Scoping Review Protocol

November 2016

The impact of Participatory Budgeting: a scoping review of evaluations and outcomes

Mhairi Campbell*
Oliver Escobar
Peter Craig

*Email: Mhairi.Campbell@glasgow.ac.uk

MRC/CSO Social and Public Health Sciences Unit







Contents

Introduction	1
Review aims and objectives	3
Methods	3
Inclusion/exclusion criteria	3
Search strategy	4
Data management	4
Critical appraisal	5
Data extraction and coding	5
Synthesis	6
Research outcomes	6
Dissemination	6
References	7

Introduction

Participatory budgeting (PB) aims to democratically allocate limited public money for local services, enabling communities to vote on how public funds are spent (Dias 2014). PB schemes have been implemented in many countries including Brazil, the USA, France, Portugal, Italy Germany and the UK (Shah 2007, Communities and Local Government 2011, Sintomer, Herzberg et al. 2012). International institutions including the World Bank, OECD, the United Nations and the UK department for International Development recognise PB as good practice (Heimans 2002, Cabannes 2004, Shah 2007) and worldwide PB schemes distribute multimillion dollars/euros (Cabannes 2014). In Porto Alegre, Brazil, where PB originated, PB has been reported to increase public spending in the poorest areas of the city, specifically increasing housing, school and nurseries, and healthcare facilities (World Bank 2008).

The scale of PB schemes used in Scotland is small and mainly focuses on increasing community engagement and developing community cohesion (Community Empowerment Unit 2015). However the Scotlish Government is committed to expanding PB, enabling communities to vote on how some local council funding is allocated (Harkins, Moore et al. 2016). There may be potential for PB to impact on social and health inequalities, however, this may rely on the budgets to which PB processes are applied, and whether the PB processes implemented specifically aim to address inequalities (Baiocchi and Ganuza 2017). There is a large literature on PB but to our knowledge, there has not been a systematic assessment of whether there are significant social or economic impacts of PB processes worldwide. In order to assess whether there are sufficient good quality relevant evaluations of PB, it is proposed that a scoping review is conducted of international literature. The results of the scoping review will be a useful contribution to the understanding of PB.

This scoping review is timely as there is growing interest from Scottish Government, and in the UK and beyond, in the potential for PB as a method of allocating limited public funds using processes which have the potential to address inequalities and increase community empowerment and cohesion. The scoping review will seek to establish the strength and reach of the existing evidence base for participatory budgeting as a way of improving the delivery of public services, and the extent to which this evidence is relevant to Scotland. The methodology for this scoping review will be guided by recent recommendations for conducting scoping reviews (Arksey and O'Malley 2005, Levac, Colquboun et al. 2010).

The intervention, participatory budgeting, is expected to impact on the health, social and economic outcomes of individuals involved through the following stages, based on Boulding and Wampler (2010):

- Participatory budgeting offers communities the opportunity to be involved in deciding how specified public money is spent.
- Being involved in the decision process enables citizens to exercise rights and gain solidarity.
- Involvement of communities in how public funds are spent in those community areas
 enables those communities to identify the most demanding needs within their
 community, i.e. identify best use of limited amount of funds.
- The allocation of resources results in direct improvements in the designated public services.
- The improvements in those public services improves the wellbeing of individuals in that community, either directly through impacts on their health (e.g. reduction in disease, better access to medical services) or via social determinants of health (e.g. housing, education etc.).
- The process results in government services responding to more active citizenery, ensuring resources target more deprived communities, that public funds are spent with reduced inefficiencies as resources are targeted with greater efficiency. This can result in positive impacts for the PB process as the outcome improvements encourage individuals and communities to continue to be involved in the PB process (Boulding and Wampler 2010) (page 126)

Review aims and objectives

The research question aims to be broad in order to enable the review to investigate the breadth of the existing evidence. Within this broad scope there requires to be focus and clarity for literature to be identified and inclusion criteria defined (Levac, Colquhoun et al. 2010), therefore, the broad scoping question is complimented by more focused subquestions. The research questions are:

- 1) How have participatory budgeting (PB) processes been evaluated, and are there sufficient good quality evaluation studies to enable a systematic review of the social and economic impact of PB schemes?
- 2) What methods have been used to evaluate PB processes?
- 3) In which countries and policy sectors have PB processes been evaluated, and at what levels of government?
- 4) What outcomes have been used to capture the effects of PB processes?

Methods

The methodology for this scoping review will be guided by recent recommendations for conducting scoping reviews (Arksey and O'Malley 2005, Levac, Colquboun et al. 2010).

Inclusion/exclusion criteria

We will use the PICO(S) tool to clarify the inclusion criteria:

- Population: adults and children, as individuals or groups in communities involved in, or impacted by, PB.
- **Intervention**: participatory budgeting. We will focus on 'participatory budgeting', this is the relevant global label used for the process that we want to examine.

"Participatory budgeting in Brazil is a year-long decision-making process through which citizens negotiate among themselves and with government officials in organized meetings over the allocation of new capital investment spending on public work projects, such as health care clinics, schools, and street paving. ... Citizens are mobilized to attend meetings during which they vote for public policies and elected community representatives." (Boulding and Wampler 2010) page 126.

- Comparison: there will not necessarily be a comparison group, it is unlikely the search will uncover any RCTs. There may be some studies with some sort of comparison to a control group. The review will include evaluation studies with and without control groups or comparisons.
- Outcome: areas of interest include:
 - o Individual level health, wellbeing, self-efficacy, empowerment, participation.
 - Population level inequalities / social determinants of health such as health or social service provision, housing, patterns of spending (the mechanism for impact on other outcomes, often more easily measurable), provision of public goods (e.g. public parks, public safety).
 - Systems level impact on public service reform, the democratic system (at a local level), including measurement of participation in PB process, measurement or comparison of PB participation in relation to other political processes.
- Study design: we will include any type of study design, quantitative, qualitative or mixed methods, which reports on an evaluation of the PB system in relation to any of the outcomes listed above. This will include peer reviewed published articles, books, reports and grey literature such as conference papers or working papers. There will not be a limitation on publication language or date, however, we do not expect to find publications on PB prior to the 1980s when the process was established.

Search strategy

Electronic databases that will be searched will include: Medline, Embase, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Web of Science, Open Grey, PsychINFO, Scopus, SocINDEX, WHOLIS, Worldwide Political Science Abstracts, Sociological Abstracts, America History and Life, ASSIA, Child Development and Adolescent Studies, Econlit, Econpapers. No filters or terms will be used to capture the evaluation studies as evaluation studies are not indexed as such in bibliographic databases. There will not be any limits on what language the full text of articles is published in. While PB began in the 1980s and we do not expect any publications before this time, no date limits will be set on the literature searches.

Data management

The databases searched and search terms used will be recorded by the Information Scientist. The search results will be held on an Endnote database. Records will be kept of

inclusion decisions and reasons for exclusion. Data extraction and encoding will be compiled in Word software.

Critical appraisal

As this is a scoping review, aiming to map the amount and type of evidence available on PB in relation to impacts on health and wellbeing, the literature will not be formally appraised for methodological quality.

Data extraction and coding

The PB project team will discuss and develop a strategy for data extraction, deciding what information requires to be collected to answer the research questions. This will be trialled by two reviewers independently with a small number of included studies and refined as necessary, as recommended (Levac, Colquhoun et al. 2010). The complexity of the data to be extracted will determine the level of duplicate data extraction.

We will be gather information on:

Study design: Quantitative (including economic evaluations), Qualitative, Mixed.

Evaluation methodology: experimental (e.g. RCT), quasi-experimental (e.g. controlled study, pre-test post-test control group study), observational analytic (e.g. cohort study), observational descriptive (e.g. case study), expert opinion (e.g. expert consensus, bench research).

Population: population group(s) in the included studies, including any information on demographic breakdown, such as by sex, age, ethnic group, socioeconomic group.

Setting: country, region, city; level of government; policy sector implementing the PB scheme.

Outcomes: any outcomes relating directly or indirectly to health, social or economic impacts of participatory budgeting. This may include, but not limited to, individual outcomes, social determinants of health, and systems outcomes such as any recorded impact on changes to public service provision or further political processes.

Synthesis

As a scoping review, the synthesis will be an exercise in tabulating and narratively describing the data from the included literature. Collating the results will be guided by Levac et al (2010) who recommend following three stages: 'analyzing the data, reporting results, and applying meaning to the results' (Levac, Colguhoun et al. 2010):

- Analysing: characteristics of included studies, synthesis of themes
- Reporting: presentation of results in method most suited to communicating results (e.g.by themes, framework, tables)
- Applying meaning: consider the results of the scoping review in relation to research, policy and practice

Research outcomes

This scoping review will offer an important contribution to the literature as while there have been many PB schemes in many countries, the extent to which PB has been evaluated and what can be learnt from previous PB initiatives has not been established. The primary research question for a subsequent systematic review would be: Is there reliable evidence from well-conducted studies that PB processes have significant social or economic impacts?

Dissemination

We will produce a paper for a refereed journal, along with a report for What Works Scotland, and an accompanying blog. We shall also develop a presentation for use at What Works Scotland or externally organised events.

References

Arksey, H. and L. O'Malley (2005). "Scoping studies: towards a methodological framework." International Journal of Social Research Methodology **8**(1): 19-32.

Baiocchi, G. and E. Ganuza (2017). <u>Popular democracy: The paradox of participation</u>. Stanford, California, Stanford University Press.

Boulding, C. and B. Wampler (2010). "Voice, Votes, and Resources: Evaluating the Effect of Participatory Democracy on Well-being." <u>World Development</u> **38**(1): 125-135.

Cabannes, Y. (2004). <u>72 frequently asked questions about participatory budgeting</u>. Nairobi, Kenya, UN-HABITAT.

Cabannes, Y. (2014). Contribution of Participatory Budgeting to provision and management of basic services: Municipal practices and evidence from the field. IIED Working paper. London.

Communities and Local Government (2011). Communities in the driving seat: a study of Participatory Budgeting in England. Final report. London.

Community Empowerment Unit (2015). Participatory Budgeting in Scotland. Edinburgh, UK, The Scottish Government.

Dias, N. (2014). <u>Hope for Democracy: 25 Years of Participatory Budgeting Worldwide</u>. Sao Bras de Alportel, Portugal, In Loco Association.

Harkins, C., K. Moore and O. Escobar (2016). Review of 1st Generation Participatory Budgeting in Scotland. Edinburgh, UK, What Works Scotland.

Heimans, J. (2002). Strengthening Participation in Public Expenditure Management. OECD Development Centre Policy Brief 22. Paris, Organisation for Economic Cooperation and Development.

Levac, D., H. Colquhoun and K. K. O'Brien (2010). "Scoping studies: advancing the methodology." Implementation Science **5**(1).

Shah, A. (2007). <u>Participatory budgeting</u>. Washington DC, World Bank Publications. Sintomer, Y., C. Herzberg, A. Röcke and G. Allegretti (2012). "Transnational Models of Citizen Participation: The Case of Participatory Budgeting." <u>Journal of Public Deliberation</u> **8**(2): 9. World Bank (2008). Brazil: Toward a More Inclusive and Effective Participatory Budget in Porto Alegre, Volume 1 Main Report, The World Bank.

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, 200 Renfield Street, Glasgow, G2 3QB. Tel: 0141 353 7500 Fax: 0141 332 0725

email: sphsu-enquiries@glasgow.ac.uk

A University Unit funded by the Medical Research Council and the Scottish Government Chief Scientist Office, at the University of Glasgow.

MRC/CSO Social and Public Health Sciences Unit





