Operation Turning Point: an experiment in "offender desistance policing"

West Midlands Police and Cambridge University

Crim-PORT 1.0:

Criminological Protocol for Operating Randomized Trials

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

1.1 **Name of Experiment:**

Operation Turning Point: a randomized trial of "offender desistance policing" in the West Midlands Police area

1.2 **Principal Investigator:**

1.2.1 (Name) Peter Neyroud

1.2.2 (Employer) University of Cambridge

1.3 **1st Co-Principal Investigator:**

1.3.1 (Name) Professor Lawrence W. Sherman

1.3.2 (Employer) Universities of Cambridge and Maryland

1.3.3 2d Co-Principal Investigator

1.3.4. (Name) Barak Ariel

1.3.5. (Employer) University of Cambridge

1.4 **General Hypothesis**:

Offenders who have not been previously been convicted at court, but whom the police would otherwise charge for prosecution, can be more cost effectively dealt with by police-led offender management than by prosecution, subject to a condition of the certainty of prosecution in the event of reoffending or breaking an agreed "contract" about their conduct.

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1.5 Specific Hypotheses:

1.5.1 List all variations of treatment delivery to be tested:

1.5.1.1 All those arrestees randomly selected for treatment will have a rapid (within 72 hours) diagnosis meeting with a police officer, after which the officer will offer the arrestee the option of not being prosecuted upon the arrestee's agreement to a "turning point contract," unless the arrestee then breaches conditions of the contract or reoffends within 4 months (if the offence is one with a statute of limitations restricting prosecution to 6 months) up to a maximum of 6 months. Reoffending or contract breach will automatically trigger prosecution for the original offence as well as any subsequent offences.

1.5.1.2 the contracts will involve a set of tactics including voluntary curfew, voluntary exclusion zones, voluntary drug and alcohol testing/treatment referral, not associating with named individuals or categories of people.

1.5.2 List all variations of outcome measures to be tested:

1.5.2.1 Frequency of reoffending within 12 months/2 years and frequency of reconviction within 12 months/2 years as compared between the treatment and control group.

1.5.2.2 Frequency of compliance with the agreed contracts of the treatment group, including measuring the compliance levels with different contract tactics (as at 1.5.1.2) –

1.5.2.3 the sentences given to the control group and the level of compliance with sentences.

1.5.2.3.1 the level of victim satisfaction comparing those allocated to the treatment and control groups, subject to the availability of funding for this element.

1.5.2.3.2 the costs to the criminal justice agencies of the treatment and control groups.

2. ORGANIZATIONAL FRAMEWORK

2.1 Multi-Agency Partnership: West Midlands Police delivers treatments with an independent research organization (Cambridge University) providing random assignment, data collection and analysis

2.1.1 Name of Operating Agency: West Midlands Police

2.1.2 Name of Research Organization: University of Cambridge (analysis)

3. UNIT OF ANALYSIS

3.1 People: Offenders arrested by the police and considered to have met the criteria for charging.

3.2 Locations: Offenders will be arrested and taken to one of 3 Custody locations and dealt with one of two Offender Management teams. Data will be gathered to enable analysis of any differences of decision-making, process or outcome between the 3 custody suites and 2 offender management teams.

3.2.1. WMP and Cambridge may seek to expand the area of the trial by phases to include the whole of Birmingham and/or other areas, subject to implementation progress, but this will be treated as a separate experiment. WMP and Cambridge may also seek to expand the trial to include domestic violence and hate crime cases, subject to the agreement of the CPS. This will also be treated as separate experiment.

4. ELIGIBILITY CRITERIA

4.1 Criteria Required

4.1.1 Offenders who have been arrested by West Midlands Police within the 2 Divisions (Birmingham South and Birmingham East) within the trial area and who the custody officer decides satisfy the following conditions: there is sufficient evidence to meet the CPS Code evidential test; they are not considered suitable for informal resolution, caution, Penalty Notices for Disorder (PND) or conditional caution; their case meets the CPS Code threshold as being in the public interest to prosecute; they have no prior court convictions for a criminal offence.

4.2 Criteria for Exclusion

4.2.1 Cases will be filtered out where, despite meeting the criteria in 4.1.1. nevertheless fulfill one or more of the following:

1) where the offender has any previous conviction for a criminal offence;

2) where, if found guilty, the sentence the court is likely to impose in this case, for this offender, will be custodial;

3) all drink-driving offences

4) offences involving the use or threatened use of a firearm, imitation firearm, knife or an offensive weapon '*per s*e'

5) where the consent of the DPP or a Law Officer is required to prosecute;

6) that involves a death;

7) connected with terrorism or official secrets;

8) sexual offences involving offenders or victims aged under 18;

9) hate crime according to CPS policies.

10) domestic abuse cases according to CPS policy

4.2.2. Victims will be consulted as early as possible in the process and, if Domestic Violence and Hate Crime are included as a separate experiment within the trial, victims in these cases will be asked for active, informed consent to the treatment being used. If Domestic Violence and Hate Crime are agreed for inclusion this will be treated a separate experiment within the overall trial.

4.2.3 Offenders will not be required to give informed consent to the trial before randomisation. But given that this means that some offenders selected for treatment may decline the treatment, the level of those declining must not exceed 10%. This issue will be tested in the dry run phase and if the level appears likely to exceed 10%, the Project Manager and Principal Investigator will consider a change to an active consent model before randomization.

5. PIPELINE: RECRUITMENT OR EXTRACTION OF CASES

5.1 Where will cases come from?

Cases will be identified by a 2 stage process: stage 1 – a custody sergeant decides that an offender has met both the evidential and public interest test for prosecution AND that they have no previous court convictions AND that they are not excluded by any of the criteria at 4.2.1: Stage 2 they will be randomized to treatment or control.

5.2 Who will obtain them? As 5.1

5.3 How will they be identified? As 5.1

5.4 How will each case be screened for eligibility? As 5.1 and 4.

5.5 Who will register the case identifiers prior to random assignment? West Midlands Police as above at 5.1 in the Cambridge randomizer

5.6 What social relationships must be maintained to keep cases coming?

5.6.1 Offender managers and principal investigators must stay in close contact with custody officers.

5.6.2 There is a steering group with WMP, Cambridge University and Crown Prosecution Service membership to provide oversight and a working group of frontline staff involved. The Steering Group is linked to the Local Criminal Justice Board within West Midlands, which includes the other criminal justice agencies (Probation, Courts, Witness Service and Defence solicitors).

Additionally, because the Monument Trust has provided the funding for the research, there is a national steering group with senior representatives from the Judiciary, CPS, Police, Parole Board and NGO's.

5.6.3 The protocol is to be tested with a two-phase "dry run" and practice for the custody staff and offender managers before live data collection. The first phase, starting on 16th November 2011 will require all offenders with no prior convictions, whom the custody officer is considering for prosecution, to be entered on the Cambridge Randomiser, which will be set to "all prosecute". This will allow Custody staff to get accustomed to the Randomiser and the decision tree for the experiment. In the second phase, the Randomiser will be switched to "all treatment" and all those within the criteria will be referred to the Offender Managers to provide practice with the process of the Turning Point Contract. The full go live will not be switched until the Project Manager and Principal Investigator are satisfied that sufficient volume has been achieved to iron out initial implementation problems.

5.6.4 There will be weekly correspondence between Cambridge University and WMP during the experiment, with summaries of the cases and progress.

5.6.5 Prior to experiment, the offender managers are to be trained by WMP/Cambridge and other key staff, including custody staff briefed.

5.7 Has a Phase I (no-control, "dry-run") test of the pipeline and treatment process been conducted?

5.7.1 A dry run of the protocol will take place in November/December 2011 as 5.6.3. Full go live and data collection will be subject to the decision of the Project Manager and Principal Investigator.

6 TIMING: CASES COME INTO THE EXPERIMENT IN

6.1 A trickle flow process, one case at a time, with an estimated 40 cases per month in total (control and treatment).

7 RANDOM ASSIGNMENT

7.7 How is random assignment sequence to be generated?

7.7.1. Random numbers case-treatment generator program in secure computer (Cambridge Randomizer)

7.8 Who is entitled to issue random assignments of treatments?

7.8.1 Role: Barak Ariel (via Cambridge Randomizer)

7.8.2 Organization: Cambridge University

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

7.9.1. The format of the Randomiser for the Turning Point experiment is shown at Appendix B. This will record the decisions by Custody Officers, coded to location and officers collar number.

7.9.2. Cases allocated to treatment will be recorded on the WMP Corvus database, kept by the WMP Offender Management team. Cases prosecuted will be recorded on the ISIS database managed by the WMP CJ Department.

7.9.3 Location of data entry: WMP

7.9.4 Persons performing data entry: WMP Offender Management and CJ & Custody teams

8 TREATMENT AND COMPARISON ELEMENTS

8.1 Experimental or Primary Treatment

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

8.1.1.1 All the subjects allocated to treatment must have a "diagnosis meeting" with a member of the offender management team within 72 hours of arrest (normally within 24 hours but because of a lack of weekend cover some cases may need an appointment up to 72 hours) and must sign a "turning point contract" setting out the actions, including no reoffending, which they have agreed to following on from the "diagnosis meeting". Cases where these two conditions are not applied cannot be considered to have met the conditions of the treatment.

8.1.1.2 All subjects within treatment who breach their "turning point contract" or reoffend within the agree period of the contract (a minimum of 4 months, up to a maximum of 6 months) must be referred for prosecution. There needs to be a high level of fidelity to this condition because "certainty" of prosecution is a key element of the hypothesis for this experiment.

8.1.1.3. All subjects who accept the treatment but then subsequently decide to change their minds within the contract period must be referred for prosecution.

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

8.1.2.1 Arrestees should not be told that they were selected for deferral of prosecution by random assignment. But given that this means that some offenders selected for treatment may decline the treatment, the level of those declining must not exceed 10%. This issue

will be tested in the dry run phase and if the level appears likely to exceed 10%, the Project Manager and Principal Investigator will consider a change to an active consent model before randomization.

8.1.2.2 Offenders who have been allocated to treatment must not be allowed to breach their contracts or reoffend without instant referral for prosecution.

8.1.2.3 CPS must not discontinue prosecutions, where an offender subject to treatment is referred for breach of the contract or reoffending. The decision to prosecute is one independently taken by CPS. It is possible, particularly in assault cases, that there will be some discontinuance. The Project Manager and Principal Investigator will monitor the level of discontinuances closely.

8.2 Control or Secondary Comparison Treatment

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

8.2.1.1. Offenders who are allocated to the control must be charged and referred for prosecution.

8.2.1.2 Offenders who are allocated to control should not be told that this allocation was based on random assignment. However, general information about the trial is being provided to defence solicitors.

9 MEASURING AND MANAGING TREATMENTS

9.1 Measuring

9.1.1 How will treatments be measured? By examining the official record in Corvus, which will include any contracts and any record of their being breached.

9.1.2 Who will measure them? Data will be gathered from WMP systems and analysed by the Principal Investigator

9.1.3 How will data be collected? From WMP operational systems (Custody and CORVUS)

9.1.4 How will data be stored? On secure WMP systems and Cambridge data systems.

9.1.5 Will data be audited? By the CJ Department.

9.1.6 If audited, who will do it? As 9.1.5

9.1.7 How will data collection reliability be estimated? Cambridge calculations

9.1.8 Will data collection vary by treatment type? Data for Treatment will be derived from the Corvus system, data for those prosecuted from the ISIS system.

9.2 Managing

9.2.1 Who will see the treatment measurement data? Management at divisional and force level, the Steering and Working Groups.

9.2.2 How often will treatment measures be circulated to key leaders? Monthly

9.2.3 If treatment integrity is challenged, whose responsibility is correction? The Criminal Justice Department at WMP.

10 MEASURING AND MONITORING OUTCOMES

10.1 Measuring

10.1.1 How will outcomes be measured?

(a) Frequency, prevalence, time-to-failure and harm index level of rearrests and reconvictions as compared between the treatment and control group
(b) Costs to the agencies of prosecution (control group) and offender desistance policing (treatment group). Costs for experimental cases will be estimated by a diary of the offender managers.
(c) If funding is available, interviews with victims of arrestees in both treatment groups will be compared on the same kinds of dimensions as in the WMP ASB experiments.

10.1.2 Who will measure them? Corvus, cost and any victim data to be analyzed under direction of all Co-Principal Investigators by second co-PI

10.1.3 How will data be collected? Data transfers from WMP to Principal Investigators

10.1.4 How will data be stored? In Cambridge secured systems (for offending data) and Cambridge secure systems (

10.1.5 Will data be audited? Yes

10.1.6 If audited, who will do it? WMP CJ Department

10.1.7 How will data collection reliability be estimated?

Sampling of the custody records before, during and after the experiment (both treatment and control groups), for expected numbers, cases included and potential cases excluded. A one month set of sample data of potential cases will be drawn for January 2010 and together with the data from the dry run will be used to provide "expected" data to compare to actuals.

10.1.8 Will data collection vary by treatment type? No.

10.2 Monitoring

10.2.1 How often will outcome data be monitored? Monthly by WMP/Cambridge University by an agreed report process

10.2.2 Who will see the outcome monitoring data? WMP/Cambridge University

10.2.3 When will outcome measures be circulated to key leaders? Monthly

10.2.4 If experiment finds early significant differences, what procedure is to be followed?

Regular reports will be tabled at the quarterly Steering Group and monthly working group. Only the Steering Group will have the power to sanction changes to the protocol.

11 ANALYSIS PLAN

11.1 Which outcome measure is considered to be the primary indicator of a difference between experimental treatment and comparison group?

11.1.1 the comparative harm index of rearrests between the two groups over the first 730 days after random assignments.

11.2 Which outcome measure is considered to be the secondary indicator of a difference between experimental treatment and comparison group?

11.2.1. the comparative costs and benefit ratio of the treatment and control groups as measured by 11.1.1.

11.2.2 Cost-benefit in relation to frequency or rearrest.

11.3 What is the minimum sample size to be used to analyze outcomes?

11.3.1 400 cases (200 treatment and 200 control)

11.4 Will all analyses employ an intention-to-treat framework? Yes

We reserve the option to analyse the data using Instrumental Variables analysis, depending on treatment compliance rates.

11.5 What is the threshold below which the percent Treatment-as-Delivered would be so low as to bar any analysis of outcomes? 80%

11.6 Who will do the data analysis? The 2d co-principal investigator

11.7 What statistic will be used to estimate effect size? Cohen's *D*

11.8 What statistic will be used to calculate P values? t-tests and, if the distribution is appropriate, zero-inflated Poisson regression.

11.9 What is the magnitude of effect needed for a p =. 10 difference to have an 80% chance of detection with the projected sample size for the primary outcome measure. **d= 0.4** (see appendix A for power calculations.)

12 DISSEMINATION PLAN

12.1 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).

Preliminary findings will be given to stakeholders within 120 days after completion of experiment and its follow up period.

12.2 Does the project agree to file an update every six months from date of first report until date of final report?

12.2.1. Yes.

12.3 Will preliminary and final results be published, in a 250-word abstract, on CCR-RCT as soon as available?

12.3.1. Yes.

12.4 Will CONSORT requirements be met in the final report for the project? (See

http://www.consort-statement.org/)

12.4.1. Yes.

12.5 What organizations will need to approve the final report?

Cambridge University will provide any conclusions or Aggregated Data it intends to disseminate or transmit to WMP, for review, at least 90 days prior to submitting such materials for publication. WMP shall then have 90 (ninety) days to respond, provide comments and suggestions based on the said materials, whereas Cambridge University agrees to take under full consideration, at the very least in the way of including such comments and suggestions in the disseminated reports.

12.6 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?

12.6.1. Yes.

12.7 Does principal investigator agree to post any changes in agreements affecting items 12.1 to 12.6 above?

12.7.1. Yes.

12.8 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").

Yes. Save conditions stipulated in 12.5 above.

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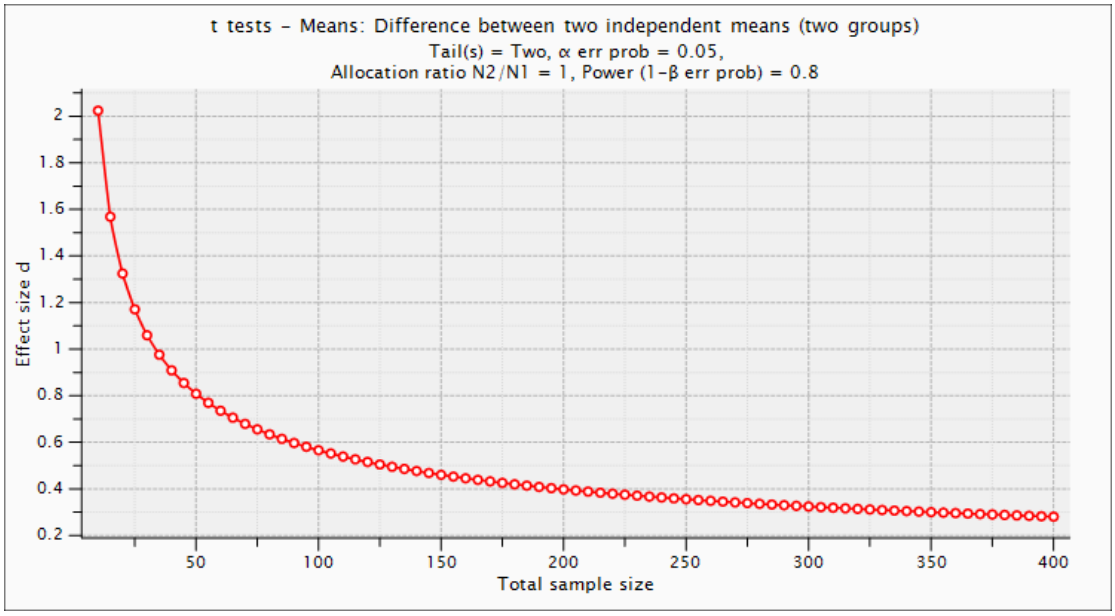
Appendix A: Power Calculations:

t tests - Means: Difference between two independent means (two groups)

Analysis:	A priori: Compute required sample size	
Input:	Tail(s)	= Two
	Effect size d	= 0.28
	α err prob	= 0.05
	Power (1-β err prob)	= 0.80
	Allocation ratio N2/N1	= 1
Output:	Noncentrality parameter δ	= 2.8139652
	Critical t	= 1.9658827
	Df	= 402
	Sample size group 1	= 202
	Sample size group 2	= 202
	Total sample size	= 404
	Actual power	= 0.8015793



Appendix B: the Turning Point Randomiser

Operation Turning Point Project

Questions

Custody No:

Custody Officers Collar No:

1. Does the offender have any previous conviction for a criminal offence? Yes No

2. Is this offender likely to be sentenced to a period of custody for this/these offences? Yes No

3. Is this an offence of drink/drugs driving? Yes No

4. Does this offence involve the use or threatened use of a firearm, imitation firearm, knife or an offensive weapon *'per se'*? Yes No

5. Is the consent of the DPP or a Law Officer is required to prosecute? Yes No

6. Did this offence contribute to a death of any person? Yes No

7. Is this offence connected with terrorism or official secrets? Yes No

8. Is this a sexual offence involving offenders or victims aged under 18? Yes No

9. Is this offender currently on bail to court for an offence? Yes No

10. Does this offender not have a local address where we are confident they will be staying for the next 4 months? Yes No

11. Does this offence fit the hate crime policy according to CPS? Yes No

12. Does this offence fit the domestic abuse policy according to CPS? Yes No