

# Policing Anti-Social Behaviour: The WMP Experiments

## Crim-PORT 1.0:

*Criminological Protocol for Operating Randomized Trials*  
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**INSTRUCTIONS:** Please use this form to enter information directly into the WORD document as the protocol for your registration on the Cambridge Criminology Registry of EXperiments in Policing Strategy and Tactics (REX-POST) or the Registry of EXperiments in Correctional Strategy and Tactics (REX-COST).

### **CONTENTS:**

1. Name and Hypotheses
2. Organizational Framework
3. Unit of Analysis
4. Eligibility Criteria
5. Pipeline: Recruitment or Extraction of Cases
6. Timing
7. Random Assignment
8. Treatment and Comparison Elements
9. Measuring and Managing Treatments
10. Measuring Outcomes
11. Analysis Plan
12. Due Date and Dissemination Plan

### **1. Name and Hypotheses**

A.. **Name of Experiment** Policing Anti-Social Behaviour: The WMP Experiments.

B. Principal Investigator (Name) Lawrence Sherman

(Employer) Cambridge University

C. 1st Co-Principal Investigator (Name) Alex Murray  
(Employer) West Midlands Police

D. 2d Co-Principal Investigator (Name) Heather Strang

(Employer) Cambridge University

E. **General Hypothesis:** A victim-focused problem solving process delivered by a dedicated unit to repeat ASB complainants results in fewer repeat calls to police, and

greater victim satisfaction with police, than referring the same kinds of cases to a neighbourhood policing unit.

**F. Specific Hypotheses:**

1. List all variations of treatment delivery to be tested.
2. List all variations of outcome measures to be tested.
3. List all subgroups to be tested for all varieties of outcome measures: All substantial demographic categories in the final sample.

**2. Organizational Framework:** Check only one from a, b, c, or d

- A. **In-House** delivery of treatments, data collection and analysis \_\_\_\_\_  
B. **Dual Partnership:** Operating agency delivers treatments with independent research organization providing random assignment, data collection, analysis\_\_\_\_\_

Name of Operating Agency West Midlands Police  
Name of Research Organization\_\_\_\_\_

- C. **Multi-Agency Partnership:** Operating agencies delivers treatments with independent research organization providing random assignment, data collection, analysis\_\_\_\_\_

Name of Operating Agency 1\_\_\_\_\_

Name of Operating Agency 2\_\_\_\_\_

Name of Operating Agency 3\_\_\_\_\_

Name of Research Organization\_\_\_\_\_

- D. **Other Framework** (describe in detail). Two Local Policing Units (LPUs): Birmingham South (1 sergeant and 6 PCs) and Coventry (1 sergeant, 1 PCSO and 3 PCs); one central coordinator (sergeant).

**3. Unit of Analysis**

Check only one

- A. People (describe role: offenders, victims, etc.) Callers about ASB  
B. Places (describe category: school, corner, face-block, etc)\_\_\_\_\_  
—C. Situations (describe: police-citizen encounters, fights, etc.)\_\_\_\_\_

\_\_\_\_D. Other (describe)\_\_\_\_\_

4. **Eligibility Criteria.** Any victim who has reported an ASB incident to police and who has also reported an ASB or similar incident in the past 12 months, or has reported one ASB incident and is deemed vulnerable by relevant authorities.

**A. Criteria Required** (list all) Must be identified, personal, and not corporate, victims.

**B. Criteria for Exclusion** (list all)

- Victims for whom there is an existing intervention in place by FTU or control.
- Victims already randomized and case closed in the experiment to date.
- Incorrect classification as ASB.
- ASB incident did not occur within the LPU
- Corporate victims

**5. Pipeline: Recruitment or Extraction of Cases** (answer all questions)

- A. Where will cases come from? CRIMES system daily output to the Docu-Trak system (In Birmingham South, an analyst compares OASIS logs to crime-numbered cases to pick up any discrepancies, which are then recorded as (noncrime) crime incident; Coventry does not sue this system and relies on responding officer's decision to record incidents as crime or not.)
- B. Who will obtain them? Field Test Unit (FTU) Team Leaders or their 2IC.
- C. How will they be identified? All ASB noncrime numbers
- D. How will each case be screened for eligibility? FTU Team Leaders
- E. Who will register the case identifiers prior to random assignment? FTU Team Leaders will record information with Cambridge, either by email or on a secure encrypted website.
- F. What social relationships must be maintained to keep cases coming? Control group neighbourhood teams will be informed of cases randomly assigned to the FTU, in order to avoid proactive working on FTU cases; reactive responses will not be affected.
- G. Has a Phase I (no-control, “dry-run”) test of the pipeline and treatment process been conducted? If so,
  - how many cases were attempted to be treated 38 in Coventry; \_\_\_\_in Birmingham South
  - how many treatments were successfully delivered 38 in Coventry
  - how many cases were lost during treatment delivery? None

**6. Timing:** Cases come into the experiment in (check only one)

- A. A trickle-flow process, one case at a time
- B. A single batch assignment
- C. Repeated batch assignments
- D. Other (describe below) \_\_\_\_\_

## **7. Random Assignment**

A. How is random assignment sequence to be generated?  
(coin-toss, every Nth case, and other non-random tools are banned from CCR-RCT).

*Check one from 1, 2 or 3 below*

- 1. Random numbers table → case number sequence → sealed envelopes with case numbers outside and treatment assignment inside, with 2-sheet paper surrounding treatment \_\_\_\_\_
- 2. Random numbers case-treatment generator program in secure computer
- 3. Other (please describe below) \_\_\_\_\_

B. Who is entitled to issue random assignments of treatments?

Role: Cambridge Computer (programmed by Dr. Barak Ariel) OR email to Dr. Ariel

Organization: Cambridge, Jerry Lee Centre

C. How will random assignments be recorded in relation to case registration?

- Cambridge computer will record random assignment to FTU or NHT
- Separate allocations for Coventry and Birmingham South
- FTUs will keep independent Excel records of their cases

Name of data base: FTU Team Leaders will make DOCU-TRAK allocations of ASB noncrime numbers to implement the Cambridge random assignment to either the FTU or the NHT (Neighbourhood Team).

Location of data entry: FTU offices

Persons performing data entry: FTU Team Leaders

## **8. Treatment and Comparison Elements**

### **A. Experimental or Primary Treatment**

- 1. What elements must happen, with dosage level (if measured) indicated.

Element A: Listen to victim in face-to-face meeting if possible; if by phone only try to arrange second meeting to be face-to-face

Element B: Officer helps to develop a Problem-Solving Approach: what is the problem, what responses are possible and likely to work, what effect does implementing the responses appear to have on the problem?

Element C: Officer and victim jointly develop an action plan, in writing, that is filed with the FTU team leader.

Element D: Officer (and victim, if applies) carry out action plan

Other Elements: Officer and victim assess effectiveness of action plan; if not effective, return to element B; if effective agree upon exit plan.

Final Element: FTU closes case when ready.

2. What elements must **not** happen, with dosage level (if measured) indicated.

Element A:

Element B:

Element C:

Other Elements:

### **B. Control or Secondary Comparison Treatment**

3. What elements must happen, with dosage level (if measured) indicated.

Element A: NHT must be notified they are responsible for each control case via DOCU-TRAK

Element B: NHT should progress their cases as usual

Element C:

Other Elements:

4. What elements must not happen, with dosage level (if measured) indicated.

Element A: NHT and ASB units must not do anything out of the ordinary, compared to procedures prior to the experiment

Element B: NHT must not adopt the methodology of the FTU treatments.

Element C:

Other Elements:

## **9. Measuring and Managing Treatments**

### A. Measuring

1. How will treatments be measured? Normal Reporting forms for FTU and NHT (WC200 & 202); special one-page form and action plan for FTU only.
2. Who will measure them? FTU reporting officers; Cambridge will code WC forms)
3. How will data be collected? By standard WMP reporting systems and FTU leaders
4. How will data be stored? DOCU-TRAK and FTU offices
5. Will data be audited? Yes
6. If audited, who will do it? FTU Team Leaders and Cambridge
7. How will data collection reliability be estimated? Cambridge calculations
8. Will data collection vary by treatment type? Yes, as above.

If so, how? See above.

### B. Managing

1. Who will see the treatment measurement data? Anyone reading DOCU-TRAK
2. How often will treatment measures be circulated to key leaders? Monthly.
3. If treatment integrity is challenged, whose responsibility is correction? Mr. Murray.

## **10. Measuring and Monitoring Outcomes**

### A. Measuring

1. How will outcomes be measured? All cases, X and O
  - a. repeat calls from caller
  - b. victim interviews—satisfaction and PTSS by IES
  - c. crimes against callers
2. Who will measure them? WMP records and survey research firm
3. How will data be collected? By WMP
4. How will data be stored? In WMP secure computers
5. Will data be audited? No
6. If audited, who will do it?
7. How will data collection reliability be estimated? N.A.
8. Will data collection vary by treatment type? See above

If so, how?

#### B. Monitoring

1. How often will outcome data be monitored? Weekly by Cambridge
2. Who will see the outcome monitoring data? Cambridge.
3. When will outcome measures be circulated to key leaders? Monthly
4. If experiment finds early significant differences, what procedure is to be followed? Discuss with leaders.

### 11. Analysis Plan

- A. Which outcome measure is considered to be the primary indicator of a difference between experimental treatment and comparison group? Victim satisfaction.
- B. What is the minimum sample size to be used to analyze outcomes? 800 per experiment; 400 FTU cases and 400 NHT, each, in Coventry and Birmingham South.
- C. Will all analyses employ an intention-to-treat framework?  
Yes
- D. What is the threshold below which the percent Treatment-as-Delivered would be so low as to bar any analysis of outcomes? 60%
- E. Who will do the data analysis? Dr. Ariel with co-Principal Investigators
- F. What statistic will be used to estimate effect size? Cohen's D
- G. What statistic will be used to calculate P values? T test
- H. What is the magnitude of effect needed for a  $P = .05$  difference to have an 80% chance of detection with the projected sample size (optional but recommended calculation of power curve) for the primary outcome measure.  $D = 0.2$

### 12. Dissemination Plan

- A. What is the date by which the project agrees to file its first report on CCR-RCT? (report of delay, preliminary findings, or final result).
- B. Does the project agree to file an update every six months from date of first report until date of final report?
- C. Will preliminary and final results be published, in a 250-word abstract, on CCR-RCT as soon as available?
- D. Will CONSORT requirements be met in the final report for the project? (See <http://www.consort-statement.org/>)

- E. What organizations will need to approve the final report? (include any funders or sponsors).
- F. Do all organizations involved agree that a final report shall be published after a maximum review period of six months from the principal investigator's certification of the report as final?
- G. Does principal investigator agree to post any changes in agreements affecting items 12A to 12F above?
- H. Does principal investigator agree to file a final report within two years of cessation of experimental operations, no matter what happened to the experiment? (e.g., "random assignment broke down after 3 weeks and the experiment was cancelled" or "only 15 cases were referred in the first 12 months and experiment was suspended").