BROOKLANDS EXPERIMENT

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Date(s): Conducted c. 1958-1963; Documented 1964
Location(s): Brooklands and Dromore Road, near London, England

1. Summary

The Brooklands Experiment, formally documented in 1964 by New Zealand psychologist Jack Tizard, stands as a seminal piece of research in the field of institutional care reform, particularly concerning children with severe learning disabilities. This study was revolutionary for its time, directly challenging the deeply entrenched belief that large, impersonal institutions provided the necessary or best environment for children labeled as having severe mental retardation. Tizard's work meticulously demonstrated that environmental enrichment and a nurturing, family-like setting could lead to measurable and significant developmental improvements, surpassing those observed among control groups who remained in standard institutional wards. The experiment not only provided robust empirical evidence against the prevailing model of large-scale segregation but also laid the foundational groundwork for modern community care policies adopted across the Western world, emphasizing normalization and integration.

The core methodology involved the comparison of developmental outcomes in two distinct residential settings. One group of children, characterized by severe intellectual impairments (average IQ of 25), was moved from the drab, understaffed institutional setting into small, purpose-built residential units--specifically, the Brooklands and Dromore Road homes--designed to emulate a typical family structure. These units, staffed by carefully selected and trained care providers, offered a substantially higher staff-to-child ratio, individualized attention, and greater environmental stimulation, including planned educational activities. The positive findings derived from this comparison provided irrefutable evidence that cognitive and social progress was critically dependent on the quality of the immediate social and physical environment, not solely on the fixed nature of the disability itself.

2. Background and Context of Institutional Care

Prior to the 1960s, the predominant model for caring for individuals with significant intellectual disabilities in the United Kingdom and much of Europe and North America was the large, segregated institution, often referred to as an asylum or colony. These massive facilities were typically located far from urban centers, fostering isolation and minimizing public interaction with the residents. The philosophical underpinning of this system was primarily custodial, focusing on managing large populations efficiently rather than fostering individual development or rehabilitation. Resources were scarce, staff training was often rudimentary, and the environment was characterized by monotony, regimentation, and a profound lack of intellectual or emotional

stimulation.

Psychological thinking during this era often held a deterministic view regarding severe intellectual disability, assuming that developmental potential was fixed and minimal, justifying the low investment in educational or therapeutic programs within institutional settings. Critics, however, increasingly recognized that institutional environments themselves were contributing to, if not causing, profound secondary disabilities, including social withdrawal, lack of communication skills, and reliance on self-stimulatory behaviors. The concept of "institutional neurosis"--a set of behaviors caused purely by the deprived environment--was gaining traction, necessitating empirical investigation into whether environmental modification could truly counteract years of neglect and deprivation.

It was within this historical context of systemic failure and emerging critique that Jack Tizard, working at the Maudsley Hospital in London, embarked on the Brooklands study. Tizard was part of a growing movement of researchers who believed that observed deficits in institutionalized children might be artifacts of the environment rather than immutable characteristics of their condition. The Brooklands Experiment was strategically designed not just to observe existing conditions, but to actively manipulate the environment to test the hypothesis that improved social and personal care would unlock dormant developmental capacities, thereby serving as a powerful challenge to the status quo of institutionalization.

3. Methodology and Design

The Brooklands Experiment employed a controlled comparison design, a sophisticated approach for social research at the time. The initial cohort involved sixteen children with severe learning disabilities, drawn from a large residential institution. These children had a mean age of seven years and a notably low average IQ score of 25, indicating profound intellectual challenges. The study aimed to assess the impact of moving half of this cohort into a vastly superior, experimental living situation while keeping the remaining children in the traditional institutional setting as a control group for comparison.

The experimental conditions involved relocating eight children to two adjacent, small, domestic-style houses known as Brooklands and Dromore Road. These houses were intentionally designed to feel like typical homes rather than hospital wards. Crucially, the operational model was centered on creating a high-quality, family-like atmosphere. The staff-to-child ratio was dramatically improved compared to the institution, and the care staff, which included individuals referred to as "house mothers," received specialized training focused on developmental stimulation, emotional responsiveness, and providing consistent, individualized interaction. This environmental intervention included daily routines, trips outside the home, and access to educational toys and materials, which were largely absent in the institutional environment.

Rigorous psychological assessments were conducted periodically on both the experimental group and the institutional control group. These assessments focused on key developmental domains, including cognitive abilities (measured via standardized IQ tests), language development, social competency, and adaptive behavior skills such as dressing, eating, and communication. The careful establishment of equivalent control and experimental groups at baseline, coupled with the systematic measurement of outcomes over time, allowed Tizard to attribute differences in progress directly to the environmental changes, bolstering the internal validity and persuasive power of the final findings documented in 1964.

4. Key Findings and Outcomes

The results of the Brooklands Experiment provided compelling empirical evidence that contradicted the prevailing pessimism surrounding the developmental potential of children with severe intellectual disabilities. The children who were moved into the small, family-style homes demonstrated significantly greater developmental gains compared to those who remained in the traditional institutional environment, even after controlling for baseline differences. This progress was not limited to adaptive daily living skills but extended, crucially, into measurable improvements in cognitive function and communication abilities.

Specifically, the children in the Brooklands and Dromore Road homes showed substantial increases in their social competence and were observed engaging in more complex forms of play and interaction. The enriched environment fostered greater verbal output and receptive language skills. While the institutionalized control group remained largely static or showed minimal improvement, the experimental group continued to progress, demonstrating that developmental stagnation was an artifact of the custodial setting, not an inevitable consequence of their disability. This outcome forcefully argued that the environment played a decisive, mitigating role in the manifestation of severe intellectual disability.

Furthermore, the study addressed the practical viability of small residential units. Tizard demonstrated that these high-quality, specialized settings could be operated effectively and, critically, did not necessarily incur prohibitive costs compared to maintaining large, often inefficient, long-stay institutions when factoring in the human cost of developmental decline. The observed improvements in functioning meant that the children required less intensive support over time in certain areas, suggesting long-term societal and economic benefits associated with early, high-quality intervention. These findings became foundational for the shift toward community-based residential services globally.

5. Role of Jack Tizard

Professor Jack Tizard (1913-1979) was the primary architect and driving force behind the

Brooklands Experiment. A highly influential New Zealand-born psychologist working in the United Kingdom, Tizard dedicated his career to improving the educational and social provision for children with disabilities. His work was characterized by a rigorous scientific approach combined with a profound humanistic concern for the well-being and rights of marginalized populations. Tizard's decision to undertake a comparative intervention study, rather than merely observational research, was a bold move that required securing funding, designing new residential units, and managing complex ethical and logistical challenges associated with transferring institutionalized children.

Tizard's enduring contribution lies in providing the empirical bedrock necessary for systemic change. Before Brooklands, arguments for closing large institutions often rested on ethical or anecdotal grounds; Tizard provided the quantifiable, scientific proof that environmental quality had a direct, measurable impact on intellectual and social development, even in severe cases. His subsequent publications and advocacy efforts, including the seminal 1964 documentation, disseminated these findings widely among policymakers and professionals, forcing a re-evaluation of national care strategies.

His influence extended far beyond the single experiment. Tizard later played a key role in the development of sophisticated research methodologies in social care and established the Tizard Centre at the University of Kent, which continues to be a world leader in teaching and research concerning intellectual disability and community care. The Brooklands Experiment is consistently cited as the single most important intervention study of the post-war era that led directly to the concept of **deinstitutionalization**.

6. Consequences and Impact on Policy

The publication of the Brooklands findings served as a powerful catalyst for change in health and social policy across the UK and internationally. The study provided conclusive evidence that institutional care was detrimental and environmentally impoverished, prompting government reviews and generating significant public pressure to reform the outdated asylum system. The concept of **normalization**--the idea that people with disabilities should live lives as close as possible to those of the non-disabled majority--gained scientific validation through Tizard's work.

In the United Kingdom, the Brooklands Experiment directly influenced major legislative reforms, including the shift towards local authority care provision and the eventual systematic closure of the large mental deficiency hospitals that had defined care for decades. Policymakers utilized the positive outcomes of the small, family-like homes to justify investment in community residences, group homes, and supported living arrangements, thereby promoting the philosophy of deinstitutionalization. The study moved the focus of care from mere custody to developmental potential and quality of life.

Globally, Tizard's research became mandatory reading for professionals in developmental

psychology, social work, and special education. It provided models for best practice in residential care, emphasizing high staff ratios, personalized attention, and integration into the community. The results demonstrated that even individuals with profound disabilities could benefit immensely from supportive, stimulating environments, fundamentally altering the expectations society held for this population and paving the way for disability rights movements centered on choice and integration.

7. Criticisms and Limitations

While overwhelmingly positive in its historical impact, the Brooklands Experiment has faced minor criticisms, primarily related to its small sample size and the necessary ethical constraints inherent in such intervention studies. Critics sometimes note that the sample size of sixteen children, split across two groups, limits the statistical power and generalizability of the findings to the entire population of institutionalized children. However, this is often counterbalanced by the observation that the magnitude of the measured difference between the groups was so large that the finding remains robust despite the small N.

A second point of discussion revolves around the sustainability and cost-effectiveness of the experimental homes. The Brooklands setup involved highly dedicated staff and a significantly higher staff-to-child ratio than typical institutions. Implementing such an intensive model nationwide posed significant resource challenges. While Tizard argued that the improved outcomes ultimately justified the costs, subsequent community care programs often struggled to replicate the high quality of care and staffing levels achieved in the original experimental units, leading to variations in success during the massive wave of deinstitutionalization that followed.

Furthermore, from a modern ethical standpoint, some might critique the inherent power imbalance and the selection criteria utilized in the 1960s study, though it was considered highly progressive for its era. Despite these limitations, the fundamental conclusion--that the environment profoundly shapes the development and well-being of individuals with severe intellectual disabilities--remains universally accepted, securing the experiment's place as a cornerstone of modern social care research.

Further Reading

Wikipedia entry for Jack Tizard
Tizard Centre, University of Kent Official Website
Tizard, J. (1964). Community services for the mentally handicapped. British Medical Journal, 2(5400), 1041-1045.