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**Original Article**

# Achieving collaborative advantage in policing: strategic and frontline partnership in police-led drug diversion schemes in England

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## ABSTRACT

This article advances understanding of the conditions and processes of effective partnership working in the criminal justice system (CJS) through a realist evaluation of the contents, contexts, moderators, and mechanisms of effective collaboration in three police-led drug diversion (PDD) schemes operating in England. The analysis differentiates between commissioned or strategic, statutory, or formal and informal or personal partnerships, 'mapping' these across the evaluated schemes. The discussion then considers those partnership mechanisms most pertinent to achieving collaborative advantage, that is, the desired advantage to be gained from partnership. It is argued that partnership work is both an 'essential component' and a 'facilitation strategy' of PDD implementation fidelity. Partnership, in other words, is both a necessary condition and a contingent cause of effective practice in this form of policing. These findings add new insights to the emergent PDD academic evidence base and operational policy and practice.

## INTRODUCTION

There has been substantial investment in developing criminal justice interventions, which connect individuals who use drugs with health services and treatment programmes, particularly in the UK, Australia, and North America (Hucklesby and Wincup 2010). A salient issue in such initiatives is the degree to which health and criminal justice agencies function as equal partners and collaborate effectively in delivering these interventions (Hunter et al. 2005). While there is agreement about the importance of police partnership working, local interpretations and implementation have meant it often lacks national consistency (Her Majesty's Inspectorate of Constabulary and Fire and Rescue Services [HMICFRS] 2024). In part, this is due to the notion of constabulary independence (Mawby and Wright 2008) and the localized nature of discretion and strategic priorities within 'low policing' (Brodeur 1983).

Though having existed in some police force areas since 2013, police-led drug diversion (PDD) is one such intervention that exists in England as a patchwork of provision in terms of both its implementation and delivery model. PDD schemes provide alternatives to criminalization for minor drug-related offences, often offering therapeutic or educational interventions in place of formal prosecution (Stevens et al. 2023). At a time when many forces are actively seeking to introduce PDD, partly due to proposed government reforms to the use of out-of-court resolutions (OCRs), this article draws on the diversity of existing PDD arrangements in England to develop a theoretical understanding of the variations of partnership in the PDD setting, using an approach that links context, mechanism, and outcomes. Through a critical realist lens, we identify the mechanisms that enable or constrain the development of collaborative advantage, which refers to the added value that can be achieved when organizations work together more effectively than they could alone (Huxham and Vangen 2005). In doing so, we show how these dynamics influence the implementation, reception, and sustainability of PDD schemes across different partner contexts. The theorization of the partnership mechanisms provides a dual basis for thoughtful action by firstly legitimizing the challenges that can be felt by those working in partnerships, and secondly, providing practically adequate concepts as a basis for action, which complements our critical realist approach.

### Defining partnership

The concept of 'partnership' encompasses a broad range of relationships (McQuaid 2010). It is commonly defined as 'a

**Table 1.** Participants in interviews and focus groups.

| Role | Count |
|---|---|
| **Police Sergeants and Middle Managers** | 41 |
| **Police Officers** | 32 |
| **Diversion Leads and Staff** | 28 |
| **Service Users** | 103 |
| **OPCC** | 4 |
| **Other drug treatment providers, Probation, Public Health Leads** | 13 |
| **Total** | 221 |

cooperative relationship between two or more organisations to achieve a common goal' (Berry et al. 2011: 1), but in practice, it is far from a singular or stable construct. In this paper, we adopt a broader definition, which encapsulates the nature of partnership in the PDD context that includes the following:

1. formal or statutory multi-agency partnerships (e.g. police, public health, and drug services),
2. informal or internal collaborations (e.g. between police personnel and units), and,
3. commissioned service arrangements, in which providers are contracted to deliver diversion services.

These configurations carry different lines of accountability. Services commissioned directly by Police and Crime Commissioners (PCCs), for instance, could be more accurately described as supplier arrangements, subject to procurement procedures and performance management (Association of Police and Crime Commissioners [APCC], 2025). In contrast, statutory partnerships that have been the vocal point of much police partnership scholarship, established under the Crime and Disorder Act 1998 (Skinns 2008; O'Neill and McCarthy 2014), involve shared responsibilities between Responsible Authorities, including police, local authorities, and health services. However, while the relationships between two or more agencies often form the basis of a PDD arrangement, PDD schemes are not formally part of this statutory framework, even though they rely on partner agency involvement.

### *Background*

Blais et al. (2022) provide one of the most comprehensive syntheses of international evidence on PDD, reviewing schemes across a range of jurisdictions and summarizing their effects on recidivism, health outcomes, and implementation barriers. Their review highlights that PDD can reduce reoffending and improve treatment engagement when effectively implemented, particularly when supported by cross-sector collaboration and officer discretion. Importantly, the review identifies several conditions associated with effective implementation which includes clear eligibility criteria, officer training, referral pathways, and inter-agency coordination (Magana 2019).

Despite its breadth, the review by Blais et al. (2022) exposes several key limitations in the existing literature. Most studies focus narrowly on outcomes and offer limited theorization of the processes through which diversion is operationalized. Few incorporate a theory of change or conceptual framework that links partnership structures to implementation success. Blais et al. note the absence of detailed analysis of how institutional configurations, such as commissioned versus internally embedded services, shape the effectiveness or sustainability of PDD schemes. Similarly, while inter-agency collaboration is frequently cited as important, there is little exploration of how different forms of partnership operate in practice, or what mechanisms enable them to achieve collaborative advantage. Finally, reflecting the patchwork of PDD provision in the UK, much of the extant literature is from studies outside the UK, limiting the review's applicability to English policy and operational contexts.

This study responds to these limitations by moving beyond surface-level assessments of implementation success and instead theorizing 'how' different partnership arrangements shape the delivery of PDD. Using a critical realist lens and an explicitly articulated theory of change (Stevens and Glasspoole-Bird 2023), we examine the contextual conditions and mechanisms that support or inhibit collaboration. In doing so, we build on the knowledge in prior studies and offer a more detailed explanation of variation in implementation across differently structured PDD models in England. Our contribution lies not only in documenting this variation in an English context, but in adding depth to it through exploring the implications for PDD in operation.

## METHODOLOGY

This article is based on a realist evaluation of three PDD schemes in England, conducted between April 2023 and May 2024. Realist evaluation aims to understand how and why interventions work (or fail to work), for whom, and under what circumstances (Pawson and Tilley 1997). It is especially well suited to studying complex social initiatives, such as PDD, that operate across multiple agencies, involve varied implementation practices, and produce context-dependent outcomes.

A key component of this approach was the use of our theory of change (Stevens and Glasspoole-Bird 2023), a structured representation of the causal assumptions underpinning PDD. We developed this iteratively through a combination of desk research, document analysis, and stakeholder workshops. We mapped how PDD was expected to produce outcomes, the mechanisms through which change would occur, and the contextual conditions required for success. The theory of change informed data collection and provided a starting point for the development of a provisional coding framework.

To support our analysis, we integrated two additional frameworks common in realist and implementation research. First, the EMMIE framework helped us structure questions around what works and how. Second, the VICTORE framework guided our attention towards complexity, interdependence, and local variation in how PDD schemes were understood and enacted (Johnson et al. 2015; Cooper et al. 2020).

We carried out qualitative fieldwork in three police force areas in England. All three forces had a PDD intervention that was targeted at people who were caught in simple possession of drugs (with no intent to supply), which we refer to as a

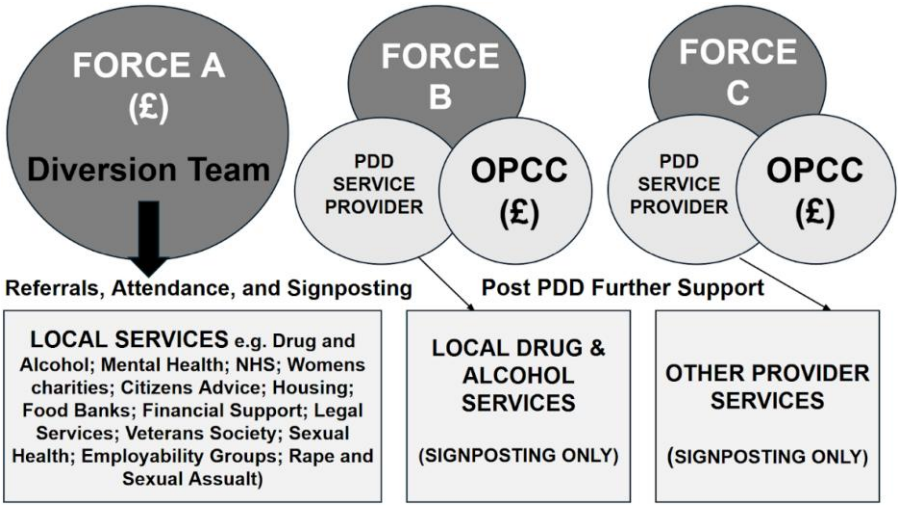


**Figure 1.** Operational partnerships for PDD in three police forces.

Group 1 PDD scheme. One of the forces also had a PDD scheme that was targeted at a wider group of low-level offenders, including those who were suspected of drug offences, but also of offences such as theft and criminal damage. We refer to this as a Group 2 PDD scheme. To make it more difficult to identify individual research participants, in the findings, we refer to the forces by a letter (Force A, B, or C), rather than by their actual name.

Qualitative data were collected through 221 semi-structured interviews and 6 focus groups. Participants included senior police leaders, PCCs, frontline officers, frontline PDD delivery practitioners, and PDD provider management. Participants were purposively sampled to reflect variation in experience, role, and demographic characteristics. Interviews with 103 diverted individuals were also conducted by trained peer researchers from User Voice, an organization led by people with lived experience of the CJS. The breakdown of participants can be seen in Table 1. Focus groups with frontline staff and stakeholders were held towards the end of fieldwork to explore and validate emerging findings.

All data were recorded, transcribed, anonymized, and uploaded into NVivo for analysis. Coding followed an abductive and retroductive process, consistent with critical realist methodology (Danermark et al. 2019). Initial codes were developed from the theory of change and refined iteratively through close reading of transcripts. We focused particularly on the role of partnership mechanisms, such as leadership, communication, shared aims, accountability, and learning, drawing from Huxham and Vangen's (2005) theory of collaborative advantage. This allowed us to examine how different organizational structures enabled or constrained the realization of collaborative advantage in practice.

## FINDINGS

### The operational context of PDD partnership

The implementation of PDD can be viewed as the latest development in a longstanding pattern of geographic variability within police partnership work, as shown in Fig. 1. This displays partnership arrangements in each of the three schemes. It is possible to distinguish in Fig. 1 that Force A is operating PDD internally through its diversion team, the PDD delivery team. Prima facie, there is no strategic partnership in place, whereas Forces B and C outline their formal strategic partnership arrangement, which took the form of a commissioned service arrangement. In both areas, this was between the Office for the PCC (OPCC) and a tendered service provider. The aims of the evaluated schemes were stated as being based on the best available evidence and understanding. As interpretations of evidence and understandings vary, however, the schemes had common goals, but the aims were not identical. The aims of individual PDD schemes were found to be dependent upon the leadership and membership structure within the collaboration, two of the specific mechanisms discussed in the latter part of this paper.

The explicitly stated aim of PDD in Force A was deterrence and to support desistance from crime, whereas, in Forces B and C, it was to avoid harm associated with criminal justice pathways. As per Berry et al.'s definition (2011: 1), we found common goals in Forces B and C where there was a strategic partnership between the two organizations. These forces emphasized offering an opportunity for change, whereas the service provider focused on being part of that change through their programmes.

Force A internally employs 11 diversion practitioners as police staff to form the diversion team that delivers both Group 1 and 2 interventions. These practitioners have professional health or criminal justice backgrounds, such as drug and alcohol, probation, and mental health, as well as people with lived experience. Practitioners work directly with multiple agencies within the community through established relationships with NHS Mental Health/Drug and Alcohol/Liaison and Diversion (L&D) services, as well as local authorities and a wide directory of charities and third-sector organizations. Within Force A, the key aspect of PDD partnership was therefore at an individual level between navigators from the diversion team and professionals working in surrounding external services.

While some of these individual relationships were pre-existing, often due to a practitioner's prior employment, most had been created as part of the diversion process that they employed as part of the PDD process. This included 'hand holding' a diverted individual to enable them to attend service appointments or through advocacy, where they could get to know the practitioner working with the diverted individual through their attendance. Establishing these personal working relationships was key to their role. They could, in some instances, direct referral paperwork to a named individual. They could also contact an individual directly and ask for advice and interim support that would be otherwise unavailable to the diverted individual. As the quote below reflects, establishing these personal relationships was key to swiftly ensuring a diverted individual received the support they needed:

> If we wanted someone to have a mental health assessment, we'd obviously be waiting ages. So, we can put a referral into L&D, say they're on a [Group 2] intervention and then they'll assess. Like the NHS practitioners will assess quicker than what the mental health service in the community would do … and then there's Speech and Language involved with them, so again, you're getting all these services a lot quicker. And then also if I'm really struggling with someone and can't get through to the Crisis Team, I can tell L&D to have a look. [Navigator]

Due to the in-house nature of the diversion team and their physical presence on police premises, individual partnership was also found to exist between warranted police officers and the diversion practitioners; a form of partnership where two professionals employed within the same agency, but in different teams and roles, came together. For Group 2 referrals, for example, the custody sergeants reported a direct line to the diversion team office where they could ring and speak to a member of the team. Due to the size of the team, it was reported that it did not take long to put a face to a name. Outside of custody, as the quote below reflects, being co-located was found to aid officers' discretionary decision-making about the suitability of PDD for an individual, thereby affecting the PDD referral rate:

> A lot of them [police officers] do come and speak to us, say, "Can I just run something past you? I've got this, we've got somebody in the cells right now," or, "I've got an investigation ongoing and I'm getting to the point now where I'm thinking about [Group 2] as a method of disposal," so we'll kind of go over the circumstances and the eligibility criteria and then from that it's just an online form. [Navigator]

In contrast, due to the strategic partnership with a commissioned service provider, individual partnerships between officers in Forces B and C and staff in local services were relatively absent. Instead, in Force B, diverted attendees received information signposting them to local services at the end of their completed PDD session. Force B strategic leads reflected on the way that another force (not in our study) implemented their drug diversion scheme and recognized some of the limitations of their scheme:

> The level of involvement and support they give to the people on that programme to get them … get changes in place and stuff, and work within partners, it just feels like there's room for something to be different and a bit more supported and a bit more enhanced. [Chief Inspector, Force B]

Across Forces B and C, there were smaller pockets of informal connections and personal partnerships found, but not those that directly influenced PDD outcomes in the same way they did within Force A. For instance, one of the local police area commanders in Force B who attended the related statutory Combating Drug Strategy Partnership (CDSP) group explained she did 'walk around' exercises with local drug support charities and referenced how another statutory partnership arrangement, the Anti-Social Behaviour Action Group, seemed 'to be bringing some kind of coordination to everything' through having multiple individual partners around the same table, including consistent representation from drug and alcohol, housing, debt, and medical agencies.

In Force C, attendees of the PDD intervention were advised at the end of the session that they could speak to the delivery practitioner who could give them information, including by signposting them to other agencies. Although there was no direct referral to other agencies, during the research period, Force C's diversion partner introduced and ran online peer-support sessions, which all divertees were invited to attend via a link emailed out to interested individuals. In Forces B and C, due to the limited individual partner relationships, the onus for initiating further support was with the diverted individual. Though all schemes had signposting as an element of the partnership, their nature varied considerably.

Likewise, due to the PDD service provider operating as a separate entity to the police in Forces B and C, as a commissioned service, there were no personal partnerships found between police officers and PDD delivery staff. By the structure of these partnerships, an officer could not have direct contact with staff from the service provider to seek the same kind of advice and vice versa. Force C police staff working in a centralized hub for out-of-court resolutions (OCRs)s were responsible for processing officers' referrals for community resolutions and conditional cautions associated with drug possession. The outcome determined whether individuals were diverted to e-learning or group courses run in person or online by the diversion partner, but this was limited to an administrative function. Due to the commissioned nature of the partnerships in place in Forces B and C, limited personal relationships were found at the senior management level only. For instance, Force B had fostered a good working relationship with their counterparts in the tendered service provider. This included regular updates on the numbers completing the courses and ongoing contact to discuss specific cases where additional support may be required, for example, support with social anxiety, access to technology, neurodiversity, or language barriers. Such personal partnership relations were, however, very much influenced by the local police leads and how they prioritized partnership working more broadly.

These findings suggest that the way partnership is structurally arranged, whether through internal teams or commissioned services, shapes not only strategic alignment but also the depth

of operational relationships. In Force A, the co-location of diversion practitioners and shared accountability facilitated day-to-day integration. In Forces B and C, commissioned service structures formalized accountability but did not necessarily promote frontline familiarity or ownership. This highlights a tension between contractual compliance and collaborative advantage, where the latter relies more heavily on interpersonal trust and shared discretionary space. What follows is an analysis of the operational contexts of these different partnership arrangements and how specific mechanisms related to PDD partnership, distinguishing between strategic partnership levels and their translation to the frontline setting.

## The occupational context of PDD partnership

### *Partnership at the top: the local strategic level*

Our interviewees cited two important themes for the development of diversion schemes: the 'evidence' and the 'right kind' of leadership. Several cited the earlier West Midlands diversion experiment, Operation Turning Point (Neyroud 2011), as 'the evidence' that PDD schemes reduce police demand through the attainment of their specified PDD aims, including a reduction in reoffending. The reference to 'the evidence' spoke to what was found to be a particular police force culture mechanism within the three schemes, guided by its strategic position on drug policing and a desire for 'problem-solving' through evidence-based policing (Bullock et al. 2022). The strategic commitment to PDD seen in each of the evaluated force priorities was founded not only on individual leaders' desires to improve people's lives but on the belief that drug policing is a public health matter 'not a criminal issue', as commonly stated by strategic leaders. The commonality in the three schemes was the identification that PDD implementation required committed individual leaders with the authority to influence strategic force priorities, described as 'diversion entrepreneurs' (Bacon 2025). These leaders then recruited a core partner membership group (to also ensure accountability) and established common aims from partners with a shared commitment and enthusiasm for PDD.

The origins of Force A's diversion team, for example, were widely depicted as a 'vision' for not just drug policing, but more broadly 'the way policing is done'. Force A's vision was strongly influenced by the alignment between the Chief Constable and PCC, 'thinking outside the box' with their perspectives to 'risk and reward' being different to traditional approaches seen across the country. An example of this could be seen in the individual risk taken by the Chief Constable to personally employ diversion practitioners who had previously been prolific offenders and would not ordinarily have been allowed in a police station.

Though the diversion team delivered Group 1 and 2 interventions in Force A, Group 2 was perceived as a 'riskier' intervention due to the wider eligibility criteria than that of Group 1 interventions. For the Group 2 intervention to be implemented, having this 'radical' vision 'from the top' was outlined as a key factor in what one Chief Inspector cited as having 'profoundly changed the culture of our organisation for the better'. This was echoed in Force B about their Group 1 intervention, where the key diversion entrepreneur, spoke of a public health approach to drug policing being 'his passion' and in Force C, the PCC who found themselves to be 'pushing an open door' with several police leaders who thought it was right for the organization and who were also culturally 'looking at doing things differently'.

Once a force had a leadership driver, the next partnership mechanism described was 'getting the right people around the table'. This meant creating the partnership membership structure to implement a PDD intervention and ensure it had clear governance and accountability. This aspect of the process was complex and dependent upon the nature of each partnership arrangement. In Force A, the membership was recruited by police leaders based upon a strategic ethos of 'if you can think of a pathway to offending, you had somebody at a strategic level who was on the group that was overseeing it, the governance board' and included probation, public health, and local drug service providers. In Force B and C's commissioned service models, the strategic board was part of the statutory CDSP, and the tendering process meant that pre-established processes had to be followed. In one of these areas, we were told of difficulties in implementing the initially planned model of diversion due to differences in arrangement for community safety between different local authorities in the police force area. This shows how the geographical nature of the force was another contextual influence on PDD strategic partnership. This can have a substantial impact on whether the commissioned service can deliver upon the leaders' 'vision' as they had intended it.

The membership structure is also related to the mechanism of partnership accountability. This mechanism worked differently for commissioned services that had won the tendering process to deliver, compared to an internal partnership where 'success' and 'risk' were defined and managed within the police force. As the quotation below reflects, the officers tasked with running the Group 2 intervention in Force A outlined shared accountability as an 'essential feature' of PDD implementation, owing to the risk to their force's reputation:

> If we ever had to stand on the TV - the Head of the Council, the Head of Probation and the Chief Constable, we would all be in a line and none of them could renege on what they had said because they had all supported it, and that was one of the big things we did, because none of them after being briefed and agreeing, could ever say that they didn't agree with it. [Superintendent]

Multiple governance bodies were involved in Force A, including a board that oversaw the implementation process for Group 2, as well as an independent review and scrutiny panel that was chaired by partners such as probation and public health.

### *Translating PDD 'partnership' to the frontline*

For policing partnerships to work in practice, their joint plans must be implemented by frontline police officers. We observed interesting contrasts between strategic and operational levels of partnership, which have changed over time. We suggest that the level of police officers' knowledge of PDD on the frontline is an

important factor that impacts not only their own use of PDD but also one that affects a potential divertees' willingness to take part. To ensure the longevity of frontline officer knowledge, a multi-pronged approach to PDD training and education is required. We give examples below by drawing upon the various methods that each scheme adopted to create what could be a package of tools for future consideration.

We often found inconsistencies in frontline officers' knowledge of the PDD schemes and partners. This was affected by individual contexts including officers' length of service and nature of their role (e.g. response or neighbourhood policing team). This was more heavily noted in Forces B and C. Despite some officers' uncertainty about the details of the diversion scheme, and therefore their inability to convey this to divertees, officers in Force B demonstrated a firm belief in the diversion partner, their work, and that what they offered would be better for the individual than no intervention:

> We had a young guy, he's smoking weed in a car park, that's what he's doing and it's just about me saying, look this is your life, I can't condone you doing this but if you have to do this every day to get to sleep and feel normal, that to me is addiction. And if you need help, there is help out there for you. All I'm doing is pushing you towards that. If you do it, great. If not, we can't enforce it. [Police Officer, Force B]

Some officers recognized that diversion was not only a method to avoid criminalization but was an opportunity for life improvement and they used persuasion to help those they had stopped to see the longer-term benefits of completing the diversion programme:

> You don't want them to know that it's a bit of a toothless tiger because really you want to emphasise that this is to try to help them – this is to help you, to get you help. I don't want to criminalise you. You know, I've got a bit of a sales patter that I go through all of it and what would happen if you got a conviction. [Police Officer, Force B]

Officers in Force A reported a greater depth of understanding of the aims of PDD due to the internal model. However, in some instances, the existence of the two interventions (Groups 1 and 2) meant officers lacked knowledge of the differences between the two. As the quote below summarizes, while not impacting upon the referral success as the diversion team operate both interventions, co-existing interventions can have implications for recording purposes:

> More often than not cops do get it right but obviously there are occasions where it comes as the wrong category and we have to then chase the cop to chase that because then it goes down as outcome code, so it's like outcome 8 versus 22, [Group 2] is 22, [Group 1] is outcome 8.[1] [Navigator]

Learning through staff training and education, which closely overlap with the wide-reaching mechanism of communication, are crucial factors for consideration. An initial implementation 'drive' through force-wide education and training was found to be a beneficial implementation moderator when Force A 'launched' their Group 2 intervention. As the quotation below shows, part of the leadership vision included every frontline officer having accurate knowledge of PDD to ensure its success:

> We did all the frontline staff up to the rank of Sergeant and including police community support officers as well because what we realised was that if people are engaging with the public and they don't know enough about it, they are going to give them a poor perception or a sanitised version of the truth around what this programme was about. [Superintendent, Force A]

Supporting a more enhanced force-wide training approach, the following quote from Force C reports that full engagement by police officers with PDD depends on these officers having confidence that they have the same aims and knowledge as those possessed by the strategic partners. However, there was some evidence of this knowledge being lost in translation between the strategic partnership and the front line:

> Officers don't fully understand it and that kind of messaging needs to come through to them just to give them that confidence, really in what they're trying to refer the person to, because when a member of the public on the street that you're dealing with and you're referring them to the, they're asking you as an officer those questions, but you don't know the answer. It makes you look very silly. [Police Officer, Force C]

Forces B and C did not take the same whole-force training approach immediately upon launching their diversion schemes, though Force B did publicize the launch of PDD. Both used internal police force web pages, though their reach was questioned by some officers we interviewed. Force B added information to their internal police mobile phone application which officers could access on the frontline when searching for OCR information. There was a similar process in Force C. Force C also carried out 'internal marketing and communication to officers'. This was done by one of the individual leadership drivers. It was acknowledged that this was a huge undertaking for one police manager and so was limited in capacity to cover the large geographical size of the force.

All sites had taken steps to educate new starters and included some element of OCR training at police training schools, though the quality of this was described variably by officers. In sites where this was officer-led training (meaning that the service provider had no input), it was reported that specific PDD training was particularly limited. Even in Force A, where the diversion team educated every new officer, PDD was reported as being an element of policing that was not 'really learned' until officers were on patrol. This sentiment was echoed in Forces B and C where officers who did know about PDD had learned about it in the community from their police tutor, rather than any alternate training they may have received. This highlights the need for continued training and education, not a one-off 'package'.

[1]Outcome 22 is where diversionary, educational, or intervention activity, resulting from the crime report, has been undertaken and it is not in the public interest to take any further action. Outcome 8 is a community Resolution.

### *Translating PDD knowledge uncertainty to street-level communication*

Unlike Group 1 interventions where it was the street-level police officers who communicated a PDD outcome to the people they encountered on duty, the process of Group 2 was communicated to people after arrest in custody by either the investigating officer or the custody sergeant. These officers reported a high level of commitment to PDD, and to communicating its benefits to eligible suspects. For example:

> I really try to sell it to them, and obviously, I can't be dishonest, and I don't tell them that they must go, it is voluntary, but I try and pose it in a way of, "you've expressed to me that you want to change, this is an issue for you. You're remorseful for what you've done, and you've identified there's needs there, and you're telling me you need support, and you feel like you're getting failed by the NHS, or through other means. This is your door. [Custody Sergeant, Force A]

The individualized nature of a Group 2 intervention meant that it was often communicated in the sense of it being a lifeline to help and support, accompanied by timescales and basic commitments required. Some suspects were told that the scheme would support them 'with anything you need' once a week for 16 weeks. This was largely corroborated by accounts given by Group 2 attendees. One stated 'it was like, go to this and we can help you towards a better future'. Another who may not have understood the purpose of diversion did understand they would avoid formal prosecution if they engaged with the diversion scheme said 'they explained the [Group 2] thing but, like, I didn't really get it. They just basically said that it was a get-out-of-jail-free card'.

Communication between frontline officers and people caught in possession of drugs in the schemes where the intervention was provided by a commissioned service was limited by their lack of knowledge of how the partnership worked. As the quote below from Force C reflects, frontline officers in Forces B and C had limited, if any knowledge of the PDD course to which the suspects they caught were diverted:

> Someone asked me a question the other day and said, "What happens on the course?" And I had to say, honestly, I don't know, which is quite poor really, on my part, because I should know that. I'm referring someone to a course I should know what is on there. [Police Officer, Force C]

In Force B, divertees were expected to pay for the course to which they were diverted, but this was not always enforced, and police officers reported some uncertainty about this as it was the commissioned service provider who handled eligibility and payment. In the absence of specific knowledge about the commissioned service, communication was often limited to 'you can either go to court or do the course' without the potential benefits being explained. This is a stark deviation from the aims of the schemes as envisioned at strategic levels. Such problems in achieving consistency of message and practice across different levels of partnership (strategic and frontline) highlight the importance of staff training, education and ongoing communication with police officers and potential divertees. The findings also illustrate the important role of police sergeants in providing officers with 'on-the-job' education about PDD.

## DISCUSSION AND CONCLUSION

This research deepens our understanding of how different models of partnership relate to implementation effectiveness, delivery success, and officer 'buy-in'. Specifically, commissioned services, as used by Forces B and C, are governed by procurement contracts and key performance indicators, aligning more closely with what might be considered supplier-client relationships. While these models support standardization and scalability, they may struggle to foster the mutual trust, shared discretion, and informal communication loops that characterize collaborative advantage. As Huxham and Vangen (2005) note, collaborative advantage depends on 'managing the tensions of collaboration,' which include balancing formal control with mutual learning and reciprocity. Our findings show that internal models like Force A's are better positioned to navigate these tensions at the frontline.

While all three forces shared broad aims, these were not always clearly translated to frontline officers. This undermined implementation fidelity and limited the extent to which officers could 'sell' diversion as a positive opportunity, particularly in the externally commissioned models

Our retroductive analysis has identified the collaborative advantage mechanisms of common aims, leadership, membership structure, accountability, communication, and learning as most pertinent to how PDD partnership interventions may attain a collaborative advantage.

Partnership in Force A fosters more individualized and direct support for people who use drugs and highlights the importance of personal partner relationships between practitioners and local service provider staff. This was to ensure timely access to further support services if deemed appropriate, based on an individual's need. In contrast, the commissioned partnerships in Forces B and C operate with less direct interaction between the police and external agencies at the personal level. Strong leadership emerged as a key mechanism in the success of attaining collaborative advantage in PDD partnerships. The innovative nature of the Group 2 intervention seen in Force A, where leadership at the top levels advocated for a public health approach to drug policing (van Dijk and Crofts 2017), suggests that leadership can fundamentally shape the direction and outcomes of PDD schemes. For future implementation of diversion schemes, it is essential that police leaders not only support the concept of partnership but actively champion the integration of health and social care services as part of a broader, harm-reduction-focused policing strategy. As Carpenter et al (2016) argue, it is the front line that predominantly has contact with the individuals requiring diversion and they are handed the discretion to actively translate the strategic messaging from their organization to their operational decision-making. Therefore, understanding the local mechanisms and contexts, including the leaderships' commitment to health partnerships, is critical when attempting to identify what works well in diversion interventions (Van Dijk and Crofts 2017).

We do not seek here to provide a quantifiable answer to 'which form of PDD works best'. Instead, this paper shows how this is highly context dependent. For instance, while strategic partnership models as used by Force B and C may lack the immediacy and individualization afforded by more internalized partnerships, they may still fulfil their intended goals of providing diversion as an alternative to criminal justice processing, notwithstanding the relative absence of personal partnership.

This variation in partnership structures has clear implications for practice. Agencies implementing PDD schemes must consider the nature of their partnership arrangements and the specific needs of the communities they serve. For example, in contexts where timely, personalized support is critical to the success of attaining the desired aim of diversion (as seen in Force A), internalized partnership models may be more appropriate. Conversely, in larger or more resource-constrained environments, strategic partnerships with external providers may offer a more sustainable solution, though potentially at the cost of personalized care.

Furthermore, the findings emphasize the critical role of learning through training and education for frontline officers in attaining a collaborative advantage. Across all forces, we observed that the level of knowledge and understanding about PDD schemes directly impacts officers' ability to communicate the benefits of diversion to people who use drugs. This highlights the need for ongoing and comprehensive training initiatives that ensure officers are not only aware of the diversion process but are also equipped to advocate for it effectively. Ensuring that frontline officers understand the long-term benefits of diversion, beyond avoiding prosecution, is critical for improving the uptake and success of these schemes.

Through a critical realist lens, we have illustrated that outcomes in criminal justice partnerships are contingent on the interaction of multiple, overlapping contexts and mechanisms. The themes identified in this paper serve as critical moderators of partnership success. This supports the theoretical understanding that collaboration is not a linear process, but a complex, multi-dimensional practice influenced by contextual variables. In this way, our findings align with broader critical realist scholarship that emphasizes the need to account for the complexities of causation in social interventions (Bhaskar 2008; Danermark et al 2019). By identifying specific mechanisms that contribute to collaborative advantage, such as common aims, leadership, membership structure, and accountability, this paper provides a more nuanced view of how PDD partnerships can be structured for success. However, the findings also suggest that achieving collaborative advantage is not solely dependent on formal structures or strategic partnerships. In Force A, for example, personal partnerships at the frontline level, facilitated by diversion practitioners, played a key role in driving positive outcomes. This indicates that collaborative advantage can be attained not just through strategic alignment at higher levels but also through personal relationships and informal collaboration at the operational level.

In conclusion, this study has provided valuable insights into the practice of partnership working within PDD schemes. Practically, it underscores the importance of considering the specific needs of participants and the context in which partnerships operate. Theoretically, it contributes to a more sophisticated understanding of how collaboration functions within complex, multi-agency interventions. As police forces and health agencies continue to grapple with the challenges of drug-related offending and harms to health, the lessons from this study can inform both the design and implementation of future schemes, helping to ensure that partnerships are structured and implemented in ways that maximize their potential to achieve lasting, positive outcomes. We hope that these lessons may also be useful for understanding the operations of other forms of partnership between police, public health, and other agencies.

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## AUTHOR CONTRIBUTIONS

All authors were involved in aspects of the project design, data collection, and data analysis of the research upon which this article is based. All academic authors have subsequently contributed to the writing of this article.

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**Professor Alex Stevens** work considers the overlap between drugs, crime, and public health, how related policies are

made and improved through research and collaboration with policy makers, practitioners, and affected communities.

## CONFLICT OF INTEREST

None declared.

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## DATA AVAILABILITY

In order to protect the confidentiality of participants, we have promised ethical reviewers of these studies that the original data will not be publicly released, due to the small but important risk that these data could be used to identify individual participants.

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