Improving community wellbeing, resilience and safety through collaborative efforts

Safe Communities Foundation New Zealand

Role, Benefits and Costs of Safe Community Coordination Discussion Document

Understanding the role, benefits and costs of Safe Community Coordination at local and national levels
Discussion Document

Safe Communities Foundation New Zealand (SCFNZ)

New Zealand has a well-established local, regional and national Safe Community network that supports wellbeing, placemaking, resilience and community safety prevention initiatives, with just over 3.3 million (68%) New Zealanders living in an accredited Safe Community. 26 cities and districts are currently engaged in the network and participation is open and accessible to any and every community within Aotearoa New Zealand.

Safe Communities Foundation New Zealand (SCFNZ) is a non-government organisation with charitable trust status, and is a Safe Community Support and Accrediting Centre of the Pan Pacific Safe Community Network (PPSCN). Established in 2004, SCFNZ adopts both public health and community development principles in its approach to build social capital and increase wellbeing through community safety promotion. This actively supporting the Government wellbeing agenda, alongside the international Sustainable Development Goals. SCFNZ also aligns to the theory of Injury Prevention as Social Change (McClure RJ, et al. Inj Prev June 2016 Vol 22 No 3. webinar) reframing injury prevention at the population level through a systemic approach.

SCFNZ was originally established to specifically support communities becoming effective advocates and enablers of injury and violence prevention at community level. SCFNZ works with the existing and new community coalitions to increase to individual and community wellbeing, inclusiveness and resilience.

SCFNZ is currently funded by Ministry of Health and Te Hiringa Hauora/Health Promotion Agency, with previously funding coming from Accident Compensation Corporation and Ministry of Justice. SCFNZ has both the capacity and capability to provide ongoing services to the Safe Communities movement. www.safecommunities.org.nz

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Safe Communities is not another project or a programme, it is an integrated way of doing business. The model is recognised by the World Health Organization (WHO) and worldwide as an effective and acceptable intervention to address community and individual safety, resilience and wellbeing. Safe Communities concepts embodies the values and philosophies of whanaungatanga (relationships) manaakitanga (respect, care and support) and tino rangatiratanga (self-determination and autonomy). The Manifesto for Safe Communities states that "All human beings have an equal right to health and safety".

Pan Pacific accreditation as a Safe Community formalises community's commitment to continue to work in a collaborative and systemic way. Pan Pacific Accredited Safe Communities provide the ideal platform and channels for central and local government to increase wellbeing and reduce injuries, violence and crime through a focus on targeted interventions, leadership and collaboration.

SCFNZ STRATEGY 2020-2023

OUR VISION

Communities in New Zealand are safe, vibrant, resilient and connected.

He haumaru, hihiri, manahau me hono hapori i roto i Aotearoa.

OUR VALUES

Approachable/Whanaungatanga and Connected/Kotahitanga

- o Participation and strong effective relationships, Collaboration is the heart of what we do
- o Flexibility and choice underpins our community support, being nationally led, but community delivered

Respect/Manaakitanga and Integrity/Tikanga

- o Demonstrate, honesty, respect and integrity
- o Embrace diversity (understanding) and accepting the differences of each community

Responsible/Kaitiakitanga and Proactive/Tūhonohono

- o Embrace innovation, in supporting strengthening community social impact
- o Evidence-based approach - on local and international best practice

WHAT WE DO?

Sustain and grow the Safe Community movement

Be an influencer to adopt wellbeing and safety practices

Build community social impact

Grow and diversify our sphere of influence

Strengthen Safe Community capabilities

THE DIFFERENCE WE WANT TO MAKE

Increased community capability and self-determination Communities have the skills, leaders and capabilities needed to drive and sustain positive local change to achieve their aspirations.

Increased synergy through developing collaborative relationships that can build critical mass and credibility.

Increased impact and reach. One message many voices, resulting in the continuity of messages and interventions, and their sustainability.

Increased family and whānau resilience People have the skills, strategies and networks that they need to achieve and maintain wellbeing.

Increased inclusion and social cohesion Connections are built within and between communities, creating an environment in which people feel included and that they belong.

Increased social equity All people, families and communities can access safe housing, health, education, sporting and employment opportunities.

Enhanced community safety. Improvements in perceptions of safety, the creation of vibrant yet safe environments, adoption of safer behaviours, increased wellbeing with a long-term reduction in severity and incidence of injury/violence/crime and alcohol related harm.

Safety is a: fundamental human right; a shared responsibility; an attainable aspiration.

Strategic Alignment

SCFNZ vision (*Communities in New Zealand are safe, vibrant, resilient and connected, He haumaru, hihiri, manahau me hono hapori i roto i Aotearoa)* provides a platform for the achievement of New Zealand government wellbeing agenda. Specifically, improving the wellbeing of New Zealanders and their families through supporting healthier, safer and more connected communities.

SCFNZ and the Safe Communities model are aligned to numerous central government objectives including: Department Internals Affairs Purpose: ACC Strategic intent; Ministry of Health: Te Hiringa Hauora/Health Promotion Agency focus on reducing drug and alcohol-related harm; Ministry of Social Development outcomes; NZ Police Prevention First Strategy; NZTA 'Safer Journeys 2020'.

The Local Government Act 2002 recognises that Territorial Authorities have an important role to play as they are the most effective deliverers of local services. The Local Government Amendment Act 2018 includes "promote the social, economic, environmental, and cultural wellbeing of communities in the present and for the future". The Safe Communities model is well placed to address the needs of local government to address the four wellbeings – in particular the social and cultural aspects.

SCFNZ advocating and liaises with central government and national NGOs, maintaining strong relationships with key partners. In particular, a focus is the role SCFNZ provides for community development – through leadership and collaboration to create safer communities in which to work, play and live.   This is further strengthened with SCFNZ exercising leadership and advocacy with PPSCN, and WHO. These International networks enable benchmarking to international best practice and the opportunity to increase knowledge on a wide range of community wellbeing and safety approaches.

Furthermore, the New Zealand Safe Community Network actively supports the 2030 Sustainable Development Goals, addressing those directly related to injury and violence prevention and those that address the risk factors of injury. The World Health Organization (WHO) Regional action plan for violence and injury prevention in the Western Pacific : 2016-2020, recommends Safe Communities as a strategy for achieving a reduction in injuries.

WPRO: Regional Action Plan for Violence and Injury Prevention in the Western Pacific (2016-2020). excerpt

Effective coordination and collaboration requires leadership from the highest levels of government. Political commitment at the highest levels of government enables intra-ministerial cooperation, cross-sectoral collaboration, allocation of resources and social change. Examples of sectors that are often involved in the prevention of major subtypes of violence and injuries include health, police, justice, transport, finance, infrastructure, planning, education, housing, labour, and urban and rural development.

Leadership and coordination

- The determinants of violence and injuries are intersectoral and multidisciplinary, so effective action for injury prevention requires a whole-of-government approach.
- Adopt strategic approaches for the delivery of evidence-based interventions such as the Safe Communities model.

Tools and resources for violence and injury prevention: Pan Pacific Safe Communities Network http://www.ppscn.org

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What does SCFNZ do to support this development?

There are no other national organisations, networks or coalition models operating in the community development wellbeing sector that offer a comparable structure, reach and service to Safe Communities. SCFNZ has both the capacity and capability to provide ongoing services to the Safe Communities network and is committed to extending its reach through three key mechanisms:

- Encouraging communities to engage with new partners and local community stakeholders
- Encouraging communities to extend the scope and range of community wellbeing activities
- Engaging and accrediting new communities in the Safe Communities network.

The system of accreditation and associated work creates a net benefit that supports communities to focus their efforts on what matters, and strengthen partnership efforts. A part of this SCFNZ is committed to increasing community capabilities through identifying and addressing network training and development needs. Leading to strengthening community governance groups and individual community workers (coordinators) to support further effective practice that increases wellbeing. It is critical to maintain organisational flexibility and responsiveness to new and changing circumstances.

SCFNZ develops and provides a range of resources and tools to support communities to aid awareness and understanding. SCFNZ key activities utilised to increase community capabilities are evidence-based, but adapted to local conditions, with a high degree of community "buy-in" to make things happen.

SCFNZ relies on the following mechanisms to monitor the performance (capacity and capabilities) of the network and gain in-depth understanding of opportunities and challenges. The following sources of information are utilised to identify priorities and key scheduled activities at either individual, regional or national levels.

Monitoring	Informal Assesments	Evalutions	Influences
• Re/ Accreditation • Annual reporting • Governance Survey	• Face to face meetings • Community initiated connect • Partner feedback • Network particpation	• Annual forum/hui • Regional trainings • Webinars • SCFNZ Annual Network Service Survey	• Unanticipated events • Environmental factors • Strategic alignment • Societal • Data

SCFNZ commitment to working with Māori as tangata whenua

SCFNZ recognises the position of Māori as tangata whenua and, as such, the importance of iwi as key stakeholders within Safe Community coalitions in Aotearoa New Zealand.

We recognise:

- Iwi and Māori amongst community leaders with an important role to play in preventing injuries, building community resilience, and social capital.
- Māori are disproportionately affected by injury, and that needs to change.

We will do this by mentoring and building Safe Community capacity and capabilities to:

- recognise the vital role iwi play as partners and the importance of iwi being involved in the broader communities they are part of
- work in collaboration with local iwi/Māori to build strong relationships in culturally appropriate ways
- ensure Māori views are included when communities identify their risks and needs
- Safe Communities encourage Māori to actively contribute to the design and implementation of initiatives, including by enabling opportunities for Māori participation

The Safe Community movement is committed to working together to collectively strengthen cultural capability, diversity and inclusion. It recognises that in working with tangata whenua we contribute to a safer environment not only for Māori but for all New Zealand communities.

Safe Community Coordination: local

There is no 'one size fits all' formula for Safe Communities. Each area creates its own structures, priorities and activities that are appropriate and responsive to local needs and conditions

The Safe Communities Accreditation Criteria One requires every Safe Community to have an inter-agency governance structure. The primary focus of the governance group is to *investigate, implement, evaluate and continually improve processes related to wellbeing, resilience and safety.*

Safe Communities Governance Group structures are committees made up of a wide range of government and NGO representatives. . Local Authorities are usually engaged, along with key stakeholders including Police, ACC, Fire Service, District Health Boards, local Iwi, and other community agencies. As the majority of these groups are unincorporated, they do not have legal status and are unable to directly employ/contract a coordinator, apply for funds, execute legal documents etc.

In most cases, one of the governance group members (usually the Local Authority) acts as the 'host' for the Safe Community programme, and in that capacity, acts as fund-holder and employer/contractor of the coordinator. In some Safe Communities a Trust has been formed to provide the legal framework for the operation of the governance group. In this situation, the Trust acts as fund-holder and employer/contractor.

All accredited Safe Communities have a paid coordinator. Most are contracted/employed on a part-time basis. Several undertake the role as part of a fulltime salaried position within a local authority. There are variations in the hours, rates of pay, and conditions of employment.

As a result in 2015, SCFNZ released a discussion document that could be used as a basis for formulating Coordinator positions. SCFNZ is indebted to Whanganui District Council for formulating and job-sizing/salary banding the Coordinator role for Safer Whanganui. It is our view that the coordinator role is fundamental to the success of Safe Communities, and needs to be resourced and staffed at an appropriate level.

Key elements in the coodinators role include: strategic planning; relationships management; interagency networking and collaboration; data analysis and reporting; project planning and delivery.

Coordinators are expected to have:

- qualifications in health, education or social sciences, and have skills and experience in planning; community development; partnerships and collaboration; project management; Iwi/Maori and other cultural engagement.

- specialist knowledge and stay informed about wellbeing, resilience, injury prevention, crime prevention and community safety policy and practice; and be aware of the data, trends, issues and gaps within their local community.

Coordinators are highly skilled facilitators, enablers, leaders, and communicators. They are able to work autonomously, and within multi-disciplinary teams. Coordinators transcend organisational boundaries (silos) and actively promote partnerships and collaboration.

Some benefits and challenges

There are many advantages and benefits from being an accredited Safe Community. They include:

- ❖ Increased synergy - developing collaborative relationships, building critical mass and credibility. Increased community social capital and the mobilising of action. Having a mechanism for joint interagency work on a wide range of wellbeing, resilience and safety issues determined by the community
- ❖ Mapping and linking current initiatives, creating a clearer and more comprehensive picture of local risks.
- ❖ Sharing best practice and developing an integrated problem-solving approach to planning.
- ❖ Increasing impact and reach - one message many voices, resulting in a continuity of messages and interventions.
- ❖ Combining of creativity, perspectives, skills and resources to run and fund projects
- ❖ Having a coordinator dedicated to help make things happen and ensure continuity and sustainability
- ❖ Participating in regional and national networks and training opportunities
- ❖ Providing a means of meaningful community participation, consultation and determination of community needs.

There are also challenges that often need a special focus. Some challenges of collaboration include:

- ❖ Ensuring that the right people are in the governance group who have sufficient authority to make decisions on behalf of their agencies
- ❖ Keeping people engaged and interested in the process and projects
- ❖ Dealing effectively with conflict within the group, such as differing views and interest
- ❖ Ensuring that everyone understands the purpose and outcomes of what is being achieved
- ❖ Maintaining effective coordination and communication

The overall benefit of working towards helping to create a liveable community where people their daily activities in an environment without fear or risk of harm or injury outweighs the challenges every time.

> *Supporting Discussion Documents: SCFNZ Strategy, SCFNZ Strategic Outcomes Framework ,*
> *SCFNZ Operating framework Safe Communities Coordinators, Good Governance*

This next section references recently published research by Dr Dale Hanson, Queensland. **The reference is: *Dale Hanson, DrPH, MPHTM, MBBS et al, Working From the Inside Out: A Case Study of Mackay Safe Community, Health Education & Behavior, 2015, Vol. 42(1S) 35 S–45S***

Dr Hanson and colleagues have undertaken a series of evaluations of the Mackay SC utilising an ecological model. A social network analysis conducted in 2000 and 2004 indicated that the network doubled its cohesiveness, thereby strengthening its ability to collaborate for mutual benefit. This corresponds with the Annual Governance Group Survey undertaken by SCFNZ which measures the synergy within Safe Community governance groups using a variety of scales.

The research identified two forms of connected relationships:
1. *Bonding relationships*: increasing the density and strength of relationships within groups strengthened the ability of the coalition (governance group) to collaborate for mutual benefit.
2. *Bridging and linking relationships*: these boundary-crossing relationships connected subgroups within the community (bridging relationships) and connected the community to external agencies (linking relationships). These relationships proved to be a critical conduit for the sharing of resources.

Dr Hanson reports that these boundary-spanning relationships accessed an estimated 6.5 full-time equivalents of human resources and US$750,000 in 2004 that it used to deliver a suite of injury control and safety promotion activities, associated with a 33% reduction in injury deaths over the period 2002 to 2010.

These findings are consistent with other Safe Communities. For example, in NZ, Tauranga Moana Safe City attracted more than $2million in external funding that contributed to funding for coordination, and for the delivery of safety promotion programmes over an 8 year period.

The role of the Safe Community coordinator is therefore critical to the development and strengthening of the bonding relationships within the leadership/governance and wider community coalition; and the bridging and linking relationships that encompass external agencies and funders. The coordination role brings an added dimension to the identification and resolution of wicked issues/problems (complex): particularly the ones that are not the mandate or responsibility of any one agency, for example alcohol-related harm. Family violence, suicide prevention, sexual violence are some other areas that transcend silos and boundaries. These issues reach across multiple agencies and sectors but where there is no incentive or capacity within any one agency to create 'linking relationships' that can result in multi-faceted approaches.

Understanding the value of collaboration

A core underlying principle of Safe Communities is collaboration. A second core principle is self-determination. By definition, Safe Communities is a platform and enabler of community-level initiatives.

In December 2015, Social Policy Evaluation and Research Unit, MSD, published a report*:*
Effective community-level change: What makes community-level initiatives effective and how can central government best support them?

The Report notes:

The purpose of the project was to inform the Ministry about what works in community-level initiatives, and how central government can best support effective community-level initiatives. For the purposes of this project, community-level initiatives are defined as those that:

1. do not provide services to individual clients;
2. have a significant community engagement component; and
3. are aimed at addressing community-level issues and outcomes such as social connectedness, tino rangatiratanga/self-determination, incidence of family violence, and crime rates.

Key principles:

- Community self-determination: the ability to have a voice, to participate and to exercise control over one's destiny
- A focus on the strengths and assets of communities and the importance of their knowledge base
- A holistic and ecological approach, recognising the interconnectedness and complexity of factors and outcomes at various levels: individual, family, community, society
- A focus on **process** and **relationships** as well as **tangible outcomes**.

Success factors:

- A shared vision, owned by the community
- Community readiness
- Intentionality and a focus on outcomes
- Long-term and adaptable funding arrangements
- A focus on community capacity-building
- Skilled leadership and facilitation
- Processes for addressing power imbalances
- A focus on relationships
- Appropriate scale
- Continuous learning and adaptation.

Barriers to success (excerpted)

- Adverse funding and accountability arrangements
- A central-government culture that is not well-aligned to working with communities
- Lack of focus on addressing 'upstream' factors
- Loss of funding

Understanding the cost

The following report from the UK comments on the barriers to moving towards prevention. It focuses mainly on the issues surrounding funding, return on investment, budgets and business cases. The points raised in this report mirror the situation in NZ.

Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays, UK
Action, inaction and barriers to progress

The report notes:

The perceived time lag between investment and benefit, which means that any savings are not likely to be realised in any given financial or political cycle
- The reality that investments from one budget/department/agency may be required to bring benefits to another, limiting budget holders' willingness to take action
- Lack of sufficiently compelling evidence that interventions will lead to promised outcomes, and therefore difficulty in passing a 'business case' test
- Lack of incentives for different parts of the system to grapple properly with the challenges of shared goals, let alone pooling or aligning budgets
- Absence of sufficient data to understand fully the costs of existing approaches and therefore the real costs of inaction
- Lack of resources to invest in up-front prevention while acute need is ongoing
- Lack of a workforce that understands the benefits of evidence-based practice, has the tools to implement it, and is sufficiently settled and secure to deliver ambitious change
- The many challenges of disinvestment – it is difficult to stop doing those things which may not be working effectively but are part of the accepted local landscape in order to reinvest
- Lack of encouraging examples of prevention delivered at population scale which have successfully reduced demand for 'late intervention' services

Identifying the costs associated with major crime, violence and injury problems is challenging. The nature of the evidence means that our estimates are indicative. Differences in definitions, limited data on costs, variety in the ages for which there is evidence and the challenges in generalising from one context to another with different health and wider social welfare systems are among the most significant hurdles. **Pinpointing the savings from particular interventions is even harder as the data uncertainties are multiplied.**

The following table shows the levels of government investment in injury prevention. With the exceptions, perhaps, of motor vehicle traffic crashes and assault, the expectation that significant changes/reductions in injury claims/costs can be achieved with such minimal investment is unrealistic. When you consider the distribution of funding and the abbreviated contracting timeframes you begin to appreciate how difficult it is to link that level of investment with any statistical outcomes such as reductions in injury claims and costs. ACC Statement of Intent 2015 – 2019 anticipates a Return on Investment of $1.15/$1.00 or 115%. Even if this is being achieved it is almost impossible to prove.

TABLE 12: ESTIMATED GOVERNMENT EXPENDITURE ON INJURY PREVENTION AS A PERCENTAGE OF TOTAL SOCIAL AND ECONOMIC COST

Priority area	Total social and economic cost (O'Dea and Wren, 2009)	Estimated government expenditure	Expenditure as a percentage of cost
Motor vehicle traffic crashes	$2,195,000,000	$854,000,000	38.9%
Suicide and deliberate self-harm	$2,169,100,000	$25,000,000	1.2%
Falls	$1,735,200,000	$9,000,000	0.5%
Workplace injuries	$1,347,500,000	$85,000,000	6.3%
Assault	$379,600,000	$122,000,000	32.1%
Drowning	$295,500,000	$10,000,000	3.4%
Totals	**$8,121,900,000**	**$1,105,000,000**	**13.6%**

14. O'Dea, D., & Wren, J. 2010. New Zealand Estimates of the Total Social and Economic Cost of "All Injuries" and the Six Priority Areas Respectively, at June 2008 Prices: Technical report prepared for NZIPS evaluation. Wellington: University of Otago and Accident Compensation Corporation.

Safe Communities: added value

One aspect of Safe Communities that can be estimated/quantified is the value-added content at governance and service delivery levels. SCFNZ is doing some analysis of the value-added contribution of partner agencies in terms of hours and resources.

Governance: within the Safe Community network, governance groups range in size from 6 to 22 (Christchurch) and 23 (Wellington). The average is 13. Based on reports, these groups meet on average 8 times per year. Let's assume:
- number of Safe Communities = 24
- number of meetings = 8
- 75% attendance = 9
- Length of a meeting allowing traveling time is 3 hours
- Average salary of members = $104,000 FTE calculated at $50 per hour

Annual value of contribution per SC: $10,800
Annual value of contribution (national): $259,200.00
This does not include the in-kind collateral benefits including use of office/meeting room, secretarial and admin services.

Projects/activities: one of the benefits of partnerships and collaboration is that the partners bring money, time and resources to the table.

Safer Napier

As part of a thorough independent review of their programme, Safer Napier analysed the funding contributions of partner agencies over the first five years post-designation:

Table 2: Amount of directly attributable funding via Napier City Council (NCC) 2010-2015

Funder	Amount
ACC	$106,000
HB DHB	$6000
HPA	$3700
HPA to DHB	$3600
Min. Youth Development	$65,000
Min. of Justice	$5000
NCC	$217,183
Ravensdown	$5000
Total	**$411,483**

In addition to this total, a further estimated **$1,285,000** of "other safety focused funding via NCC" was indirectly attributable to the programme including: funding for Surf Lifesaving NZ, Napier Safety Trust (CCTV), NCC (Civil Defence) and Ministry of Justice (Crime Prevention).

Safer Napier Overall Conclusion
"Overall, from the information obtained it can be concluded that the Safer Napier programme contains a portfolio of projects designed to reach a wide range of target groups on which they have a moderate to high impact and delivers reasonable value for money. Crime prevention and road safety projects appear to have most impact and alcohol-related harm the least, although there is insufficient outcome information to be very definitive in this regard. The evolution of the portfolio across time points to the increasing maturity of the programme that delivers a range of outcomes including increased awareness but perhaps more saliently, crime reduction, a safer physical environment and positive behaviour change." Katoa Ltd, April 2015.

Safer Waimakariri

In February 2016, Safer Waimakariri undertook an exercise to calculate the added value of partner contributions in cash and kind to the delivery of specific programmes. The analysis demonstrated that for programmes delivered in Suicide Prevention (below) there was a real dollar return of 135% or in other words: for every $1.00 of Ministry of Health funding, it was matched by a contribution of $1.35 from partners. Falls Prevention demonstrated a return of approximately 90% or $0.90 for every $1.00 from MOH. Rural programmes achieved $0.74 for every $1.00, and child safety $0.84 for every $1.00 in 'added value'

SUICIDE PREVENTION Value Breakdown over 1 year of delivery

<u>Partners</u>: *CDHB (including School Based Mental Health), Depression Support Network, Local Schools, Pegasus PHO, Neighbourhood Support, Hope Community Trust, Oxford Community Trust, Grey Power, Com Care Trust, Presbyterian Support, Whanau Champion Ngai Tahu Farms, North Canterbury Sport and Recreation Trust, Waimakariri Youth Council, Victim support, Male Survivors of Sexual Abuse, Rural Canterbury Primary Health Organisation, NZ Police, R13 Trust, Wellbeing North Canterbury, Enabling Youth, 298 Youth Health, Local GP, Family Planning, Waimakariri Access Group and community members. Road Safety Co-ordinator, Safe Community Facilitator, Rural Support Trust, Wisdom Counsellor,*

<u>Activities include</u>:

4. Establishment and facilitation of Wai Life Suicide Prevention Steering Group
5. Review, re-establishment and support for Waimakariri Bereaved by Suicide group and waves programme
6. Facilitation of local QPR Suicide Prevention training initiatives
7. Workshops on wellbeing, depression and how to address signs of potential suicide. (E.g. Depressions Awareness workshop at Rangiora Library, Oxford Youth Forum, Good Bad and Ugly Parenting Teens seminar) approx. 3 days each
8. Facilitation of Community-Led initiatives to support connection and wellbeing in rural communities. (E.g. Funky Farmworkers' Food and Farm Strong)
9. Facilitating links to assist with the establishment of the Oxford 'Got Your Back' initiative; aimed at ensuring that community members have someone they can turn to in a crisis.
10. Development of locally relevant on-line resources
11. Engagement in regional fora to establish practitioner links
12. Local research and associated links (e.g. in relation to contagion, or accessing local stakeholder evidence)

Activity	# of Partners	Residents reached	Coordinator Hours (per year)	Coordinator cost: (including rent, IT, etc)	Project costs	Partner hours	Cost in kind (averaged at $30 per volunteer hour)	Total Health Promotion value	Total investment from MOH
1	42	Whole of population promotion; but with targeted groups, project dependent	114	$ 4,446	$ 200	1680	$ 37,800		
2			140	$ 5,460	$ 500	34	$ 1,020		
3	Over whole suicide portfolio		48	$ 1,872	$ 920	38	$ 1,140		
4			56	$ 2,184	$ 900	160	$ 4,800		
5			80	$ 3,120	$ 750	128	$ 3,840		
6			80	$ 3,120	$ 750	12	$ 360		
7			64	$ 2,496	$ 1,190	2	$ 24		
8			96	$ 3,744	$ 200				
9			40	$ 1,560	$ 100				
TOTAL	**42**	**60,000**	**718**	**$ 28,032**	**$ 4,160**	**358**	**$48,984**	**$75,732**	**$32,192**