody.

DISCUSSION

The interview data has a number of implications. At a practical level, there are lessons for how the initiative could be improved in the future. Given a longer time-scale and wider choice, professionals felt that selection of participants could be better targeted: success could have been predicted from knowing what else was currently occurring in young people's lives and how they were coping. There are also important messages about the theory test element, which is where participants mainly came unstuck. Better awareness of the 50-50 national pass rate might allow for more realistic preparation and help avoid undue disappointment. There could also perhaps be discussions

with test centres about practical arrangements for the test, including time allowed, and for some of those lacking confidence or with learning difficulties, being accompanied by a carer. No doubt there are other practical suggestions.

From a social science perspective, it is interesting to relate the results to the resilience theory discussed earlier. Many ideas were raised but numbers were limited and it is sensible to keep to those which were strongest and resonate most closely with the theory. We did not expect, and there was no real evidence that the driving had served as a 'turning point' across the group of young people (Rutter 2013). The possible exception is the one young man ('James'), for whom the experience seems to have had something of a transformative effect. As well as other personal and social benefits, for him being able to drive led directly to a better job, which was local and with more pay. Asked if being able to drive had made much of a difference to his life, he had replied, 'Yes, big time' and we should not question his judgement.

There are two main areas where the driving produced results that were consistent with the body of resilience theory. Firstly, at a personal level, there was a general view that the experience often helped boost young people's self-esteem and self-confidence. For residents, this seemed to stem from being selected; trusted to undertake a challenging and potentially dangerous activity; and successfully controlling a vehicle. It gained them status in the eyes of their peers and others. Heightened self-esteem has been associated with stronger resilience (Rutter 2012). A more positive sense of self might lead to a reappraisal of one's biography and a more confident basis for dealing with life's problems.

The second main result was that the driving lessons led to closer social relationships between young people and staff. Clearly, this could arise also from other joint activities but the driving lessons seemed to promote it strongly. This is important from an attachment perspective (Howe 1995; Stein 2005) and could lead to residents seeking adult advice and support for life's other challenges. Young people can be loathe to trust and confide in adults and no doubt for some this has been a useful protective mechanism against past inconsistency, rejection, neglect and abuse. However, this avoidance might have served its usefulness and is a pattern that needs to be unlearned in order to benefit from future opportunities.

A further interesting finding of this initiative is one that was not found in the resilience theory outlined earlier. This concerns the possible social inclusion

benefits of learning to drive. It was not something that had been anticipated and so not an issue that our questioning probed. Yet heads of homes identified advantages of participating in a widespread, adult activity. One defined driving as a symbolic transition to adulthood, which is otherwise problematic. At an instrumental level, of course, having the skill of driving could lead to employment opportunities and greater financial security (as with James). The experience and outcome of learning to drive – as a common, adult undertaking – might also help mitigate some of the psychological and social effects of stigma that so pervade the care system and are felt acutely by care leavers (Stein 2012). These ideas merit further exploration.

CONCLUSION

We should reiterate that this was a modest initiative involving only six young men living in residential homes in one city. The evaluation was qualitative, based upon young people's, heads of homes' and managers' accounts, with the advantages and limitations of this method. To test whether driving lessons are worth pursuing more widely for care leavers, compared with other cost-effective approaches to attain the same objectives, would require a different research design: probably a larger, randomized trial with a longer follow-up element. It should also be noted that no young women were involved and it would be useful to explore this.

Nevertheless, on the current evidence, providing driving lessons for the small group involved here seemed very worthwhile. We should pursue more innovative ideas that do not entail risks. Only one young man had passed his test, but a range of personal, instrumental and social advantages were suggested. Consistent with the resilience literature, it appeared that there was a particular payoff with young people's self-esteem and self-confidence, as well as in forging or reinforcing social relationships with supportive adults. It also raised interesting issues concerning social inclusion and stigma. The driving lessons were a very significant factor in young people's lives at the time and no negative consequences were reported.

Providing driving lessons is something that many families face up to and there seems no justification for excluding those for whom the State assumes parental responsibility. It might be that foster carers are more proactive and yet these figures are unknown. There could be parallels involving other areas of activity

which impinge on resilience: e.g., another study of the residential sector found hardly any young people with part-time jobs (Berridge *et al.* 2012, p. 93). Some would identify funding as a barrier and driving lessons often strain family resources. However, an estimated average cost of £1000 for lessons to pass the driving test (Automobile Association 2014) equates to barely two days' [*sic*] funding of a residential place. The cost of being driven around for two hours by a driving instructor roughly equates to being looked after by residential staff over the same duration.

Clearly, we should not assume that driving lessons are a panacea for complex personal histories. Yet this small social experiment suggests that driving lessons could be of disproportionate benefit and there is a moral imperative to provide them even if they were not.

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NOTE

1 Young people's names have been anonymized. Professionals are referred to using initials: service managers are M1 and M2; and heads of homes HH1, HH2 and HH3. 'I' is interviewer.