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Implementation fidelity matters: insights from a realist evaluation of police drug diversion schemes in England

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ABSTRACT

Evaluations in the field of police studies do not adequately address implementation fidelity, which impacts understanding of outcomes, how and why an intervention works in practice, what can be done to achieve improvements, and how to implement effective innovations in different contexts. Responding to calls for greater use of implementation science to improve innovations in policing, this article draws on the qualitative phase of a realist, quasi-experimental evaluation to examine implementation fidelity of police drug diversion (PDD) schemes in three police forces across England. The research principally involved interviews and focus groups with 221 people who were designers, deliverers, and recipients of PDD. Quantitative data on the recorded outcomes of those eligible for diversion was analysed to assess police use of PDD schemes. Findings on adherence indicate that PDD had lower than intended coverage owing to the exercise of discretion by frontline police officers. Moderators of fidelity are examined to further understanding of the realities of implementation processes, explain why officers were not diverting eligible offenders, and assess attempts by police managers to constrain discretion. The analysis demonstrates the complex interactions between moderators. It is structured around intervention complexity, facilitation strategies, and quality of delivery, but also covers participant responsiveness and capacity, organisational and cultural context, and time. The conclusion stresses the need for evaluations to consider implementation fidelity and makes recommendations for improving fidelity when implementing PDD schemes.

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Diversion; drugs policing; implementation fidelity; police discretion

Introduction

There is increasing interest in the use of diversion for drug policing, as well as developing the evidence base to better understand the processes, outcomes, and cost-effectiveness of specific

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interventions (Stevens *et al*. 2023). While a degree of definitional ambiguity remains, not least because of the various models labelled as diversion, police drug diversion (PDD) schemes are generally considered to be alternatives to criminalisation that provide people suspected of either simple possession or an offence related to their drug use with an educative, therapeutic, or social intervention (Stevens *et al*. 2022, Bacon 2024). Such schemes form part of a range of resolutions that enable police to address low-level offending at the 'front end' of the criminal justice system (Shaw *et al*. 2022, Strang *et al*. 2024).

Existing research is largely positive about the outcomes of PDD. Blais *et al*.'s (2022) systematic review indicates that police-based diversion measures are effective at reducing reoffending and show promising results for improving the health, wellbeing, and social circumstances of people who use drugs. Diversion is also less costly than traditional punitive responses to drug offences, such as arrest, prosecution, and imprisonment. Qualitative studies suggest that the implementation of PDD schemes is facilitated through programme acceptance by police officers, clear eligibility criteria, constructive intersectoral collaboration, and timely access to suitable services. Research on implementation is limited, however, because 'process evaluations are lacking as compared to outcome/impact evaluations' (Magaña *et al*. 2022, p. 150).

This neglect of implementation is not unique to evaluations of PDD but is widespread throughout the field of criminology and criminal justice (Miller and Miller 2015, Taxman 2025). A consequence of the longstanding fixation with 'what works' is that relatively little is known about how interventions work, mechanisms for change, or what is actually implemented in real-world settings. The implications of this knowledge gap for identifying and overcoming barriers to ensuring that evidence-based interventions are put into practice and remain sustainable have prompted calls for criminologists to embrace implementation science (La Vigne 2025, Taxman 2025, del Pozo *et al*. 2025a). Now firmly established in medicine and health-related disciplines, implementation science provides a wealth of theoretical tools and rigorous scientific methods to study implementation processes and promote the uptake of research findings by policymakers and practitioners. Despite being a potential 'game changer' (Taxman 2025) for research on criminal justice programmes, implementation science is infrequently used by criminologists and 'almost completely unstudied and unutilized in police settings' (del Pozo *et al*. 2025a, p. 182).

Responding to these calls, this article draws on the qualitative phase of a realist, quasi-experimental evaluation to examine the implementation of adult PDD schemes in three police service areas across England. Several pioneering local initiatives have emerged over recent years (Bacon 2026), including Avon and Somerset's *Drug Education Programme* (de Viggiani 2022), Durham's *Checkpoint* (Weir *et al*. 2021, 2022), Thames Valley's *Drug Diversion Pilot* (Spyt *et al*. 2019, 2023), and *DIVERT* in the West Midlands (Jones and Twomey 2023). There have been randomised trials of some such schemes for their effects on reducing reoffending (Weir *et al*. 2022, Neyroud 2024). However, there is an absence of research on implementation (Torrance 2025).

Our focus is on implementation fidelity. A key element of implementation science (Damschroder *et al*. 2009, Proctor *et al*. 2011), implementation fidelity refers to the degree to which an intervention is implemented as intended (Carroll *et al*. 2007, Carroll 2020). Evaluating whether an intervention has been implemented with fidelity is integral to understanding its outcomes, how and why an intervention works in practice, what can be done to achieve improvements, and how to implement effective innovations in different contexts. Implementation fidelity also affects the rigour, validity, and utility of research. Including an assessment of fidelity gives researchers more confidence in attributing outcomes to the intervention, increases the validity of applying findings to other cases of the same (or related) interventions, and enables those working on systematic reviews and meta-analyses to gauge possible heterogeneity between studies. We advance knowledge and understanding of adherence and moderators of fidelity by applying Carroll's (2020) updated conceptual framework to the implementation of PDD schemes. The original framework (Carroll *et al*. 2007) has been widely applied to assess implementation fidelity of education, health, and social care interventions, but has yet to be used by policing researchers.

The following section explains why implementation fidelity is an important aspect of evaluation research, draws attention to the neglect of implementation in criminology, and makes a case for a greater focus on implementation science. Literature on PDD is reviewed to synthesise existing knowledge about barriers and facilitators to implementation. Next, we provide an overview of Carroll's (2020) conceptual framework for implementation fidelity before moving on to discuss our methodology and methods. This is where we set out our realist approach to evaluation and spell out why qualitative research is needed to examine implementation fidelity in 'open systems' (Pawson 2013). The findings section starts by describing and examining the key elements of adherence (content, coverage, dose and timeliness). Drawing on the perspectives of key actors and quantitative data on the recorded outcomes of those eligible for diversion, it is shown that PDD had lower than intended coverage owing to the exercise of discretion by frontline police officers. Moderators of fidelity are then examined to further our understanding of the realities of implementation processes, explain why officers were not diverting eligible offenders, and assess attempts by police managers to constrain discretion. The analysis demonstrates the complex interactions between moderators. It is structured around intervention complexity, facilitation strategies, and quality of delivery, but also covers participant responsiveness and capacity, organisational and cultural context, and time. Implications for improving fidelity when implementing PDD schemes are considered in the conclusion.

Why does implementation fidelity matter?

It has become accepted wisdom in evaluation research that interventions do not always generate the intended outcomes of programme designers. Merton (1936) referred to this as the unintended consequences of social action. Implementation fidelity is important because it provides an explanation for why this can occur, acting as a moderator of outcomes and thereby impacting the (in)effectiveness of an intervention. In essence, an intervention might not have the expected outcomes if it is not implemented as intended. This explains why implementation fidelity is a major concern of medicine and public health researchers who endeavour to move their treatments from efficacy studies to open, real-world delivery systems (Proctor *et al*. 2011). Researchers need to understand implementation processes, especially when 'different practitioners with different levels of expertise are implementing the intervention in different contexts' (Breitenstein *et al*. 2010, p. 165). Unless an evaluation of fidelity is carried out, it cannot be determined whether modest, null, or inconsistent results are due to 'inadequate implementation, weak theory, unresponsive measures of outcome, or chance' (Taxman and Friedmann 2009, p. 222). Nor can it be discerned whether positive outcomes might be improved on through a higher degree of fidelity. Conversely, it might also be the case that a reduced level of fidelity could lead to better outcomes, particularly in situations where implementation fidelity clashes with other guidelines or procedures or is not culturally appropriate. In other words, balancing fidelity with pragmatism can at times be optimal (Harn *et al*. 2021).

In the field of criminology, most evaluations of criminal justice programmes conceptualise and evaluate successful implementation in terms of reduced crime rates with recidivism as the principal outcome. Randomised controlled trials and quasi-experiments are widely considered the strongest research designs for testing programme effectiveness (Farrington *et al*. 2020). Such research – which is designed to establish high levels of internal validity, for establishing cause and effect – is valuable because it provides robust evidence of 'what works'. Outcome evaluations, however, especially those that are purely quantitative, cannot capture the real effects of an intervention if implementation processes are neglected. While mixed-methods designs have migrated from other disciplines, Miller and Miller (2015, p. 340) contend that evaluation research in criminology has 'largely failed to understand the singular value of process research or the methodological interdependence between process and outcome phases'. As a result, most process evaluations do not adequately address implementation fidelity, leaving the extant knowledge base underdeveloped. More recently, against the backdrop of renewed debates about the use, value, and limitations of 'gold standard' methods in criminology

(Stevenson 2023, del Pozo *et al*. 2025b), La Vigne (2025) has emphasised the importance of implementation fidelity and local contextual adaptation in programme evaluations, arguing that failure to examine the intricacies of how interventions are implemented 'compromises our ability to interpret findings accurately' (p. 6).

Understanding implementation has become more prominent in research on crime prevention, evidenced by its inclusion in the EMMIE framework[1] (Johnson *et al*. 2015, Croci *et al*. 2023), which was created to encapsulate the types of evidence needed to inform decision-making about the design and delivery of crime prevention programmes. Yet, although implementation fidelity is recognised as being of critical importance, with assessments becoming more common in criminological research, it rarely features in evaluations of policing. Hassell and Lovell (2015), for example, found that evaluations of problem-oriented policing (POP) have focused on outcomes and 'largely ignored' (p. 508) implementation fidelity. This is problematic because, while there is widespread agreement that POP is effective in reducing crime and disorder, as a model of police reform, it has been subject to varying interpretations and levels of implementation, which have resulted in ambiguity regarding the essential components. Maguire *et al*. (2015) likewise found that the reality of POP looked very different from what its original architects envisioned because its implementation was shallow and deviated from the reform prescriptions. Similar findings are present in research on the implementation of a range of police innovations (see e.g. Dabney (2010) for a study of how CompStat has been implemented in ways that deviate from the core elements that made it effective).

Hassell and Lovell (2015) argue that policing researchers and practitioners need to develop and refine approaches to examining adherence and potential moderators of fidelity. This call has been taken further by del Pozo *et al*. (2025a), who make a compelling case for the use of implementation science to improve evidence-based policing. By taking the inherent challenges of implementation seriously, their article highlights the potential of implementation science for showing how research findings can be brought into practice with fidelity and sustainability, which will help translate effective innovations across agencies and local contexts. Implementation fidelity is not just an issue for research. It is also a critical policy issue, because better understanding of implementation will enable effective interventions to be scaled up more effectively.

Implementation (fidelity) of PDD schemes

With the exception of Durham's *Checkpoint* programme (Routledge 2015, Weir *et al*. 2022), existing evaluations of PDD schemes in England have not paid attention to implementation fidelity (Spyt *et al*. 2019, de Viggiani 2022). In Durham, implementation fidelity was assessed to ensure that the randomised controlled trial was implemented in line with the protocol. The exercise of police officer discretion was flagged as a risk to the random assignment of eligible offenders to treatment or control. The work of 'navigators' – non-police caseworkers, recruited from a range of relevant professions (e.g. drug treatment and probation) – was identified as crucial to implementation, both in terms of mentoring the offender through the intervention and monitoring progress with critical pathway referrals. Researchers analysed navigator records on the management system and judged that adherence was high (Weir *et al*. 2022).

Broader evidence on out-of-court disposals (OOCDs) provides insights into potential moderators that might impact implementation fidelity for PDD. A survey of police officers and staff found three main barriers to the greater use of OOCDs (Ratcliffe 2022): low awareness of diversion and OOCD options; restrictive eligibility criteria; and, in the case of conditional cautions, the process was considered too complicated and bureaucratic. In a recent study of police use of OOCDs to support adults with health vulnerabilities, such as drug use, mental health problems, and neurodiversity, Strang *et al*. (2024) found that the use of OOCDs varied substantially across forces. Several reasons were given by stakeholders from case study forces, including negative attitudes around the use of OOCDs; OOCDs were seen as time-consuming by frontline staff and supervisors; gaps in decision-maker

knowledge of available interventions; no lead from the command team on the importance of OOCDs as a positive disposal; and a lack of resources to fund interventions. Training on OOCDs, particularly in relation to conducting vulnerability assessments, was generally conducted on an ad hoc basis and was not available as a structured programme for most police forces, with staff turnover and inexperienced officers identified as key challenges.

Research on PDD in other countries also provides valuable insights into implementation (fidelity). Reviewing Australian drug diversion programmes, Hughes *et al*. (2019) examined various barriers and facilitators to expansion. Police cultural resistance and beliefs that diversion is a 'soft option' can lead to differential implementation. Narrow eligibility criteria, gaps in diversion programmes, and lack of treatment access were other key barriers. Relevant facilitators included streamlining referral systems for police, increasing feedback mechanisms to police about drug diversion, adding drug diversion into police performance monitoring systems, and a supportive national policy framework. In the USA, Magaña *et al*. (2022) carried out a process evaluation of San Francisco's Law Enforcement Assisted Diversion (LEAD) programme. Regarding implementation barriers and facilitators, the programme was deemed successful in terms of collaboration, relationship building, and client connections to services, but experienced challenges in securing and maintaining police officer buy-in. These challenges were attributed to cultural resistance, insufficient training, and difficulties in providing clear, consistent and open communication about LEAD's goals, principles, and procedures. Factors that influence police buy-in for LEAD and other diversion programmes have been the focus of several studies, given how commonly it has been reported as a barrier (see e.g. Rouhani *et al*. 2019, Joudrey *et al*. 2021, Gilbert *et al*. 2023). Key cultural barriers identified in this body of literature include: a belief in a punitive role for policing; concerns about reduced penalties for drug use; scepticism about the effectiveness of diversion and drug treatment more generally; and stigma towards people who use drugs. Other noteworthy barriers are the procedural complexity of referral processes and mistrust between police and service providers.

The literature reviewed in this section provides valuable knowledge about barriers and facilitators to the implementation of PDD. Implementation fidelity has not been the focus of inquiry, however, nor have researchers made use of fidelity frameworks to guide their data collection and analysis. As a result, these studies provide partial information, do not cover all components of fidelity or examine their interactions.

A conceptual framework for implementation fidelity

This article applies Carroll's (2020) updated, evidence-based version of Carroll *et al*.'s (2007) conceptual framework for understanding and evaluating implementation fidelity. The original framework is one of the most cited and used of the available fidelity frameworks.[2] Based on a critical systematic review of existing conceptualisations, Carroll *et al*. (2007) aimed to advance the research field by clarifying and explaining the five key elements of implementation fidelity – adherence, dose, quality of delivery, participant responsiveness, and programme differentiation – and their relationship to one another. The authors also introduced two additional elements – intervention complexity and facilitation strategies – which emerged from a broader review of the literature on implementation fidelity and diffusion of innovations. Their proposed framework involves examination of adherence (content, coverage, frequency, duration) and moderators of fidelity (intervention complexity, facilitation strategies, quality of delivery, participant responsiveness), plus identification of the essential components of an intervention (a relabelling of programme differentiation).

Carroll (2020) analysed the findings of a purposive sample of twenty empirical studies that applied the conceptual framework to assess its utility, as well as whether and how it should be modified. In the updated framework, adherence and its subcategories remain largely the same, with the possible addition of timeliness. The main changes are: a developed understanding of interventions to encompass an intervention's forms, functions, and delivery, which involves the

previously identified moderators; and the inclusion of the new moderators of time, participant capacity, and organisational and cultural context.

Adherence refers to the extent to which an intervention is implemented as originally conceived by its designers. Carroll *et al*. (2007) consider it to be the 'bottom-line measurement' of implementation fidelity. The *content* of an intervention is its 'active ingredients'. These might include the treatment, the service being provided, or the knowledge and skills that an intervention seeks to deliver to its recipients. *Coverage* is a measurement of whether the people who should be participating in or receiving the benefits of an intervention actually do so. *Frequency* is the amount of an intervention received by participants, for example, whether the prescribed number of education sessions or service visits is delivered. *Duration* is whether those sessions or visits are delivered for as long as required. Together, frequency and duration are often defined as *dose*. Following von Thiele Schwarz *et al*. (2015), Carroll (2020) added *timeliness* to the original framework to account for whether an intervention is delivered at a specific, optimal time-point.

Adherence is moderated by certain variables during the implementation process. *Intervention complexity* relates to whether an intervention's purpose, components, and delivery requirements are clearly specified and/or easy to follow. *Facilitation strategies* might be used both to optimise the level of fidelity achieved and to standardise implementation. Such strategies include the provision of manuals, guidelines, training and support, as well as monitoring and feedback for those delivering the intervention. *Quality of delivery* concerns whether an intervention is delivered in a way that is appropriate for achieving the intended outcomes. *Participant responsiveness* examines the extent to which participants respond to, are engaged by or with, an intervention. Participants covered by this moderator include the people receiving the intervention and those responsible for delivering it. Carroll (2020) suggested that researchers might want to incorporate *participant capacity* – an individual's ability to respond to an intervention – into examinations of their responsiveness. The addition of *context* as a moderator takes on board Hasson *et al*.'s (2012) modification to the original framework. It covers a host of organisational and cultural factors, including leadership, availability of resources, and staff turnover. Carroll (2020) also added *time* because certain moderators and levels of adherence might change over time.

Carroll *et al*. (2007) noted that much implementation fidelity research focuses on a fidelity score determined almost exclusively by quantifiable measures of adherence. They did not, however, specify how data on adherence or moderators should be collected, simply identifying how data had been collected in the past. Carroll (2020) found inconsistency in data collection methods used in the sample of empirical studies. The method most frequently employed to evaluate adherence was analysis of written documentation relating to the delivery of the intervention. Other methods included surveys, semi-structured interviews, focus groups, and observations. Qualitative rather than quantitative data were preferred by researchers for understanding moderating variables. The original conceptual framework made use of classifications such as high and low fidelity, but only a small number of the empirical studies followed this lead. This, Carroll (2020) suggests, is almost certainly because of the problems involved in creating such a system of ratings or classification, which oversimplify the complexity of data and are difficult to justify in the absence of clear standards. Ultimately, Carroll (2020) recommends that evaluations of implementation fidelity use multiple data sources that are derived from more than one stakeholder group to validate and strengthen findings.

Methodology and methods

This article uses data from a realist, quasi-experimental evaluation of PDD in England. The protocol of the study describes the work packages and research methods (Stevens *et al*. 2023). Our focus here is on findings from the qualitative process evaluation of adult PDD schemes in three police service areas. To maintain participant confidentiality, we assigned anonymised labels and refer to these forces as A, B and C.[3]

Developed by Pawson and Tilley (1997), realist evaluation is rooted in realist ontology and epistemology (Bhaskar 1975). Realist approaches operate with a generative model of causation, which moves beyond seeing cause as constant conjunction and the search for what works, instead asking what works, for whom, in what circumstances and why. The explanatory goal is to understand how different mechanisms fired in different contexts produce multiple outcomes within any given intervention, programme or policy. We argue that issues of implementation fidelity are linked to generative models of causation in realist research by considering how they affect the activation of underlying causal mechanisms. Implementation fidelity influences whether the intended mechanisms are properly triggered as designed or whether deviations in implementation might lead to altered or eroded mechanisms, which then change outcomes.

The PDD schemes we studied were not based on fixed, pre-existing intervention protocols against which we could assess fidelity. To create descriptions of how diversion was supposed to operate, we spent the first few months of the research project working with key practitioners – those involved in design and delivery – to understand what their schemes involved. Desk-based research and workshops with local and national stakeholders informed the development of PDD programme manuals for each scheme. These manuals were structured according to the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann *et al*. 2014). They were used to guide our examination of implementation fidelity. Components described in the manuals include eligibility criteria, referral pathways, modes of delivery, content of the PDD scheme, and compliance.

It is important to stress, however, that we are examining implementation fidelity in 'open systems', rather than 'closed systems' like a randomised controlled trial (Pawson 2013). Fidelity in open systems refers to the degree to which an intervention is delivered within complex, real-world environments characterised by multiple interacting factors, ongoing change, and contextual variability. In such settings, strict adherence to protocols – if they exist – is often difficult due to adaptations for local needs, participant diversity, resource constraints, and unpredictable events. As a result, assessing fidelity requires flexible approaches that acknowledge deviations and adaptations while still focusing on the delivery of essential components. Mixed-methods strategies are often necessary to capture the full picture of how interventions unfold and how core elements are maintained or altered.

To measure coverage in police use of PDD schemes, quantitative data was collected on the recorded outcomes of those eligible for a PDD intervention over a one-year period (01/10/2021 until 30/09/2022). This data captures all possession-only offences, as well as other drug-related offences, which we operationalised as shoplifting, assault, criminal damage, drunk and disorderly, and/or any theft (other than burglary), by people who also had a suspected or proven offence in contravention of the Misuse of Drugs Act 1971 or the Psychoactive Substances Act 2016, in the preceding 3 years, or had a flag in police records for involvement with illicit drugs, or had a positive drugs test on arrest.

Fieldwork for the qualitative process evaluation took place between April 2023 and May 2024, allowing for examination of PDD implementation against the descriptions provided by stakeholders in the programme manuals. Data collection involved semi-structured interviews with practitioners and divertees/service users. Interview numbers and interviewee roles are outlined in Table 1. Sample size was determined by data saturation and inductive thematic saturation (Saunders *et al*. 2018). Practitioner participants included those involved in the design, management, and delivery of PDD schemes, such as police thematic leads for drug policy and OOCDs, staff from the Office of the Police and Crime Commissioner (OPCC), managers of diversion schemes, and frontline officers. Purposive sampling was employed to recruit frontline officers from diverse roles and districts, ensuring variability in gender, ethnicity, and service length. Additionally, interviews were conducted with personnel from commissioned services responsible for delivering diversion and associated support services (e.g. drug treatment, housing, employment). Peer researchers with personal experience of drug problems and the criminal justice system conducted interviews with individuals eligible for diversion. These peer researchers were recruited, trained, and paid by our partner

Table 1. Interview participants.

Role	Area	Number	
Police sergeants and middle managers	Force A	14	41
	Force B	11	
	Force C	16	
Frontline officers/police constables	Force A	9	32
	Force B	9	
	Force C	14	
Diversion leads and staff	Force A	10	28
	Force B	10	
	Force C	8	
OPCC	Force A	3	4
	Force B	0	
	Force C	1	
Other drug treatment providers, probation, public health leads	Force A	6	13
	Force B	4	
	Force C	3	
Diversity/service users	Force A	50	103
	Force B	37	
	Force C	16	
Total			221

organisation, User Voice, to utilise their experiential knowledge and ability to establish rapport with interviewees.

Towards the end of the fieldwork, interim findings were discussed with key stakeholders via six focus groups: three with practitioners, and three with people who had been diverted. Focus group participants were drawn from our interviewees (Table 2).

For the most part, to evaluate implementation fidelity, we draw on qualitative data which helped capture the perspectives, experiences, and reasoning of the designers, deliverers, and recipients of PDD. The findings offer rich insights into implementation processes, adherence and the impact of moderators. It is a central tenet of critical realism in general – and realist evaluation in particular – that qualitative data can be useful in understanding how interventions work. We acknowledge, however, that there are issues with our reliance on interviews and focus groups, including potential bias and over- or under-estimation of fidelity. While data, methodological, and researcher triangulation helped enhance the validity of our findings, a limitation of our research is that we did not undertake observations to verify self-report data. We also accept that some readers will be sceptical about our use of qualitative rather than quantitative methods to evaluate adherence.

Qualitative analysts in the research team (Bacon, Glasspoole-Bird, Smith and Sutton) carried out coding and analysis of the data. This involved doing abductive and retroductive analysis to assess and make sense of implementation fidelity (Danermark *et al*. 2019), using NVivo software for computer-assisted qualitative data analysis. In a similar process to that described by Dalkins *et al*. (2021), we used NVivo in an iterative and collaborative process of developing and testing ways to interpret the data we collected. We started our abductive coding by creating a shared list of provisional analytical codes, based on our provisional realist theory of PDD and Carroll's (2020)framework for implementation fidelity. Three members of the qualitative analytical team (Glasspoole-Bird, Smith and Sutton) used this provisional list of codes to code the data that they had collected (i.e. one

Table 2. Focus group participants.

Role	Area	Number
Practitioner	Force A	5
	Force B	6
	Force C	5
Divertees/service users	Force A	5
	Force B	4
	Force C	3

analyst for each of the participating police forces), via repeated readings of these transcripts. Throughout the 24 months of data collection and analysis, there were regular meetings of the qualitative analysts facilitated by Bacon and Hendrie to discuss the coding and add new, abductively generated codes. Provisional analyses were then presented to and discussed by the whole author team at three separate in-person day-long meetings. These meetings also included key practitioners and peer researcher colleagues from User Voice. They assisted in enhancing our interpretations during data collection, the analytical phase, and the writing process. Following these meetings, the qualitative analysts went back to the data to refine and complete the coding. Once coding was complete, Bacon searched all the coding for items that were relevant to this analysis of implementation fidelity. He checked for consistency in the use of the coding and found that the codes had been used consistently, thanks to the collaborative and shared coding process. This process ended with Bacon carrying out – and then discussing with all co-authors – retroductive analysis. In this final analytical phase, which is common in critical realist analyses (Danermark *et al*. 2019), we inferred the underlying causal mechanisms that produced the actual and observed phenomena.

Findings

Adherence

Adherence refers to the extent to which an intervention is implemented as intended. As discussed in the methodology and methods section, we established our understanding of each scheme's planned implementation via collaborative workshops and the development of programme manuals, prior to collecting and analysing data from PDD deliverers and eligible service users. Our purpose here is to examine the key elements of adherence and identify any shortcomings that we saw in the qualitative data.

Content

The PDD schemes we studied were made up of numerous components (see Table 3). For present purposes, we separate the content of PDD into two essential components: first, the police refer eligible offenders into a diversion programme as an alternative to criminalisation; and second, divertees receive an educative, therapeutic, or social intervention. The following discussion gives most attention to the police referral stage of the process as this proved to be the most impactful feature of implementation fidelity.

Each police force had a pre-arrest diversion scheme designed for people apprehended for simple drug possession, which we categorised as Group 1 PDD programmes. The decision to divert into these programmes was mostly taken on the street by response or neighbourhood police officers. Force A's scheme was for cannabis only. In Forces B and C, PDD was targeted at people found in possession of any controlled drugs. Multiple diversions were possible, on the proviso that the divertee engaged with the programme after each referral. While Forces B and C had mechanisms in place for dealing with crimes with a causal connection to drug use (i.e. arrest referral schemes and liaison and diversion services based in police custody), these interventions were not categorised as PDD for our evaluation as they do not provide an alternative to criminalisation. Force A, on the other hand, had a broader PDD scheme that we have called a Group 2 intervention, which covered a range of low-level offences, including possession and various acquisitive crimes that occurred alongside drug use. Offenders were arrested and interviewed by police under caution before a decision was made about whether to divert.

Our research showed that police discretion – part of the organisational and cultural context in Carroll's (2020) conceptual framework – was central to the referral process. Frontline officers had the authorised capacity to decide whether an offender met the eligibility criteria and whether eligible offenders should be diverted:

> [Police officers] have complete control over whether that person gets diverted or not. It's down to them to offer it as a consideration because we don't get involved at that stage. The first we hear of the client is when the

Table 3. Components of PDD schemes.

	Group 1			Group 2
	Force A	Force B	Force C	Force A
Stage				
Pre-arrest	■	■	■	
Pre-charge	■	■	■	■
Eligible offenders				
Simple possession	■	■	■	■
Cultivation (personal)			■	■
Other offences				■
Assessment				
Screening	■	■	■	■
Needs	■			■
Diverted to				
Online course		■	■	
Face-to-face course		■		
E-learning package		■		
One-to-one: one-off	■		■	
One-to-one: ongoing				■
Payment				
Offender pays		■		
Free to offender	■		■	■
Non-compliance				
Not eligible in future		■	■	
Caution/charge for original offence				■
Recorded as				
Community resolution	■	■	■	
Outcome 22				■
Repeat offences				
Multiple opportunities	■	■	■	■
Escalate to caution/charge	■	■		■

> referral comes in, you know, we are not out touting for business with officers, it's up to the officers as part of their investigation to think does this meet the eligibility criteria and would this person benefit from [diversion scheme]. (PDD Practitioner, Force A)

Officers had to make several judgements in relation to the eligibility criteria, including whether the offence was simple possession or possession with intent to supply, whether the offender accepted responsibility for the offence, and whether the offence was suitable for an OOCD. Other more subjective factors that influenced decision making were officers' views on whether the suspect would benefit from diversion and whether they believed the intervention was likely to be successful.

Police officer interviewees often said diversion schemes were embedded and used as a matter of routine:

> [F]or like low-level drugs, like Class B, you will always just get a [diversion], as long as you've not got a lot on you. So, it's almost just like an automatic thing you do. (Police Officer, Force C)

However, interview data also showed that officers exercised discretion in ways that impacted implementation fidelity. According to the programme manuals, PDD schemes in Forces B and C had no restrictions on the type of controlled drug and no limits on how many times a person could be offered diversion if they continued to engage. The following quotations show that there was not always compliance with this guidance:

> I've only ever done [diversion] for cannabis. I've never done it for Class A. (Police Officer, Force C)

> The maximum I'd give to someone is three. Yes, if I've given somebody three drug diversions and they're still doing it, I will report them to court. (Police Officer, Force B)

More significantly, some interviewees explained that they did not use PDD because they judged it to be unnecessary, ineffective at reducing reoffending, or incompatible with their understanding of the police role:

> I've stopped [using PDD]. I'll take the drugs off them. I'll give them a lecture about having it. I'll put an intelligence log in. If they're underage, take them back to their parents. But [PDD], I've got no faith in them. (Police Officer, Force C).

In line with research on police culture and discretion (e.g. Warburton *et al*. 2005, Loftus 2009), which reveals that officers generally deal with disorder and challenges to police authority through enforcement, our evaluation indicates that how a suspect behaved during the police intervention had an impact on officers' decisions about whether to divert. This has commonly become known as *'the attitude test'*:

> It also depends on the attitude test. If you have got somebody who is being really, really difficult it might be you're looking more likely at a lock up anyway. (Police Officer, Force C)

The potential impact of the attitude test on implementation fidelity is evident in the following interview excerpt, in which the officer suggests that abusive and non-compliant behaviour is a sign that a person is unlikely to engage with the diversion scheme:

> The more violent or, you know, verbally abusive they are then the less likelihood that it's going to be an appropriate referral, because if they're not complying with you at the time then who's to say they're going to comply with regular meetings … [A] person who wants to change will be pleasant enough to the police. Even though they may be getting arrested they will be pleasant enough to the police and acknowledge that there's room for change. (Police Officer, Force A)

Diversion practitioners were critical of how police exercised discretion and argued that officers should not decide whether a person is suitable for diversion because they *'don't know all the background'*. In particular, interviewees expressed concerns about police reluctance to divert people who did not have readily observable criminogenic needs:

> I think there's a perception in the minds of some that if somebody presents as having no underlying issues, that means that they can't refer them in, when the reality is they can. Just because those issues aren't apparent at the custody desk, it doesn't mean that they're not going to meet the scores when they get to the assessment. (PDD Practitioner, Force A)

People who were diverted into Group 1 programmes were required to attend a one-off educational intervention, delivered in-person or online. These programmes were generally characterised as *'light-touch'* interventions that aimed to educate and support people to make informed choices about drug use and act as an early intervention for those at risk of drug-related harm. Force A's scheme consisted of a one-to-one, brief intervention with a diversion practitioner, who was a civilian case worker employed by the police. While the intervention had standardised content, which was largely based upon needs assessment tools (Glasspoole-Bird *et al*. forthcoming), there was flexibility for practitioners to be responsive to identifiable needs. Interviewees viewed this responsiveness as a benefit of in-person delivery:

> You can check the individual's understanding and if they don't understand the material that's being delivered, you can then tailor that to the individual because, obviously, we do have people who have got learning disabilities, ADHD or, it's all those kind of things, that would be a barrier to learning. (PDD Practitioner, Force A)

Such 'subsidiary discretion' (Stevens *et al*. 2026) does not compromise implementation fidelity as long as the relevant educational material is delivered in some way.

In Forces B and C, PDD involved referrals to a drug treatment provider for an educational intervention. The intervention options in Force B were either e-learning or an in-person or an online group session. There was a general drug diversion course or a cannabis-only diversion course. Following referral, the commissioned service contacted divertees to inform them that they had been registered for a course and needed to arrange payment (£25 for e-learning or £75 for in-person/online group session (plus an additional £10 administration fee)). Divertees were not required to

pay for diversion in Forces A and C. Force B's e-learning course content was pre-set, and practitioners who delivered the group sessions said the content was standardised. There was, however, scope for discretion within the course structure, as it was recognised that content should be responsive to the needs of divertees. Content was also adapted to reflect personal preferences:

> You can't have one delivery model that fits everybody … And that's why each course that I deliver, wrongly or rightly, I don't know, is very agile to the audience. And I will measure what that person might need or might benefit from. (PDD Practitioner, Force B)

> There is interactivity written into the course … but it doesn't work that well. So I tend to leave it out. I think it's a bit old fashioned. (PDD Practitioner, Force B)

A key difference between PDD content in Forces B and C was that education in the latter principally took the form of an online group session. Content had changed over time as practitioners learned from experience:

> When we started the programme, the group session was much broader around more types of drugs and was a bit longer actually. But we have narrowed that in, predominantly around cannabis and kind of more recreational use, which suits the majority of people coming through. (PDD Practitioner, Force C)

Interviews also revealed that the service provider delivered bespoke groups for cocaine and ecstasy users if they had sufficient numbers to justify the resources.

Another difference was that Force C divertees had a screening assessment during their first appointment with the commissioned service (Glasspoole-Bird *et al*. forthcoming). This was a one-to-one telephone substance misuse assessment conducted with a drug counsellor. The assessment was designed to allocate people onto the most relevant pathway. Divertees were offered a one-to-one intervention instead of a group session if they were assessed to be users of heroin and/or crack cocaine. This was carried out via telephone and adapted to meet individual needs. Referral to treatment and other wraparound services were offered where required.

For Forces A's Group 2 programme, eligible offenders were referred to the force diversion team who made an appointment for a needs assessment. The assessment was described as ''*in-depth*' and '*person-centred*'. Critical pathways used as part of the needs assessment included drugs, accommodation, employment, finance, relationships, and mental and physical health. Divertees received tailored support over repeated, one-to-one sessions with practitioners, which aimed to promote desistance by addressing criminogenic needs, improving wellbeing and life chances.

Coverage

Coverage relates to whether people who are eligible for diversion are actually being diverted. Tables 4 and 5 present data on the people in our quantitative sample who were eligible for Group 1 (possession only offences) or Group 2 (the wider list of drug-related offences described in the methods section) PDD interventions who got a criminal justice outcome (Outcome 1 [charge] or 3 [caution]) or were diverted using Outcome 8 (community resolution) or 22 (diversionary activity). Group 1 PDD was recorded as a community resolution in Forces A, B and C. Force A's Group 2 programme was recorded as Outcome 22. Note that criminal justice and diversion do not account for one hundred percent of outcomes. This is because some offences were recorded as being dealt with by other outcome codes, including Outcome 10, which is used when police decide that formal action against the offender is not in the public interest, and Outcomes 15 and 16, which are used when 'evidential difficulties' prevent taking the case any further (Home Office 2025).

Table 4. Drug possession offences that were dealt with by outcome codes 1 and 3 (criminalisation) or 8 and 22 (diversion).

	1	3	8	22	Other
Force A	128 (25%)	116 (22.7%)	89 (17.4%)	79 (15.5%)	99 (19.4%)
Force B	578 (14.8%)	393 (10.1%)	2235 (57.2%)	0 (0.0%)	704 (18.0%)
Force C	361 (11.2%)	57 (1.8%)	1585 (49%)	13 (0.4%)	1220 (37.7%)

Table 5. Group 2-eligible offences that were dealt with by outcome codes 1 and 3 (criminalisation) or 8 and 22 (diversion).

	1	3	8	22	Other
Force A	327 (72.3%)	15 (3.3%)	35 (7.7%)	1 (0.2%)	74 (16.4%)
Force B	672 (21.0%)	74 (2.3%)	146 (4.6%)	0 (0.0%)	2304 (72.1%)
Force C	1056 (39.2%)	59 (2.2%)	22 (0.8%)	2 (0.1%)	1557 (57.8%)

Force A police data showed that diversion did not happen for the majority of eligible offences (32.9% of possession offences and 7.9% of other Group 2-eligible offences). Almost half of the eligible possession offences resulted in a charge or caution (47.7%). The majority of Group 2-eligible offences resulted in a charge or caution (75.6%). In fact, only one person in our sample received a diversion outcome for a non-possession offence. The conclusion that we reached from this data is that PDD was not being used as widely as it could have been across the force. This was confirmed by participants during the interview:

> I don't know whether people just aren't being referred here or whether the crime is not happening, I don't know, but I think there's got to be more people that we could help … [T]he low numbers that are coming through … I worry that some people aren't being offered or aren't getting the support because they are not being referred. (PDD Practitioner, Force A)

A higher percentage of people caught in possession of drugs for personal use was diverted in Forces B (57.2%) and C (49.4%), although these numbers still indicate that many eligible offenders were not being diverted.

These findings clearly demonstrate that police discretion at the referral stage of the diversion process was negatively impacting implementation fidelity. Reasons for lower than intended coverage are returned to in the moderators section, where we also discuss attempts by police managers to constrain the exercise of discretion by frontline officers.

Dose and timeliness

Dose refers to whether the duration and frequency of the intervention is as prescribed. Interviews and focus groups with diversion practitioners and divertees indicated a high level of adherence. Group 1 interventions were one-off sessions that were between one and three hours in duration. The Group 2 programme in Force A involved a four-month intervention that was one-to-one in nature, with a minimum requirement of twelve contacts.[4] Our data revealed some discrepancy with the dosage of this intervention. Interviewees said that divertees often received more support than the minimum, depending on individual need and staff capacity. On the other hand, a small number of divertees received less support if it was judged to be unnecessary:

> It depends on the client, it depends on the needs of the individual, so the minimum is like once a week for the first two months and then fortnightly after that until the end of the contract but obviously if someone needs two or three appointments in a week then that's fine, because we have got the lower caseload we have got the flexibility to be able to do that. (PDD Practitioner, Force A)

> I saw him twice, and then, I don't know, he just didn't really call us back. I think he understood that I'm not going out and causing trouble all the time. I think he just saw that it was just a one-off. (Divertee, Force A, Group 2)

Timeliness accounts for whether the timing of the intervention is optimal. The most significant aspect of timeliness for PDD was the time that elapsed between the offence and the intervention. The shorter the time between these events, the greater the impact was likely to be. For instance, catching a person when in the midst of the potential for criminal sanctions not only leads to greater motivation and engagement (Sutton *et al*. 2025), but also the ability for the intervention to create an effect on the '*here and now*' unmet needs or behaviours that had contributed to the offence, lessening the opportunity for them to worsen and potentially contribute to future offending:

> There are a lot of people who need help, but don't get offered it, and won't chase it, like myself … I think with PDD being there when it's all going on and it's in the rough, I think if it happens straight away, it would be the perfect time for anyone in that position. (Divertee, Force A, Group 2)

Force A PDD schemes were designed to be swift and typically involved a meeting with diversion practitioners within 24 to 72 h of the referral. In Force B, divertees were usually required to complete the course within 16 weeks, whereas Force C aimed to have the screening assessment completed within a week of the referral and the course completed within a month thereafter. Where there was a significant time lag between the offence and the intervention, we found that some divertees – whose trigger to improve their situation occurred because of the act of being caught and/or their interaction with the police – had already initiated the processes required to change prior to receiving any educational mechanism through PDD. This could affect participant responsiveness:

> I think it needs to be something instant. So like making an appointment for two weeks' time doesn't seem to have the same deterrent as if we pick them up and drop them off there physically or have them working in the custody blocks … and they have that appointment there and then. (Police Officer, Force C).

> It's such a long time between being arrested and then being offered the course. It was literally like nearly two years and I hadn't used in those two years. So … it was completely irrelevant to me. (Divertee Focus Group, Force B)

Our interview data suggests that lengthy delays were an uncommon occurrence. Issues with timeliness were most frequently raised in Forces B and C, where PDD was delivered by external service providers. Available resources were the main explanation. The following interviewee talked about how the diversion scheme was difficult to staff and that they were *'relying on people's goodwill'*:

> We run [diversion scheme] with a pool of overtime staff at the moment … I have one member of staff who is assigned to my team … everybody else is a volunteer … because of the increase in the amount of referrals that we get and, you know, the challenges that they face, and essentially just being tired of doing two jobs. (PDD Delivery Manager, Force C)

Additionally, where police were investigating other suspected offences committed by a potential divertee, interviewees said that this could lead to a time lapse between initial police contact and the Group 1 intervention. Officers were encouraged to separate and divert the drug offence before investigating the other offence(s) but this did not always happen.

Moderators

Adherence is moderated by various processes during implementation. Building on the previous section, the following discussion focuses on how moderators impacted the exercise of discretion by frontline officers at the referral stage of PDD. Moderators are not discrete elements. Our analysis is structured around intervention complexity, facilitation strategies, and quality of delivery. Participant responsiveness and capacity, organisational and cultural context, and time are examined throughout these subsections owing to the complex interactions between moderators.

Intervention complexity

Interviews with police officers revealed mixed views on whether the purpose, components and delivery requirements of PDD schemes were clearly specified and easy to follow. A combination of facilitation strategies (see below) and participant capacity helps explain why officers who had received relevant education and were experienced in diversion tended to have solid working knowledge of the programmes:

> I find it personally quite simple how to do the referral. We have a system, we add the person and there's a few questions you need to answer and it all populates itself … [Y]ou look for an appointment, and there you go. (Police Officer, Force A)

> Basically it's a form that we fill out … [Divertees] admit what [the drug] is and they agree that the matter will be dropped if they attend the [diversion] course … I go through with them and find a date that works around their schedule and then make the referral. (Police Officer, Force C)

There were, however, areas of confusion about what diversion involved and how it should be implemented, which impacted officer responsiveness and the exercise of discretion.

Regarding eligibility, several officers said they did not know how to check if a person had engaged with any previous diversions. The eligibility criteria for Force A's Group 2 programme had been '*tweaked and changed*' since its inception, which had resulted in feelings of uncertainty:

> People's confidence isn't as good as it should be because, you know, that sort of feeling of not being sure, should this person be coming on, or should they not. (PDD Practitioner, Force A)

The different eligibility criteria for Force A's Group 1 and Group 2 programmes added to the confusion. For a person to be eligible for the Group 1 intervention, they had to accept responsibility for cannabis possession, whereas for Group 2, it was only whether there was sufficient evidence to charge, regardless of an acceptance of responsibility or admission of guilt. This did not always happen in practice, as officers reported not using the Group 2 intervention if people did not admit the offence.

Some officers told us that they sometimes struggled to differentiate between simple possession and possession with intent to supply. This, however, relates to a lack of clarity about drug offences affecting officer capacity to use diversion, rather than the complexity of the intervention itself.

Another issue that we found in the interview data was that each force had multiple referral options for OOCDs. This patchwork of diversion could result in officers confusing different schemes and struggling to remember the different processes:

> I think [police officers] do struggle with some of the processes … They give [divertees] an appointment but don't bother putting it in our diary, so we don't know when they are coming in … [S]ome of them aren't filling in the [Group 1 programme] forms, they are putting it on the [Group 2 programme] referral. (PDD Practitioner, Force A)

In Force A and, to a lesser extent, Forces B and C, officers described the online referral system as '*the difficult bit*' of the diversion process and said it acted as an obstacle:

> The online system that we use for referring people onto [diversion scheme] is absolutely horrendous … I've used it four or five times now and still, referring someone onto [diversion scheme] using that online form, I always question myself, have I actually done this right? Is that person actually referred to [diversion scheme] now? … [I]t is quite daunting to put someone in [diversion scheme]. (Police Officer, Force A)

Force C had tried to simplify the diversion process by developing an appointment app that officers could use on their mobile devices, although checking eligibility on other systems still presented problems.

On top of the perceived complexity of the referral process, our research found that the time taken/work required to divert could have a negative impact on police officer engagement. This element of intervention complexity – which is not included in Carroll's (2020) description – might be conceptualised as 'implementation burden'. In political science, implementation burden refers to 'the additional administrative tasks to apply, monitor, and enforce the policies in place' (Fernández-i-Marín *et al*. 2004, p. 1240). Perceptions of burden largely related to the (potential) number of steps required for using the intervention. Group 1 PDD schemes were widely considered quicker and easier than traditional responses to simple possession. This view was certainly not unanimous though:

> We had a conversation about how possession of a simple piece of cannabis can actually take longer to deal with than a full lock-up, because you've got to issue the community resolution … then you've got to put them on the [diversion] course, then you've got to crime it, then you've got to upload the community resolution document and the [diversion] booking. (Police Officer, Force C)

In Force A, if divertees failed to comply with the Group 2 scheme, the case was returned to the diverting officer to caution or charge them for the original offence. Some interviewees said this made them reluctant to divert because of the lack of closure and the prospect of future work:

> It's just easier to charge them first thing, just get rid of the file. Got all the witnesses here, I'll just charge. Forget [diversion], I'll just do some other method, the old-fashioned method. (Police Officer, Force A)

> What we'd find is that if the person complied with [diversion scheme], that was great, because the file just got written off eventually. But if they didn't, and it was a reasonably high percentage of people that didn't, that file would come back to my cop after about four and a half months. So, they have a pending file potentially sat there which, all of a sudden, they have to drop everything to go and finish it off … That really put a lot of additional work stress on the frontline cops. (Police Officer, Force A)

Police bureaucracy and the paperwork burden have been reported on within the research literature and are typically found to act as barriers to implementation fidelity (Willis *et al*. 2004, Huey *et al*. 2022). Our findings also resonate with research on police culture that shows police officers are pragmatic and thereby 'concerned with getting from here to tomorrow (or the next hour) safely and with the least fuss and paperwork' (Bowling *et al*. 2019, p. 179).

Facilitation strategies

Facilitation strategies are used to optimise the level of fidelity achieved and standardise implementation. Our findings revealed that police leadership – an aspect of organisational context – was a key facilitator for PDD. Explicit support for diversion from organisational leaders, who provided a clear vision, a set of expectations and incentivisation, was seen by interviewees as fundamentally important in influencing the uptake of PDD on the frontline:

> [Diversion scheme] was driven from the top. They assigned [police officer] who was at the time an inspector, to really drive this. It was also championed by the Police and Crime Commissioner and the Chief Constable. It got momentum. (Police Officer, Force C)

> Where I come in as a commander is to actually make sure I've got the knowledge, which I can then cascade down to my teams … [M]aking sure they find the time to allow their suspects to take part and knowing the importance of diversion activity. (Police Officer, Force B)

In Force A, there had been several changes in strategic leadership since the initiation of PDD, as well as turnover of middle-level managers. As a result, we found that, over time, PDD had not maintained the same level of prioritisation, as it had come to be treated as '*business as normal*':

> The old chief was heavily involved, yes, because he was a kind of co-creator. But he's handed over and somebody else goes, "that's running really, really well, I don't need to be all over it". (Police Officer, Force A)

> Once [middle manager] moved on and other people who were originally there, I think things have just got a little bit grey. (PDD Practitioner, Force A)

> In the past there has been more drive from the former PCC towards out-of-court disposals, than the current PCC … I don't think they've moved away from wanting it so much. There's just, it isn't the driver that they previously had for it. (Police Officer, Force A)

Interviewees felt that the loss of 'diversion entrepreneurs' (Bacon 2026) who championed the use of PDD was an explanatory factor in the reduced number of referrals.

Police managers also played an important role in constraining the exercise of discretion to facilitate implementation fidelity (Stevens *et al*. 2026). In Forces B and C, we observed explicit attempts by middle managers to limit the discretion of frontline officers when using PDD. Force C had created a '*blanket referral policy for drug possession*' in an effort '*to rein in officers' discretion*'. It was the only force that had made diversion the default response to eligible cases of simple possession:

> I think there's always an element, isn't there, of officer discretion and that's the bit where, you know from a force perspective, it's about them having their policy in place about what to do with a drug possession offence, but

> also about leadership locally and then at senior level to make sure that that is communicated as much as possible. (Police Officer, Force C)

In Force B, middle managers had introduced a process of centralising decision-making for which offenders would be diverted by using an administrative team to review referrals before sending them to the service provider.

Police officer education and consistent communication were highlighted as key facilitation strategies for the implementation of PDD schemes. New recruits received training on diversion, presentations had been delivered to frontline officers throughout the organisations, and information had been disseminated via email and the force intranet:

> [Senior management] said there's this new route we are going down, this is from now on with simple possessions, we try and go with the [diversion scheme]. They sent us information about the [diversion scheme] for us to kind of brush up our knowledge on it and then they gave us – I think they did a talk and someone came in and talked us straight through how to use it and what to do. (Police Officer, Force C)

Owing to organisational size, however, available resources, staff turnover and role changes, interviewees acknowledged that it was impossible to guarantee that all officers received the same education:

> We liaise with officers a lot, we attend stations to do presentations on what we're about and that works for a bit, but I think that police staffing changes a lot, so then after a few months, it's then officers who didn't hear our presentation and aren't aware of it. (PDD Practitioner, Force C)

This inconsistency in police education on diversion is evident in the following interview excerpts:

> We're aware of it and I know there's some information there. There'll be some support information on our custody support site, so I can refer to it, I can look at it. But I don't think I've ever actually had a face-to-face chat with a [diversion] worker. (Police Officer, Force A)

> There's all sorts of files and documents on their [police intranet] that you can research and probably also just ask around as well because there's more experienced people who know, but there's no real specific training on the schemes. (Police Officer, Force B)

> We didn't have any sort of formal training or presentation on it, it was email based. I think they might have put a message on our force intranet page about it as well. (Police Officer, Force C)

An influx of new recruits over recent years was identified as a challenge for education about diversion. Interviewees explained that there is '*an awful lot of information to take on as a new police officer*'. Information about PDD can be difficult to recall and '*become lost*' in a general understanding of OOCDs.

Officers said that, while classroom-based education is a necessary part of the learning process, they only really learn about PDD when they use it in practice:

> We have a lot of training in this job. You get taught it once … but you don't actually know how it all works until you use it. (Police Officer, Force B)

> I've personally kind of fumbled through the [Group 1] referral. I've just learnt as we've gone along. Another officer said to me, "Oh, you can do it on your work device." Okay, I'll do it on my work device then. (Police Officer, Force C)

Police supervisors and more experienced colleagues played a key role in helping new recruits as they learned about diversion on the job, experiencing, for the first time, the different contexts, interactions and situations of police work. Sergeants told us how they regularly educated officers who had not used diversion schemes before and lacked knowledge of available disposal methods. This education typically involved monitoring, feedback, and '*quality assurance*' of outcomes recorded on police management systems. Gaining experience of PDD during this formative career stage was considered vital for future practice:

> If you don't get somebody during your tutorship who gets put on [diversion scheme] then you've never really dealt with it before. So if you're just like a police officer who's independent, who's out and about by himself now,

> and then suddenly you have a person who's eligible for [diversion scheme], like it's quite a bit of a minefield to be fair, to get your head around it, especially if you've not done it before. (Police Officer, Force A)

> You get, obviously the police officers who maybe haven't referred, who just think, "oh, I'll just give them a caution. I know how to do that." So, again, it's all about that training and that linking together. (PDD Practitioner, Force A)

Interviewees often argued that there was a need for shift briefings to include '*regular refreshers*' about PDD and a '*constant reaffirmation of processes that are in place*'. Furthermore, in addition to education about the aims of diversion and how to make referrals, officers repeatedly said that they wanted to know more about the content and quality of diversion schemes.

Quality of delivery

PDD generally started with the initiation of the diversion process by a frontline police officer. The quality of the interaction between police officer and potential divertee had implications for participant responsiveness and the outcomes of the schemes. Many police officers spoke about the importance of explaining the rationale for PDD to the people they caught for eligible offences:

> I think the overall, overwhelming attitude of most people, when you go, "okay, we found you with this, but we've got this process in place whereby, because it's a small quantity possession we'd like to … " There's been an attitude change, that's the way I try and explain it to people. They quite quickly go, "oh wow, so there's an opportunity to not have to go to custody, not have a criminal record." (Police Officer, Force C).

We found these initial interactions to have a significant influence on divertees' motivation and engagement (Sutton *et al*. 2025). In line with the principles of procedural justice and 'good' policing (Tyler 2003, Hough 2020), when divertees felt that they were given a choice, listened to and treated with respect by the police, they were more likely to engage with the programme. This is evident in the following quotation from a divertee who was reflecting on his experience of drugs policing in another country:

> I'm not English by birth, I moved here eight years ago. Where I'm from, even the small amount that I had on me would have led to very high fines and probably jail time. So, the fact that [the police] are not wanting to make a mountain out of a molehill and actually wanting to help and care for people, made me feel a lot of compassion for what the [diversion scheme] was. (Divertee, Force B)

However, officers who lacked knowledge about the content of the scheme felt unable to answer questions about what people were being diverted into, which could diminish the offer, the incentive, and make the police '*look very silly*', thereby negatively affecting both police confidence in using PDD and an eligible offender's willingness to take part:

> 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)

Frontline police officers had little to say during interviews about the quality of the programme's educative, therapeutic, or social interventions. This was, in large part, because police education did not include much detail about the content of diversion. The focus of education, if they received it, was on eligibility criteria and how to do a referral. Furthermore, the structure of the partnerships between Forces B and C and PDD service providers meant that officers did not have direct contact with diversion staff, through which they could have learnt more about the delivery and impact of diversion (Smith *et al*. 2025).

Officer perceptions of the quality of diversion were principally based on experience and the information they received about the outcomes of their referrals:

> We obviously have, they must have good [practitioners] because they have quite a big success rate, at least in the cases that I refer; the vast majority I get the email back at the end saying thank you for your referral, they have completed the [diversion scheme]. I don't get many back that have failed it. (Police Officer, Force A)

Force A was the only force that routinely provided officers with such information. Officers in Forces B and C said they would appreciate better feedback mechanisms:

> If you're on a neighbourhood team where you've got some investment in that local area, you know who people are. You're working towards an objective to try and reduce crime, improve the area, build social capital or whatever it might be. You're probably more inclined to want to know what was the outcome for that person? What happened in that appointment? (Police Officer, Force C)

When divertees were caught reoffending, police officers tended to question whether PDD was capable of '*getting people off drugs*'. The following interview excerpts show that scepticism about the effectiveness of diversion can bolster support for more punitive responses to drug offences:

> You can't have someone who you've given four or five referrals to, and they're still being found in possession of Class A drugs, because what are we achieving? We've tried it, it's clearly not working, we're going to have to try something else a bit more forceful and see what we can do that way. (Police Officer, Force C)

> We had some of the [senior leadership team] coming down, basically figure crunching and saying it's good for reoffending and this, that and the other, but they've never been able to back it up, in my opinion … It's the opposite. Like I said, it's encouraging people to carry. (Police Officer, Force C)

Diversion practitioners were overwhelmingly positive about the quality of PDD. Emphasis tended to be placed on the expertise and experience of staff who delivered the interventions:

> It's having that support and expertise from the practitioners who can not only have the knowledge of these kinds of pathways but just have that experience to be able to get that person engaged and on board, because that isn't an easy thing to do. (PDD Practitioner, Force A)

Regarding the quality of Group 1 programmes, providers were of the view that one-off education sessions could achieve harm reduction outcomes by triggering learning and signposting support to help people desist from drug use and drug-related crime. A key challenge, however, was engaging people in an online group setting:

> You get some people just sitting there and their face is as long as a fiddle. But I ask them questions, I keep asking them questions until they relax a bit and join in. Because I want them to get the benefit from it, I don't want them to just sit there and shut down … But some people just don't want to be there. (PDD Practitioner, Force B)

> [T]here was a Polish guy, didn't speak very good English and he was on a mobile phone in his car … [T]his just isn't gonna work. (PDD Practitioner, Force B)

Divertees generally spoke positively about staff who delivered the courses, describing them as '*a good teacher*', '*friendly*', '*non-judgemental*' and '*understanding*':

> I think the guy running it, I could just relate to him a bit. He just seemed like a friendly guy, similar-ish age to me. He understood my situation. He seemed like he cared … I was comfortable. I could say pretty much anything he wanted to know. (Divertee, Force A, Group 2)

Education sometimes triggered the mechanisms of turning points and meeting needs. Turning points refer to a kind of emotional stocktaking that stimulates behaviour changes. Meeting needs refers to the way that receiving the right information at the right time in the right conditions can also lead to positive changes. That said, some PDD participants were critical of the quality of the content of online workshops (Sutton *et al*. 2025, Smith *et al*. forthcoming):

> They're doing pretty good because they did make us fully aware of, like, as I said, I don't think there's anything I should be saying that they need to add or something that I felt like I needed. (Divertee, Force C)

> I didn't learn anything that I didn't, you know, already know. I would just say just brings more awareness around it. (Divertee Focus Group, Force C)

While some divertees preferred online delivery, largely because it was more convenient, others said they would have derived greater benefit from a one-to-one intervention:

> I think that the targeted support would be better done on a one-to-one basis outside of any group setting. The groups are a general one-size-fits-all model. (Divertee, Force B)

> Maybe if it was a one-to-one session or they'd phoned me and you know, spoke to me about why I was using … mental health and all that kind of thing. That wasn't really addressed. (Divertee, Force C)

There was widespread agreement among diversion practitioners and divertees that the most appropriate way of achieving crime, health and wellbeing outcomes was to deliver holistic, person-centred support that can address unmet needs and catalyse meaningful personal change:

> It felt a bit like a social worker … and like a mental health nurse. I think she played more than one role and she was quite skilled, and she was knowledgeable, she helped me get back on my feet. (Divertee, Force A, Group 2)

As we discuss in more detail elsewhere (Sutton *et al*. 2025, Smith *et al*. forthcoming), our findings revealed that PDD can lead to reduced drug use, improved mental and physical health, enhanced life chances, and increased social integration for some divertees. Group 2 interventions, which offered more intensive support via repeated contact over a longer time period, were more likely to develop good rapport, deliver handholding and need fulfilment, leading to a broader range of outcomes for many divertees, but particularly those who had more entrenched problems, often related to previous trauma, self-medication, and unmet needs. Neither form of PDD succeeded in engaging divertees who saw their drug use as beneficial and who disagreed with current drug laws, as they considered interventions to be unnecessary, disproportionate and/or illegitimate.

Conclusion

Although there are signs that implementation science is gaining traction in academic discourse, process research remains undervalued in criminology, where it is usually sidelined by outcomes in evaluation studies, and omitted from, or underreported in, written outputs. A goal of this article has been to demonstrate why implementation fidelity should be a core feature of criminological evaluations. Put simply, implementation fidelity matters because it is integral to understanding outcomes, how and why an intervention works in practice, what can be done to achieve improvements, and how to implement effective innovations in different contexts.

Responding to calls to develop and refine approaches to studying adherence and moderators of fidelity in the field of police studies (Hassell and Lovell 2015, del Pozo *et al*. 2025a), which have been made in relation to criminological evaluations more generally (Miller and Miller 2015, La Vigne 2025, Taxman 2025), we have applied Carroll's (2020, Carroll *et al*. 2007) conceptual framework to examine the implementation of three PDD schemes in England. Having been tried and tested in education, health and social care, our research confirms that this framework can usefully be applied to assess implementation fidelity of policing interventions. We encourage other criminologists to use it to help ensure that future evaluations consistently collect data on all components of fidelity. Furthermore, as conceptual frameworks are rarely complete or entirely transferable across diverse contexts, such research would also help identify where adaptation and modification is needed for the specifics of criminal justice interventions. We suggest adding discretion as a subcategory of organisational and cultural context to account for practitioners' freedom to make choices about different courses of action or inaction when implementing an intervention, as well as efforts to constrain such discretion. We also suggest adding implementation burden to the category of intervention complexity.

Drawing on findings from our realist evaluation, the central message of this article is that, overall, PDD was not being used as much as intended due to the impact of various moderators on the implementation process. Diversion cannot work if it is not used. The primary explanation for limited coverage was the impact of participant responsiveness and capacity on the exercise of police discretion. Frontline officers had significant control over referral decisions, which were influenced by factors such as the potential divertee's behaviour, perceived suitability for diversion, and likelihood of successful engagement. Some officers did not comply with guidelines on PDD

because they judged it ineffective, inefficient or inappropriate. Other reasons for not diverting eligible offenders were more pragmatic or procedural.

Our findings clearly show how moderators influenced police discretion and thereby the fidelity of adherence. Aspects of intervention complexity – such as confusion over eligibility criteria, multiple referral options, online referral systems, and time-consuming procedures – negatively affected officer responsiveness. Facilitation strategies could help address these issues. Support for PDD from organisational leaders, clear communication, and incentivisation were perceived to be vital for uptake. It is difficult to maintain the requisite drive over time, though, as happened in Force A, where changes in leadership and diminished prioritisation resulted in reduced diversion referrals. Training, as well as on-the-job education and practical experience, were also identified as important facilitation strategies. Deficiencies and inconsistencies in education were common, however, owing to organisational size, resources, staff turnover, and the influx of new recruits. This was problematic because the implementation of PDD was undermined when police officers lacked knowledge about the content and quality of diversion schemes as it impacted both officer confidence in making referrals and the willingness of eligible offenders to engage.

There are numerous recommendations that can be derived from our evaluation about how to improve fidelity when implementing PDD schemes. Here we focus on what can be done to address low coverage. In addition to championing PDD, the most direct way in which senior officers and middle-managers can improve coverage is to constrain frontline discretion. Making diversion the default for eligible offences was facilitated through centralised decision-making in Force B and a blanket referral policy in Force C. Frontline supervisors can also shape the exercise of discretion by providing advice, reviewing police (in)actions, and monitoring implementation fidelity. Making sure that officers receive sufficient education and information on PDD is demanding but essential. Our research indicates that education could give more attention to the rationale, content and outcomes of PDD, alongside the specifics of how to do referrals. This would simultaneously increase police officer understanding of diversion and their ability to inform eligible offenders about it. Improving feedback mechanisms to police officers about the outcomes of their referrals would help further their understanding of the benefits and limitations of diversion. Finally, to facilitate PDD, the referral process needs to be quick and easy for officers to use, whether it be done through existing systems or bespoke mobile device applications.

While this is the first study to look at PDD through the lens of implementation fidelity, our findings and recommendations are consistent with other studies. Many of the barriers and facilitators have been noted in recent research on police use of OOCDs in England and Wales (Ratcliffe 2022, Strang *et al*. 2024), as well as research on drug diversion schemes in other countries (Hughes *et al*. 2019, Blaise *et al*. 2022, Magaña *et al*. 2022). The fact that some common themes are apparent in the reports of studies in different contexts suggests that they are rooted in the organisation of policing, police culture, and the constant problems that officers face in carrying out their role. It is clear that the inherent challenges of implementation are difficult to overcome. We hope that our contribution has persuaded readers that a greater focus on fidelity can advance understanding of what can be done to improve the design, implementation, and evaluation of innovations in policing, and so improve practice in the field.

Notes

1. EMMIE is an abbreviation for Effect, Mechanism, Moderators, Implementation and Economic cost.
2. There are numerous frameworks in the implementation science literature. The Consolidated Framework for Implementation Research (CFIR) (Damschroder *et al.* 2009) is one of the most prominent and widely accepted. It offers an overarching typology to promote implementation theory development and verification about what works, where, and why across multiple contexts. While we recognise the value and comprehensiveness of the CFIR, we opted to adopt Carroll's (2020, Carroll *et al.* 2007) framework because of our narrower focus on implementation fidelity.
3. The research project received ethical approval from the University of Kent (application number 0780b).

4. The rationale for the duration of the programme being four months was that it allowed sufficient time for a prosecution file to be prepared if the divertee did not comply, in line with the six-month time limit for commencing criminal proceedings for summary only offences.

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Author contributions

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