

A quantum leap in police effectiveness and efficiency – university police schools

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If the current thirst for best practice is anything to go by, there has never been such a need for more knowledge about what works in policing. Government, police, crime reduction and community safety websites, police magazines and international conference programmes are constantly scoured for new ideas. It has to be said, though, that there seems rather less enthusiasm for finding out whether such practice really is best, or even whether there is convincing evidence that it works at all. Police officers are often sent elsewhere in the same country or to other countries to find out about new, exciting sounding initiatives without knowing how to make judgements about the quality of evidence or about cost effectiveness and unequipped to request or evaluate the quality of published evaluations.

Reliable new knowledge is also needed to rationalise and prioritise an almost overwhelming and continuously expanding police agenda. This is therefore the right time to stand back and think how best all this healthy, self improving energy should best be channelled.

In her foreword to the recent UK government policy proposals, the Home Secretary committed herself to, “do everything we can to back (the police) to work to the highest standards...give the police more freedom and power... (and) increase professionalism.” It is surprising though, from the point of view of other professions that policing research and development is not yet a central theme, either in the police service or in government.

In, say, engineering and medicine, natural and healthy appetite for self improvement has led both to schools of medicine and of engineering in most top flight universities around the world and also to independent professional institutions, like the medical Royal Colleges and the Institutions of Civil, Mechanical and Electrical Engineers. For centuries, these have been essential powerhouses for the production and implementation of new knowledge and of professional standards, working with governments to the benefit of citizens and professionals alike.

In case anyone thinks that this was all plain sailing and that everyone thought that research and a scientific approach to medicine and engineering were obvious common sense, the words of Lord Thurlow, “There’s no more science in surgery than in butchering.” in an 1811 UK House of Lords debate on the setting up of the Royal College of Surgeons are apposite. How wrong he was, and how few of us would still be here if his views had prevailed. We would not now have key-hole, bypass or transplant surgery or even day surgery. As a

result of university research carried out by practitioners, the number of wisdom teeth operations – in 1995, the fourth most frequently performed operation in the whole of UK healthcare - had halved by 2005. There are many other examples of research led disinvestment in healthcare but very few in policing.

Like medicine, policing is both an art and a science. But the extent to which policing is based on scientific evidence of effectiveness is hugely lower than in medicine, where more than 300,000 field experiments and more than 5,000 reviews of evidence have been completed. In medicine, most knowledge about what works is produced and first applied in clinical schools integrated with university hospitals, clinics and public health departments. These schools combine care and prevention with research and practitioner training led by clinical professors who continue to practice - and are therefore credible with service colleagues. This system has produced thousands of effective treatments and other interventions, generations of health professionals convinced of the potential for waste and harm of unproven “remedies” and a strong research culture *within* health services. It has also resulted in the discard of many interventions which were once thought to work but which proved to be ineffective, downright harmful or which actually killed people.

But there are almost no equivalent arrangements in policing. With the exception of the Universities’ Police Science Institute (UPSI) in Wales, led by Professor Martin Innes, there are no university police schools organised according to these fundamental principles. By comparison with healthcare, applied crime and justice research lacks status and organisation and is not led by practitioner-academics steeped in the art and science of their professions. No wonder the production and application of evidence about what works is low. Yes, criminology is an established discipline in some universities, but criminologists are very rarely trained practitioners as the leaders of university medical and engineering schools are. Above all, since they are not police officers, and therefore not engrained with the needs and practical experience of policing, they cannot set or own the police and community safety research agenda in the same way as officers committed to raising service standards. This is not to say that criminologists cannot make valuable contributions, for example to develop new theories from which new practical innovations can be derived and tested. In the same way that professors of engineering work with geologists, and that professors of dentistry work with materials scientists, so police academics should work in collaboration with criminologists, geographers and forensic scientists.

A principal benefit of police leadership in universities would be that professors of policing – practicing officers who are also trained academics capable of leading vibrant research teams which discover what works and publish findings in peer reviewed professional journals which are available to all – would have credibility at grass roots level in the service. This credibility is essential if the police service is to reform itself through scientific scrutiny. Currently, many criminologists in their apparently soft armchair, non-operational world of academia lack credibility. Furthermore, many officers lack credibility in the academic world. “You can’t train police officers to do

research” I was astonished to hear from a co-author of a best selling criminology textbook.

There is much to be gained from integrating police research, training and practice in this way. The service would become more research minded, more and healthily sceptical about “innovation”, more effective, and less burdensome for the tax payer. Research funds would flow from closer links between service, research and security industry sectors and funding. The results would be rapid; in its first 18 months, UPSI has contributed to the local economy as well as the international research literature by mapping fear of crime and signal crime hotspots so that they could be eliminated. This increased retail activity in places where people were afraid to go. Furthermore, as lessons have been learned from medicine, officer training is already much more efficient; BSc police science undergraduate students are being trained as officers in increasing numbers during their university course and working as special constables on a voluntary basis in their second and third student years, increasing police resource. The first tranche of 30 officers, whose university fees had been paid not by the UK tax payer as previously, but by the students themselves, graduated in December 2008. Overall and in the short term, the new Institute has increased the science base, targeted police resource more precisely, provided opportunities for efficiency gains in both police service and training and contributed substantially to a professionalised service.

The history of the development of professions is characterised by rigorous evaluation and improvement for the good of the people and communities they serve, to the extent that foundations are built in universities, led by practitioner-academics. These developments in medicine happened in part because, at the end of the 19th Century, Sir William Osler, professor of medicine at Oxford, in the face of few effective treatments and great uncertainty about “what works”, demanded an invasion of hospitals by universities. He got his way. His and others’ influence set the scene for an explosion of high quality experiments and new remedies. It put science-based medicine in its rightful place, buffered from political fad and fashion. It helped prevent enormous harm and saved countless lives. Police leaders, it seems, have so far been too passive in this area, and not yet determined enough to work with their authorities and vice chancellors to establish bases in first rate universities. The Chief Constable of South Wales Police, Barbara Wilding, is a notable exception and the benefits are already clear.

How should police professionals committed to continuous improvement respond? First, existing strengths should be recognised so that they can be built upon. There are certainly some interventions which are known to increase community safety, reduce fear of crime and reduce offending. There is now also a formal collaboration of international researchers - the Campbell Collaboration Crime and Justice Group – which summarises reliable evidence. Crucially though, evidence has to be generated before it can be summarised.

Second, systems for discovering and delivering reliable new interventions are urgently needed. The medical model is helpful here. Above all, police schools and institutes are needed in research led (Russell Group in the UK) universities, as has been developed with and in Cardiff University, which integrate research, practitioner training and service delivery – as in a university hospital. University hospitals are full of patients whose problems set the research agenda, being treated by clinical professors who, with their NHS colleagues, test new treatments in formal, safe experiments. Their discoveries are shared with succeeding generations of clinical students in clinics and lecture rooms. But these arrangements are almost unheard of in policing. This stark contrast is evident in almost all large cities. In London for example, there are no professors at the Metropolitan Police Training College - which has no formal link with London University, but there are professors in almost every specialty imaginable in all London teaching hospitals.

This is not, of course, an argument for a graduate only profession. If police training is to have foundations in research orientated universities, decisions will need to be made about which professionals in the police family need this background. However, degrees in police science do seem relevant particularly for future BCU Commanders, Senior Investigating Officers (whose roles are remarkably similar to those of NHS consultants who also manage investigations) and Chief Officers who all need to be close to the evidence of “what works”. However, since basic police training is comparatively short compared to basic practitioner training in other professions, there are opportunities to integrate this with a degree course, in the same way that dentistry training, for example, is fully integrated with the dental degree in all UK dental schools.

Further, a much more quantitative approach to research and practitioner training is needed, with an emphasis on the science as well as the art of policing. It is often said that the need for justice precludes evaluations designed in the same way as randomised clinical trials in healthcare, but surely, if this has been achieved in medicine, where success is measured in terms of illness and death and where ethics committee scrutiny maintains safety, evaluation by this means should be the norm rather than the exception.

Third, structural changes are needed. A continuum of discovery and application would be promoted by establishing national excellence institutes for criminal justice systems akin to the UK National Institute for Health and Clinical Excellence (NICE) which has done much to increase effectiveness and value for money in the UK National Health Service (NHS), by publishing science-based guidelines which, by statute, have to be implemented.

Fourth, training arrangements, including the acquisition of police related PhDs and new policing lecturer and senior lecturer posts need to be introduced for police academics. There are relevant training models in other professions, such as the integrated clinical academic scheme in medicine and dentistry. Some have mistakenly interpreted the plea to introduce PhD level training as a proposal to make a PhD a prerequisite for high office in the police service. This would be a waste of resources. However, a PhD is very relevant for an aspiring professor of police science/policing. Experience in medicine and dentistry has shown that although numbers of academic trainees are much smaller, specific protected training arrangements for practitioners wishing to

become academics are essential. PhDs and managing a research team in a first class university cannot be done in spare time.

Although some reallocation of funding will be necessary if the benefits of these reforms are to be realised, overall cost effectiveness will increase. The funds currently used in the police service for research and development should, perhaps, be identified and brought together as the basis for formal, force or regional research and development schemes to which police researchers could bid. My own team's research has been supported by the UK National Health Service research and development scheme - funded from the NHS service budget in recognition of the importance of research - including a £186k grant to fund a randomised experiment to evaluate an alcohol harm reduction intervention for violent offenders.

Overall, the principal impression of most other professions is of insufficient recognition in the police service or yet in government of the power of the evidence which our best universities can generate to improve policing – through innovation and also through disinvestment in interventions which do not prove to be effective. Professionalism means that the drive to produce and implement this evidence, and to train a cadre of police academics, must come from the police service itself.