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Resourcefulness, reciprocity and reflexivity: the three Rs of partnership in sport for public health research

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ABSTRACT

This paper explores the dynamics of research–policy–practice (RPP) partnerships in sport. Such partnerships, involving a diverse range of groups, have emerged as a response to: (1) a contemporary political prioritisation in the use of sport for health and wellbeing and (2) a parallel requirement for robust evidence of effectiveness and cost-effectiveness. A conceptual framework for understanding such RPP partnerships is proposed and discussed in relation to three overlapping characteristics; resourcefulness, reciprocity and reflexivity. The paper concludes that understanding these three Rs of RPP partnerships is a way to demythologise the role of sport in public health and present theoretically informed analyses about processes of knowledge production, dissemination and use. It is a conceptual framework which might also further an understanding of, and make public, issues concerning the legitimation of some forms of evidence over others, and potentially maximise the impact of the co-production of knowledge about sport for public health and wellbeing.

Introduction

In the wake of the London 2012 Olympic and Paralympic Games, the sport sector is currently a priority area for increasing population rates of physical activity for public health in the UK (Sport England 2012, DCMS 2015). Sport England, the Department of Health and Public Health England is represented on the Moving More, Living More cross government group which promotes the role that sport can play in helping people to become more active, more healthy and make a positive contribution to public health (Mansfield *et al*. 2015). This conspicuous articulation of sport for public health affixes sport to health as a contemporary UK welfare policy issue and legitimates sport as an antidote to the health problems of contemporary societies claimed to be associated with inactivity.

Public health refers to a range of approaches in research, policy and practice which aim to prevent disease, promote health and prolong life in a population as a whole (WHO, 2007). Public health is a dynamic sphere involving the surveillance of populations, evolving approaches to policymaking, policy implementation and policy enactment, and diversity of interventions and programming. Public health involves many different professionals delivering a multitude of initiatives in a wide range of settings, all of which are intended to contribute to the welfare of people (Douglas *et al*. 2007). Increasing levels of participation through sport is not a new public health or welfare policy issue. The historical development in the sport/health dynamic is well documented (Hargreaves 1986, 1994/2002, Waddington 2000). Participation in sport produces not just sporting abilities but, more broadly, an ability to care for and know one's own body in accordance with

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dominant ideals about health and hygiene. In other words, sport is part of a therapeutic technology of the body. Sport has always been a mechanism for the application of corporeal rules, practices and expectations typical of a given time and space. In sport and public health sectors, 'the notion of a direct, immutable and unproblematic link between sport and health' prevails (Mansfield and Malcolm 2014, p. 188). Sport can also be thought of as a relatively cheap and malleable policy tool which helps to explain its continued appeal as a simple solution to complex, deeper-seated social problems like health inequalities. Yet knowledge, understanding, experiences and beliefs about the relationship between sport and health improvement are complex and contested than is reflected in policy documents and Government promotional campaigns.

Little is known about the design, management and marketing of sport for the promotion of enhanced public health outcomes (Chalip 2006). Despite the well-established links between physical activity and health improvement (see Hillsdon *et al.* 2005), there is a cursory understanding about the precise mechanisms by which sport might contribute to improved public health. There are few studies evaluating the effects of interventions delivered though sporting organisations to increase participation for health outcomes (Priest *et al.* 2008). Cavill et al's. (2012) review of research and practice on improving health through participation in sport identifies that the evidence base for the contribution of sport to physical activity and health is underdeveloped and relatively weak. Despite a commitment to boost levels of physical activity to improve the general health of the UK population being a core aspect of the London 2012 Olympic and Paralympic legacy strategy, findings illustrate that there is no evidence base upon which to claim increased levels of participation from which positive health outcomes could be assumed (Weed *et al.* 2009, 2012). It appears that sports advocacy and political rhetoric are currently dominant forces in the legitimation of sport for health.

This political and academic backdrop raises questions about what counts as evidence in sport for health policy and practice; how evidence can and should be produced; the manner in which evidence is used and consumed; and the impact of the evidence–policy–practice agenda in the sport sector. Herein lies the broad purpose of this paper; to explore the relationship between evidence building, policymaking and delivery of community sport for health outcomes but with a particular focus on one increasingly prominent mechanism for developing and implementing effective research–policy–practice (RPP) strategies, that of partnerships. Rather than focusing on describing types of research partnerships, outlining their underpinning rationales and overviewing guidance on implementing partnerships, the discussion is written with a more nuanced framework of analysis in mind. It explores the complex processes and structures of RPP partnership working and considers competing and converging interests in the roles, responsibilities and values that shape them.

I begin with a brief overview of theoretical approaches to partnerships in public health and sport policy. The paper examines the relationship between partnership working and evidence building in the current sport for health policy agenda with a particular focus on the status and generation of knowledge. It explores the nature of partnership relations by articulating the processes of interdependence and power that characterise them. I then propose and discuss a conceptual approach to understanding the sociodynamics of partnerships which I identify as the three Rs of RPP partnerships; a potential way of examining the relationships between the everyday politics of partnership working and the broader socio-cultural structures of power that influence the partnership enterprise. This is a conceptual essay in which I draw on experiences of working on a range of RPP projects, and provide examples from a diversity of scholarly work related to partnership working in sport, policy and public health to illustrate my thinking. I invite other scholars to develop and improve the conceptual approach discussed.

What are partnerships?

Partnerships represent formal organisational arrangements whereby people are required to coordinate their activities towards a common goal. Yet conceptually partnerships remain quite a vague concept (Houlihan and Lindsey 2008). Partnerships appear to be a ubiquitous discourse

in politics and social life, pervading government agendas, policy and practice in education, business, the environment, international development, transport, energy, defence, justice, public health and culture, media and sport. There is a long history of partnership working in local, national and global contexts. In the UK, partnership approaches have been in existence in various forms since before the advent of the welfare state. However, since the late twentieth century, partnership working has been underpinned by: a response to divided working practices between government, local authorities and service deliverers; the fragmentation of welfare services as a result of market forces; and an attempt to develop synergies that could lead to more effective, equitable and democratic decision-making, raise the quality of provision of a range of national and local services, and provide value for money in a public sector continually facing resource constraints (Balloch and Taylor 2001). It was under New Labour's modernising agenda that there was a renewed enthusiasm for the acclaimed virtues of partnerships which have become enshrined as a central operating system for effective service delivery of almost any kind (McDonald 2005). Partnerships are variously described as cross-sector organisations, inter-agency collaboration, joint initiatives, holistic services, coalitions and networks, and there is no one single partnership type. Partnerships reflect an array of organisational structures and working practices, are implemented for a diversity of reasons, and are marked by varying degrees of cooperation, coercion and coordination (Mackintosh 1992). Furthermore, partnership relationships are complex and dynamic with parties more usually than not finding themselves with intricate challenges to negotiate in the act of fostering agreements or finding common ground throughout the lifetime of the partnership (Lowndes and Skelcher 1998). Notwithstanding such diversity in partnership working, perhaps one common feature of partnerships is the logic of coordination; a strategic approach to co-governance which is rooted in the idea that a collaborative approach is a more effective, democratic and cost-effective alternative to traditional state-centric arrangements of government (Johnson and Osborne 2003). Yet such a wider perceptible 'culture of partnership' in the UK political, policy and practice spheres (Lewis 2005, p. 121) is paralleled by definable cultural characteristics of specific partnership arrangements. The precise nature of a partnership is driven by the dynamics of their unique relationships in which roles and responsibilities are carved out and where, as I noted earlier, there are fluctuations, tensions and convergences in the values by which different parties see themselves and articulate their objectives and purpose. A more detailed discussion of such complexities is the subject of the latter half of this paper. Here, it is worth explaining a little further some of the particularities of partnerships outlined above in the context of public health and sport policy.

Understanding partnerships in public health and sport policy

Arguably, one of the most significant policy areas in which partnerships have become advanced is in public health and particularly in health service provision. Balloch and Taylor (2001) provide a synopsis of the UK government white papers and strategy documents, published during the 1990s, which concisely illustrates a focus on developing integrated health care services through partnerships primarily focused on improving the quality of service delivery through pooled funding and performance management. More recently, *Healthy Lives; Healthy People* (Department of Health 2011, p. 31) set out a strategy for public health in England that reiterated partnership approaches for health improvement through the acclaimed Public Health Responsibility Deal; a strategy emphasising a 'partnership approach through life'. The emphasis was on a cross-government framework and local community engagement to improve health and reduce health inequalities. Specific reference was made to the promotion of sport for health through a number of government departments and initiatives including; the contribution of the Department for Education in ensuring access to high quality physical education in schools, the development of Change4Life sports clubs by the Department of Culture, Media and Sport, and the significance the Department of Transport's 'Bikeability' programme.

In the UK, the discourse of partnership working for public health outcomes through sport is recast most recently in the UK Department of Culture, Media and Sport (DCMS) publication *Sporting Future: A Strategy for an Active Nation (2015)*. Partnerships are defined by a universalising cross-government approach emphasising that government departments should engage in joined-up working towards shared public health and social value outcomes for sport. Collaborative arrangements have been emphasised in funding, delivery, and monitoring and evaluation. The realisation of multi-agency partnerships to achieve sport for health outcomes is linked to the devolution of public health from the UK National Health Service (NHS) in 2013, which broadly sought to locate public health where it could be most fully and effectively coordinated (Phillips and Green 2015). Health and wellbeing, including sport and physical activity, is now the responsibility of local authorities who have been directed to work with national bodies like Sport England and Public Health England and local organisations (e.g. community sport clubs, voluntary community agencies and clinical commissioning groups) in achieving health and wellbeing outcomes. Despite this increased responsibility, the parallel imposition of budgetary cuts has resulted in government extending its influence and regulation rather than reducing it. As in health, this appears to be fragmenting sport and physical activity provision locally. Still, DCMS (2015, p. 13) emphasises local responsibility and local delivery in collaborative arrangements where local councils are significant in 'bringing schools, voluntary sport clubs, National Governing Bodies of sport (NGBs), health and the private sector together to forge partnerships, unblock barriers to participation and improve the local sport delivery system'. Moreover, cultivating acclaimed 'natural synergies' (p. 14) between the sport sector and arts, heritage, housing and employment services is proposed as way of driving up physical activity unquestioningly associated with health benefit. There is an explicitly identified partnership role for communities and individuals in promoting and achieving health improvements through sport and physical activity thus shifting power and decision-making to local community contexts as a way to create a more democratic, equitable model of health provision. Involving communities and the people for whom health services are designed may have some potential for improving delivery and service evaluation by genuinely listening to and working with stakeholders (Popay *et al*. 1998, Barber *et al*. 2011). Yet, through both intended and unintended consequences, community collaborations can serve to protect the status quo and limit the role of diverse community-based leadership (Chavis 2001, Smith *et al*. 2008). Moreover, a pervasive discourse of healthism remains the dominant framework in public health policy that seeks to promote lifestyle change (including sport) as a means of improving the health of the nation (Crawford 1980; Lee and Macdonald 2010). In other words, the idea that health can be unproblematically achieved through individual and community effort, personal responsibility and self-discipline through sport or any other means is neither challenged nor erased in current strategies, including the promotion of partnership working for sport, health and wellbeing.

I do not intend to provide a detailed discussion of the history and development of partnerships in sport; others have done this in detail and to great effect (see for example, Houlihan and Lindsey 2008). However, it is worth noting that existing scholarship on sport partnerships has variously focused on managerial structures and processes and the organisational dynamics within a range of multi-agency contexts including: public sector sport and leisure services (Frisby *et al*. 2004, Thibault *et al*. 1999; Shaw and Allen 2006); elite sport development (Green and Oakley 2001); county sport partnerships (Mackintosh 2011); sport in international development (Lindsey and Banda 2011, Kay *et al*. 2015); school sport (Smith and Leech 2010, Flintoff *et al*. 2011) and community sport (Frisby and Millar 2002; Miesner and Doherty 2009, 2012). Alongside a focus on the more functional aspects of implementing and working in partnerships, further research has raised critical questions about the contested nature of partnership arrangements in sport in conceptual, applied and case study accounts of the policy context and politics of partnerships (see for example, Green and Houlihan 2004, McDonald 2005; Green 2007, Hayhurst and Frisby 2010, Mansfield and Killick 2012). Scholarly analyses of partnership theory and practice in policy work, including sport, has led to the articulation of partnership models identifying the organisational structures, roles and

responsibilities of actors in particular inter-agency collaborations including: strategic and communicative models in county sport partnerships (McDonald 2005); advocacy coalition frameworks (ACF) in elite sport development contexts (Green and Houlihan 2004); and empowered franchising in the UK Netball Superleague (Mansfield and Killick 2012). There have also been critiques of the political rhetoric purporting that there is any inherent progressive capacity to partnerships. Such work has tended to highlight the paradox of partnership approaches challenging the acclaimed association between partnerships and inclusiveness, effectiveness and empowerment, and identifying the reality of partnerships as exclusive, ineffectual and ultimately autocratic (Grix and Phillpots 2010, Lindsey 2014). Yet partnership working rarely results in either positive relationships and outcomes or entirely negative ones. I agree with McDonald (2005) that partnerships are contextual, changeable and contradictory. In order to move beyond determining simply how to make partnerships work, we need an approach to exploring and understanding how they work, in what contexts and for whom. This is about examining the power relations that are inherent in the social interaction of actors in the partnership which serve to shape a complexity of negotiated relationships and lead to a range of expected and rather more unforeseen consequences; an issue I explore further on in the paper. Also important in the context of exploring RPP partnerships specifically is an understanding that the constitution of evidence, its use and impact is a contested terrain and one that is politically directed. The next section examines the contemporary quest for evidence in the sport-public health domain before turning to a discussion of the sociodynamics of RPP partnerships as one specific partnership approach to the acquisition, analysis and articulation of evidence on sport and public health.

Sport, public health and the quest for evidence

That sport is being extensively sanctioned for improved public health outcomes in the UK is coupled with an expansion and deepening of monitoring, assessment, measuring and an overarching research-based approach to the evaluation of the sport sector's capability to effectively deliver sport services to public health outcomes (Österlind 2016). An explicit concern for providing evidence of the effectiveness of sport in achieving health outcomes is part of an evidence-based approach to sport policy that has emerged during the latter half of the twentieth century alongside a wider focus on evidence-based policymaking in a number of sectors, including health, welfare and education (Coalter 2010). Such developments in accountability are characterised by a number of interlocking processes, including the growth of a well-informed public, an emphasis on productivity at local, national and international levels, the expansion and accessibility of data, and the development and rise of a professional research population (Davies *et al*. 2000; Thomas *et al*. 2010). In the UK, political motivations to fix policy and practice to rigorous, high quality evidence emphasise optimum delivery of policy goals through effective and efficient means (Coalter 2010).

RPP partnerships involving different academic, managerial, delivery and citizen organisations are a fundamental feature of public health where evidence-based policy and practice has become a universally accepted strategy for determining priorities, organisational structures, service delivery and surveillance mechanisms (Petticrew *et al*. 2004). Long-term processes have raised the status and employment of, and approaches to, evidenced-based policymaking. However, a contemporary take-off point in the discourse of evidence for decision-making emerged in the 1990s as a challenge from clinicians immersed in evidence-based medicine and signalled a directive for policymakers to ensure their work was founded on the findings of rigorous, high quality research (Black 2001). Evidence-based practice is directly drawn from evidence-based medicine which focuses on integrating clinical expertise with the best research evidence into decision-making about patient care (Sackett *et al*. 1996). The key principles of any evidence-based strategy are effectiveness; the achievement and measurement of stated outcomes, and efficiency; delivery with minimum resource wastage (Thomas *et al*. 2010). A focus on these tenets has led to the dominance of quantification of outcomes, an evaluation approach wedded to the management of cost such

that evidence-based policy and practice has become the strategy for controlling health and health care costs. Successful interventions which are cost-effective are those deemed to be efficient (Thomas *et al.* 2010).

The authority of objective measurement of effectiveness and efficiency in public health has produced and reproduced a knowledge economy defined narrowly by the status and generation of predominantly quantitative data on which to base decisions about health. Debates abound regarding the proliferation of quantitative measures of effectiveness. Allied to such discussions is a critique of the applicability of an established hierarchy of evidence for assessing the relevance, significance, rigour and quality of evidence on which to make decisions about health; one which ranks a range of study designs in order of internal validity and thus credibility (Petticrew and Roberts 2003). Despite the trend towards evidence-based policy and practice, the enactment of it remains challenging as those charged with implementing it struggle to interpret and employ relevant methods with varying resource capacities. Several scholars examine and illustrate that the direct impact of research in policy–practice relations is somewhat lacking (Petticrew *et al.* 2004, Phillips and Green 2015). In discussing the reasons why research evidence has little impact on service, practice and governance policies in health, Black (2001) identifies three failings: (1) a failure of researchers to understand the environment of policymaking and the policymaking process; (2) a failure of funders to understand the complexities of research impact, especially in relation to the time it takes for impact to be realised, and the iterative nature of impact; and (3) the failure of policymakers to be more involved in the inception, design and delivery of research projects. There is a need to develop communities of researchers, policymakers, practitioners and participants in the production, mobilisation and translation of evidence; communities definable as RPP partnerships. In sport for health, such partnerships cannot be thought of as a simple extension of the practices of normative evidence-based medicine because this would reinforce the failings identified above. Furthermore, it would rely on a narrow conceptualisation of evidence connected to study design, excluding a full consideration of methodological aptness and additional evidence types that can be legitimate in making policy and practice decisions in public health (Rychetnik *et al.* 2002, Petticrew and Roberts 2003). Rather, an approach is needed that enables ongoing consideration of the values, goals, methods and objectives of all actors in the partnership as well as recognition of a range of sources of knowledge and types of evidence that can contribute to decision-making. Scrutiny of the processes by which evidence is produced and becomes legitimate is also needed. Such an approach may require levels of transparency not previously experienced in the sport sector. Furthermore, there may well be challenges in the extent to which sports organisations are able to be 'open' to methods which challenge their modes of delivery, find no evidence to support their work, or which are perceived by them to potentially have a detrimental effect on current delivery. However, given the identified weak evidence base for the contribution of sport to health and wellbeing, more rigorous evaluation is required. An analysis of the complexities of RPP partnerships is a fruitful starting point for developing RPP communities. Specifically, there is potential in considering the sociodynamics of research–policy–partnerships relations in terms of resourcefulness, reciprocity and reflexivity, issues which are discussed in the remainder of the paper.

Resourcefulness, reciprocity and reflexivity: the 3Rs of research–policy–practice partnerships in sport for public health

In the three Rs of RPP partnerships I am not outlining a typology, or proposing a model or best practice template or a set of guidelines for partnership implementation. Rather, I wish to articulate a conceptual framework for the analysis of RPP partnership working which identifies three key interrelated characteristics; resourcefulness, reciprocity and reflexivity. These characteristics are identifiable in the way RPP partnerships are conceived, implemented and developed and as they endure, mature, change, deteriorate and sometimes implode. These partnership dynamics are

central to the organisation and structure within which RPP partnership working takes place and frame the processes by which such partnerships operate. Each characteristic has a strategic element to it, employed in various ways by partners as a means to achieving a goal, which may or may not be an agreed partnership goal. An understanding of the three Rs of RPP partnerships may advance knowledge about how and why RPP partnerships work, for whom and in what context and, indeed, why they do not work in the way that might be expected.

Resourcefulness

Resourcefulness in RPP partnerships refers to both the capacity and ability of partners to access and utilise the resources they require and will benefit from, and their predilection (intended or not) to withhold or block what other partners may require. Resourcefulness refers to the production and allocation of resources, processes of resource control and also to specifying the terms of ownership of resources. Resources vary and may relate to economic, sociocultural and/or political and ideological aspects of partnership work. Whatever the type of resources in question, resourcefulness can be understood in terms of the characteristic power dynamics of all partnership relationships. Several key sociological thinkers as well as those working specifically in the sociology of sport provide detailed discussions about the nature of power in human relations (Lukes, 1974, Elias 1978, Elias *et al*. 1998, Foucault 1980) and sport, leisure and lifestyle cultures (see, e.g. Elias and Dunning 1986, Hargreaves 1986, Tomlinson 1998, Howell and Ingham 2001, Sugden and Tomlinson 2002, Markula and Pringle 2006). For the purposes of understanding resourcefulness in RPP partnerships it is crucial to recognise 'that power is a relationship, a dynamic, and that the relationship involves human agents struggling over resources and outcomes' (Tomlinson 1998, p. 235). Whilst power relations operate within the domains of institutional structures, it is people that constitute those systems and who exercise power; a characteristic of all human relations (Elias 1978).

RPP partnerships represent interdependent, mutually orientated configurations of people whose social interaction is inextricably connected to the wider socio-economic and political environment in which RPP decisions and behaviours take place. As discussed earlier, the contemporary political endorsement of sport for public health improvement in the UK is paralleled by increasingly complex and expansive monitoring and evaluation requirements; the foundation upon which RPP partnerships emerge and develop. The requirement to work within more complex and extended RPP networks that involve a diverse range of groups reflects the history of organisational change in sports development more broadly (Bloyce *et al*. 2008). Relationships in RPP partnerships are never equal. The power dynamics of partnership relations mean that the benefits of partnership working are not received equally by partners. Thinking about the power relations that shape resourcefulness in RPP partnerships seems particularly pertinent in light of Newman *et al*. (2004) argument that the rhetoric of equality, communal values and collective trust in partnership discourse obscures constitutive differences of power and resources.

Some of the literature related to understanding resourcefulness or resource control has fruitfully drawn on the concept of the ACF in understanding the coordinated decision-making that takes place between people with different roles and responsibilities (Sabatier and Jenkins-Smith 1993). Green and Houlihan (2004) explore the role of the State in applying resource control to influence the context in which elite sport policy is made and remade. Examining the ways that established decision-making institutions in elite sport policy, through their funding arrangements, convey their own interests and combine and alter the preferences of other groups over time towards their own ends illustrates resource control of a financial kind at work. Over the period of a decade since the inception of the National Lottery in the UK in 1994, for example, there was evidence of a perceptible shift towards corporate and professional values and practices in elite sport through the allocation, control and management of funding a situation which continues to be reflected in UK elite sport policy. Green and Houlihan (2004, p. 393) explain that there are 'structural resource interdependencies' between policymaking and funding organisations and reconstituted national

sports organisations as limited companies which exclusively focus on administering World Class Performance Lottery funds. Such structures and processes of resourcefulness serve to ensure that the organisational arrangements in elite sport policy compel actors to operate not only by the rules and regulations of the most powerful organisations in the network, but through their value systems which are increasingly focused on performance, professionalism and commercialisation. Financial resource interdependencies also operate between researchers and research funding agencies. As noted earlier the tendency towards the authority of objective assessment of effectiveness and efficiency in monitoring and evaluation of public health outcomes serves to reinforce the authority of quantitative data funded and produced by professional research organisations in both the public and commercial domain. Yet there have also been challenges to this linear hierarchical model of knowledge production and a shift, since the latter half of the 20th century, to the commissioning of more participatory approaches in understanding public health to evidence building and service delivery to include a wider range of stakeholders including users and practitioners to ensure that research findings are both useful and useable (Israel *et al.* 1998, Beresford 2002; Newman *et al.* 2004).

Resourcefulness is not only coupled with monetary control. In analysing community empowerment models in public health promotion and knowledge exchange, Labonte and Laverack (2001) identify the potential ability of communities to mobilise internal resources and to negotiate external resources as a central strand of partnership models. Resources in this context may be related to space, amenities, programmes and finances but might also be connected to information, knowledge and skills. Community-based resourcefulness in Labonte and Laverack's (2001) view can be thought of as a domain of capacity building in public health, something that is enabled and constrained by the dynamics of partnership relations between local communities, health promotion practitioners and the government and non-government organisations that shape policy values, provide funding and, thus influence the practices of particular programmes. Capacity building in RPP partnerships is a central tenet of Julier and Kimbell's (2015, p. 8) approach to maximising resourcefulness across academic, policy and practitioner networks for enabling 'research sprints'; agile, design oriented, cross-disciplinary and collaborative research for understanding social issues. There are economic, political and social resource opportunities and constraints that impact on the extent to which communities can participate in RPP partnerships and influence their outcomes. Community-based resource mobilisation is inextricably linked to the community capacity for participation, communication and critical reflection, leadership and programme design, development and management (Goodman *et al.* 1998). Furthermore, the flow of information, knowledge and material resources will be conditioned, constrained and facilitated by the nature of community alliances with local and wider agents (Labonte and Laverack 2001).

The idea of resourcefulness in RPP partnerships sheds light on a number of resource crises that occur in relation to differing motivations and values, outcomes and goals and methods of working that partners have. In partnerships where information building and exchange are central, resource crises also materialise in relation to time and timing. Temporal demands, expectations and indeed capacities differ amongst researchers, policymakers, practitioners and participants. Policymakers are often required to make decisions within short-time frames (days and weeks) without access to extensive research capacity. Practitioners and participants require information to inform programme design, delivery and participation within the duration of their projects (months) and do not have capacity for extensive information gathering. Researchers focused on methodological rigour and in-depth theoretical analysis most often work in the long term (years) and have working practices entirely devoted to knowledge production (Williams *et al.* 2005). Moreover, it has been argued that governments only use research at times when the findings match their assumptions and values (Weiss *et al.* 2008). Resourcefulness, then, is characterised by struggles over what is temporally, financially, sociologically, politically and ideologically feasible to different partners. The result of such struggles may be intended but could well be much more unplanned and concomitantly the consequences of resourcefulness may be conducive to the relative success of RPP

partnership working and/or contribute to rather more ineffectual processes and results. Unintended consequences arise from the complex interweaving of intentional actions. Arguably the current focus, in the UK, on sport as a tool for non-sporting welfare outcomes, like public health, and the associated demands for monitoring and evaluating such outcomes, will unintentionally detract from increasing participation, the objective upon which non-sporting outcomes are predicated (Bloyce *et al*. 2008). It is also possibly that such demands might hinder provision of some community sport activities altogether. Linked to resourcefulness in RPP partnerships is reciprocity, an issue I turn to next.

Reciprocity

Reciprocity in RPP partnerships refers to the mutual exchange of information. This might be via a coordinated strategy on roles and responsibilities between researchers, policymakers, practitioners and participants or via more serendipitous and informal activities. Degrees and types of reciprocity occur in resource struggles of course but reciprocity extends to relationships that take shape in the production and consumption of knowledge in partnership working. Reciprocity is a concept that is grounded in philosophical discussions about the generation, status and ethics of knowledge production (Lincoln and Denzin 2000). Put simply, reciprocity is the give-and-take of partnership working but more particularly, reciprocity signifies the negotiation of meaning, power and identity in the partnership network. There are diverse theoretical perspectives concerning reciprocity and psychologists, economist, political scientists and sociologists have made contributions (Ostrom and Walker 2003). Lather (1986) argues that in research relations, reciprocity operates at two junctures; (1) the researcher and the researched and (2) theory and data. In RPP partnership terms the researched includes policymakers, practitioners and/or participants, and indeed the craft of research involves a two-way dialogue between theory and evidence in making sense of any topic under investigation (Maguire 1988). Reciprocal processes are evident in both theory-data relations and researcher-researched relations in RPP partnerships but more specifically and extensively they act in a wider range of decision-making situations in which mutuality shapes the nature and character of the processes and outcomes relating to: identifying and prioritising research agendas and topics; establishing project aims and outcomes; designing, promoting and delivering projects; agreeing research designs and managing data collection; analysing data; and reporting, translating and mobilising the findings. Reciprocity is also a central strand of the relationships that develop in the overall management of partnership projects which includes decisions and administrative requirements over funding and budgets, employment, intellectual property and other contractual arrangements. It should be emphasised that reciprocity is not isolated to any one of these aspects of partnership working rather a position or a 'stance of reciprocity' suffuses the partnership endeavour (Trainor and Bouchard 2013, p. 990). Several authors identify a link between reciprocity and trust (Harrison *et al*. 2001). Trust, at one level, involves an appropriate degree of respect and courteousness between those committed to work together on a project (Barber *et al*. 2011). Trust, cooperation and friendship, for example, are proposed as building blocks for collective action towards the promotion of a range of sport and non-sport-related outcomes in alliances between sport clubs and other community organisations (Misener and Doherty 2012)

Yet trust in RPP partnerships also operates at an ethical level in terms of confidentiality, consent and discretion. The relationship between reciprocity and trust then should be thought of as going beyond the boundaries of politeness and into the maelstrom of honesty and integrity which are framed by an open approach to partnership working; one which reflects a moral code of carefulness, exactitude and veracity no matter how difficult decisions might become. RPP partnerships are characteristically bureaucratic and it is often the case that different partners in the network have to adhere to their own complex governance processes which other partners may be unaware of (Johnson and Osborne 2003). Whilst working through the bureaucracy that comes with any RPP partnership is always challenging, a stance of reciprocity is likely to at least ameliorate any unduly

obstructive approaches within the partnership and bring to bear more fruitful 'interpersonal relationships' which might realise the potential and address the problems inherent in an 'everyday politics' of partnerships, and help to develop a successfully coordinated collaboration based on honest negotiation (Phillips and Green 2015, p. 496). It might appear to some that by focusing on trust and honesty I am, myself, romanticising reciprocity. Some might argue that trust should be replaced with transparency and the principles of disclosure in decision-making so that all partners are held accountable for their decisions and actions. Indeed, accountability is an important feature of reciprocity. However, transparency can turn to political rhetoric and spawn a twinned characteristic; secrecy (Birchall 2011). Trust remains as important in RPP partnerships as openness and responsibility.

Mutuality is a matter of intent and extent (Lather 1986, Trainor and Bouchard 2013). There is a common intent in RPP partnerships in that all those involved wish to gather information on which to make decisions. However, the decisions being made and, thus, the specific information required as well as the requisite dissemination strategies differ amongst partners. Researchers tend to focus on data collection and analysis for academic publication, policymakers seek data that can inform guidance and procedural advice, practitioners need insights about best practice, and participants are interested in where and how they can access good quality, value-for-money services. Such diverse reasons for information gathering, alongside the complex negotiations of organisation and personal priorities, mean that degrees of reciprocity will vary according to the extent to which partners feel that the knowledge produced through the partnership is useful to them. RPP partnerships should go beyond the researcher habit of gathering more and better data; surpassing the collection and analysis of evidence solely as a means to efficient and effective service delivery outcomes (Labonte and Laverick 2001). RPP partnerships are well placed to embrace a concern with the production of information that can support a range of intentions in a partnership by maximising processes of reciprocity. Such an approach; one which has a research-praxis direction to it can potentially deliver more relevant information to a wider range of partners, augment the capacity of all those in the partnership to contribute, add value and benefit from the collaboration and perhaps have greater impact (Lather 1986, Gillies 1998, Labonte and Laverick 2001).

In the Health and Sport Engagement (HASE) project (Mansfield et al. 2015) a stance of reciprocity framed the involvement of researchers, policymakers (Sport England), sports coaches and public health professionals, and local people in the London Borough of Hounslow. Like Zigo's (2001) strategy for reciprocal research relations, the position of reciprocity in the HASE project was a cornerstone of the partnership from inception and design, to the development of methods and data collection, and data synthesis, analysis and dissemination. For example, 32 × 1 hour participatory focus groups were conducted in the planning phase of the project with identified inactive people for whom there were likely to be barriers to physical activity and who were interested in becoming more physically active through community sport. This method represented public or lay involvement in the project as a way of genuinely listening to those who wished to take part in community sport and gaining a deeper understanding of their views about inactivity, activity and local sport opportunities. The focus group findings were shared with sport coaches and public health practitioners and used by them to design community sport programmes tailored to the needs of previously inactive communities including considerations of types and intensity of sporting activity, scheduling of sessions, locations, venues, facilities and equipment, leadership and coaching and cost.

International alliances also have a place in the conceptualisation of RPP partnerships. For Kay et al. (2015) a long-term partnership strategy for developing local research capacity was underpinned by reciprocal learning in sport for development. Reciprocity in the collaborative research partnership between the commissioned researchers and Go Sisters girls' empowerment programme staff in Zambia enabled the evaluation to be framed by culturally relevant understandings, localised knowledge and the pursuit of decolonisation in research. For the researchers the reciprocal nature of the partnerships benefitted the quality and integrity of the evidence being produced

and provided situations of co-learning about the local impacts of the programme particularly through verbal dialogues which were more detailed and insightful than anything written down. For the Go Sisters team, the reciprocal approach allowed them some flexibility in the research process and enabled them specifically to bring their expertise and voice to the development of research strategies and tools (Museke *et al.* 2015). This has supported the growth and development of their community sport projects but also aided their understanding of the successful and unsuccessful impacts of their projects.

While I have provided some rather affirmatory examples of reciprocity in RPP partnerships it should be emphasised that it is not an ingredient that leads to certain and automatic benefits for all communities. There is an inherent tension between the principle of reciprocity and the pursuit of interests particular to any organisation in a partnership (Beacom 2007). Power differentials that characterise RPP partnerships lead to the potential for research ends to dominate relationships. There is always a danger in lay involvement in research projects, for example, that research priorities become imposed and the social context of community is reified (Beresford 2002). Moreover, the demands of data collection cannot be underestimated for participants in community research projects (Carver 1997). Reciprocal relationships need to be negotiated and partners need to be respectful and flexible in understanding how relationships are working, in what contexts, and for whom so that meaning is negotiated and constructed with participants and not simply imposed upon them. This positions reciprocity as a guide to ethical practice in RPP partnerships (Maiter *et al.* 2008). I cannot claim to have achieved maximum reciprocity in any of the RPP partnerships I have worked within. However, what is important in RPP partnership is a conscious articulation of a position of reciprocity that creates a culture which can genuinely *value* the involvement of all actors in the production and validation of knowledge (evidence) in a respectful and ethical manner. Reciprocity occurs at many levels, is underpinned by various rationales and operates by degrees, and the particularities of taking a stance of reciprocity in any RPP partnership will shape the processes by which the collaboration operates and the outcomes are achieved. Taking a stance of reciprocity illustrates further the complex power dynamics that are central to the processes by which partnerships operate and which were also highlighted in the discussion of resourcefulness. There is a need to develop practices of reflexivity in RPP partnership working to explore the nature and mechanisms of both reciprocity and resourcefulness if research designs and evidence building is to go beyond tokenistic consultation and descriptive inquiry and employ partnership strategies that recognise and address the complexities of different objectives, values and practices. The final section of this paper examines the nature of reflexivity in RPP partnership working.

Reflexivity

Reflexivity in RPP partnerships refers to the systematic evaluation of the impact of oneself (the researcher) and the relationship dynamics of the partnership on the project. There are different versions and approaches to reflexivity and various outcomes. Reflexivity may be reinforcing and self-perpetuating, resistive and transformative, or incorporate processes of mediation and compromise. It is a well-established argument in the social sciences that contemporary social life is characterised by increasing forms of reflexive conduct (Adkins 2003) involving processes of hindsight and foresight about self-conscious as well as unconscious behaviours and habits (Elias 2000). In research terms reflexivity has its roots in qualitative traditions whereby researchers emphasise a need to assess their influence on the design, data collection, analysis and reporting aspects of projects. In this sense, it is commonly argued that reflexivity extends the act of simply thinking about something (reflection) to more critical self-awareness by the researcher (Finlay 2002a). Reflexivity in research, then, involves explicit, critical evaluation of the role of the researcher in knowledge production. Most often associated with qualitative research contexts reflexive acts are also married to assertions of integrity and trustworthiness in data collection, analysis and representation of findings. What is principally at issue here is the capacity and requirement in qualitative

research to make appropriate and accurate claims to knowledge and to judge the adequacy of evidence being produced. This involves definitive strategies for exploring and managing the operation of power in the relationships between researchers and those who are researched (Alldred 1998).

The idea of reflexivity may well appear to be somewhat abstract, and indeed much of the literature is directed towards epistemological discussions of knowledge production and consumption. Theoretical foundations of reflexivity are important to understand but they are not divorced from the practice of reflexivity; from an application of reflexive analysis within the research process. Acts of reflexivity involving an examination of assumptions, behaviours, emotions and the impacts of actions are significant to understanding relationships in a range of contexts including research, management, professional and personal ones (Cunliffe 2004). The locus of reflexive analysis lies in striving for adequate balances of involvement-detachment at every level of RPP partnership work; from conception and design to delivery and evaluation (Mansfield 2007, 2008). The practicalities of reflexive practice are complex, ambiguous and often uncomfortable yet several authors in sport illustrate reflexive analysis as a detour to higher quality knowledge production and exchange. Brackenridge's (1999) analysis of managing her position as a white, middle-class lesbian researcher investigating sexual abuse in sport, illustrates the centrality of reflexivity in untangling the power dynamics of research relationships and the roles and impact of the researcher on the research. Sugden and Tomlinson's (1999, p. 386) strategies for accessing 'deep insider information' about sport, an approach to unpicking the complexities and contradictions of political relationships, emphasises the significance of being *in* the cultural scene of the research but simultaneously being semi-detached from the experience to employ an interpretive position in understanding the relationships between individual realties and the broader social and political milieu. Such research insights are significant in developing reflexivity in RPP partnerships.

In RPP partnerships there is no place for ceaseless immersion in the 'swamp of interminable self analysis and self disclosure'; the danger of reflexivity (Finlay 2002b, p. 212). Practices of reflexive analysis need only be exploited where there is a purpose for doing so within the RPP partnership. Where reflexivity is appropriate and required, Delamont (2005, p. 310) argues for it as a 'ruthless, relentless, continuous' process and an 'escape' from the problems of research via a positive 'attack' on those problems. There is merit in taking a structured approach to reflexivity (Barber *et al*. 2011). For Finlay (2002b) this involves processes of introspection, intersubjective reflection, mutual collaboration, social critique and discursive construction. In the context of RPP partnerships I work within and drawing on Grant's (2014) discussion, I contend that reflexive acts need to focus on four overlapping aspects of partnership working: (1) one's own personal and professional characteristics; (2) the status of people and relationships in a collaboration; (3) attending to expected and unexpected processes and outcomes in design, data collection, analysis, reporting and management aspects of RPP projects and (4) the various public and private impacts of partnership working.

Reflexivity in RPP partnerships is not the sole preserve of researchers. It can and should involve all actors in the partnership applying and articulating why and how they are involved in the RPP partnership and considering how their motivations, goals and methods impact on the work of others. In this sense there is a synergy between reflexivity and reciprocity. Indeed, Antonacopoulou (2006) surmises that reflexivity is a dynamic exchange between reflection and action which contributes to learning and adaptation. Mutual learning through reflexive and reciprocal exchange is perhaps a fundamental dynamic in RPP partnerships which seek to advance knowledge and build evidence for sport, public health and wellbeing. It is the central tenet of co-production. Co-production is most commonly associated with the delivery of public services in a democratic and reciprocal relationship between professionals and service users (Boyle and Harris 2009). However, it is an approach that applies to knowledge production and exchange partnerships and one which eschews hierarchical forms of knowledge production, seeks to go beyond a research focus on generating results for academic publication and embraces strategies for mutual engagement of a

range of stakeholders in collaborative approaches to knowledge production, learning and dissemination.

Co-production, co-learning and co-researching are central tenets of the collaborative development work in the culture, sport and wellbeing project; a RPP partnership within the UK What Works Wellbeing Centre (whatworkswellbeing.org). In this project around 55 partner organisations from policy, commissioning and managing, service delivery, academic and public/citizen sectors have come together through face-to-face workshops, telephone conversations, email exchanges, seminar discussions and participatory activities. This has opened up opportunities for reflexive dialogue to develop knowledge about conceptualising and measuring wellbeing in culture and sport, and to express a consensus about focused topics and methods for identifying, assessing, synthesising, translating and mobilising evidence on the relationships between wellbeing and taking part in cultural and sport activities. Embracing a reflexive perspective and concomitantly taking a stance of reciprocity in this particular RPP partnership is not without its challenges. It requires ongoing, elaborate and extended negotiations about both personal and project politics (Grant 2014). Yet, there is some potential through a critical reflexive perspective to construct and reconstruct alternative possibilities for research and learning, decision-making and service delivery via an undoing of taken-for-granted, established rules and norms of knowledge production and partnership working. Alongside a stance of reciprocity that frames co-production, reflexivity can help confront a prevailing positivist hegemony in knowledge production and exchange and challenge traditional hierarchies of governance in research, policy and practice networks. The contemporary emphasis of partnership working already discussed in this paper and particularly the development of 'deliberative forums' seeking to engage the public in policy and decision-making, and I would add knowledge production and exchange, is a case in point (Newman *et al*. 2004, p. 205). In RPP partnerships I would argue that reflexivity presents the possibility of a more 'responsible politics' (Bourdieu and Wacquant 1992, p. 194). Critical reflexivity, then, enables a re-thinking of established, normative methods of working; advancing knowledge production, exchange, translation and mobilisation in innovative and possibly more impactful ways.

Conclusion

In the first editorial of the *International Journal of Sport Policy and Politics*, Houlihan, Bloyce and Smith (2009, p. 5) identified theoretically informed analysis of the 'evidential turn' in policymaking and the insistence on monitoring and evaluation as a central theme in developing the research agenda in sport policy. There appears to be a window of opportunity in the current policy focus in the UK on sport for health where the values of research, policy and practice are coinciding around evidence building. Partnership working and its alleged benefits are well established in public health and now sport appears to be a policy sector which is being shaped along similar lines. This poses opportunities and challenges of course. Thinking optimistically, there may be opportunities for knowledge exchange about RPP working between public health professionals and those in sport. Equally, sport scholars and professionals from a range of disciplines in the social and political sciences are well placed, and expertly trained to understand, develop, lead and work within complex, collaborative RPP partnerships that are emerging in the sport for health agenda particularly where the focus is on understanding sport and public health inequalities. They are also theoretically able to critically examine the politics of the RPP partnerships in which they might be involved.

One conclusion to the question about how collaborative partnership working in RPP networks can be successful is based on practical requirements such as an identified need to agree goals, methods of working and objectives and strategies for monitoring and evaluation before the implementation of partnership projects. The intention of such practical arrangements is to protect programme fidelity and increase the potential for service delivery effectiveness. Yet, such a view misses out an analysis of the complex sociodynamics that characterise partnership working and that are central to

understanding how such partnerships work, for whom and in what contexts. An overlapping nexus of social interactions with actors engaging in varying degrees of resourcefulness, reciprocity and reflexivity marks out partner motivations and methods of working, shapes the processes by which partnership working takes place, and influences knowledge production and exchange. Understanding the dynamics of the three Rs in RPP partnerships has the potential to demythologise the role of sport in public health through an analysis of the way resources are allocated, used and owned, and by consideration and articulation of the relationship dynamics of partnership working. Such critical examination can further an understanding of, and make public, issues concerning; knowledge production, dissemination and use; the legitimation of some forms of evidence over others; and it can potentially maximise the impact of the co-production of knowledge.

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