2026

Understanding Government Investment to Address Family Violence and Sexual Violence

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Executive Board for the Elimination of Family Violence and Sexual Violence
Responding, healing, strengthening

Suggested citation: The Executive Board for the Elimination of Family Violence and Sexual Violence (2026). Understanding Government Investment to Address Family Violence and Sexual Violence. Wellington: New Zealand Government.

Published by the Executive Board for the Elimination of Family Violence and Sexual Violence, Te Kāwanatanga o Aotearoa | New Zealand Government, July 2026. For more information go to preventfvsv.govt.nz

ISBN: 978-1-7386175-4-8

*By **adopting a whole-of-government approach to investment** across the family violence and sexual violence system we will gain an understanding of what we are delivering; what needs to change and how to innovate to ensure people get the right support for their needs.*

(Te Aorerekura Action Plan 2025 – 2030)

About this report

A new approach to investment and commissioning

The second Te Aorerekura Action Plan 2025–2030: Breaking the Cycle of Violence (the Action Plan) sets a clear direction to ensure that government investments in the family violence and sexual violence (FVSV) sectors are effective and directed where they will make a real difference for victims/survivors and their whānau.

Through the Investing and Commissioning Well priority focus area of the Action Plan, the agencies of the Executive Board for the Elimination of Family Violence and Sexual Violence (the Executive Board) will embed a social investment approach to make evidence-informed decisions about when, where and how to invest to deliver change and improve lives.

Understanding the current state of investment across the FVSV system

The Action Plan commits to reviewing FVSV spending across government to help inform future investment and commissioning decisions.

This review of direct spending on addressing FVSV responds to gaps in the visibility of system-wide investment, providing granular information on how much, in what, for whom and where government is investing. It establishes the most comprehensive summary of cross-agency investment to date.

Scope of the review

The review focused on direct spending on addressing FVSV. This included:

- contracts for FVSV service providers and sector organisations, and
- departmental resources including staff roles

that were wholly or substantially dedicated to FVSV services, programmes, and portfolios.

Contract information collected included actual value for Financial Year 2024/25 and forecast value for Financial Year 2025/26 as at October 2025, along with provider, location, intervention and service type, cohort served, contract term and expiry dates.

This report uses several categorisations to describe how funding is spent, on what and for whom. Readers are encouraged to refer to the glossary for definitions.

Using the findings

The review provides a set of information for Ministers, the Executive Board, agencies, sector partners and communities to understand how public money is being spent across the FVSV system. It is a point-in-time view of a dynamic system.

It provides an evidence base to support coordinated, effective, outcomes-focused investment planning and a baseline from which to track changes in investment over time.

However, it is only one piece of the puzzle. Further work is required to understand more about the effectiveness of investments, and community strengths and needs, to prioritise funding where it will have most impact on improving outcomes for people and communities.

The 2025 review of investment

The review offers valuable insights to guide government decisions on family violence and sexual violence investments

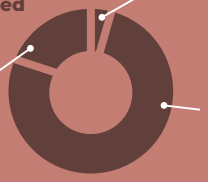
$738M direct investment to address family violence and sexual violence

96%

of investment is on services and staffing to support people and communities.

How much we invest

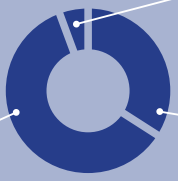
Departmental and contracted spend FY26



- $32M 4% System leadership
- $135M 18% Agency operational staffing
- $571M 77% Contracted services

What we invest in

FVSV spend FY26 – contracted services



- $14M 3% Joint
- $334M 58% Sexual Violence
- $223M 39% Family Violence

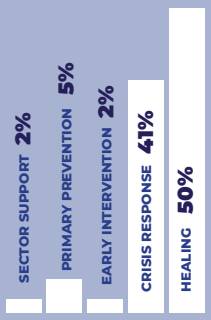
$571M

Contracted Services
FVSV expenditure with third-party providers and NGOs for FVSV-specific service.

How we are investing

Crisis response 41% and healing 50% account for the majority of spend while primary prevention makes up only 5%.

Spend across the prevention continuum FY26 – contracted services



Who we are investing in

90%

of investment ($511M) is for services for victims/survivors, such as refuge services, response and recovery, and restorative justice.

Dedicated spend for specialist services for children is **$26M**. This represents **5%** of total spend.

Users of violence receive **$60M** or **10%** of total spend.

$135M

on agency roles delivering support to people affected by FVSV (operational staff).

FTE: Full-time equivalent

1507 FTEs Operational Staff

- **$69M** (674 FTE) Preventing and responding to FVSV — New Zealand Police
- **$38M** (531 FTE) Offender treatment and programmes, and probation support — Department of Corrections
- **$18M** (197 FTE) Coordinating support and treatment for victims/survivors — ACC
- **$10M** (105 FTE) Other Support — Ministry of Social Development; Ministry of Justice; Oranga Tamariki; Te Whatu Ora Health New Zealand

Where we invest

$16.0M	Northland Region
$59.0M	Auckland Region
$16.4M	Bay of Plenty Region
$29.2M	Waikato Region
$5.8M	Gisborne Region
$5.6M	Taranaki Region
$9.4M	Hawke's Bay Region
$15.1M	Manawatū-Whanganui Region
$25.6M	Wellington Region
$1.7M	Tasman Region
$2.7M	Nelson Region
$2.3M	Malborough Region
$1.6M	West Coast Region
$25.6M	Canterbury Region
$6.1M	Otago Region
$4.4M	Southland Region

$226.6M of the spend collected can be mapped regionally. **$344.3M** of services cannot be mapped, reflecting nationally funded services, or those spread over a wider area (those operating in more than three regions).

Commissioning

Government's relationships with providers

Three types of relationships were identified between providers and government.

(Figures exclude Health New Zealand contracts, grants from the Centre for Family Violence and Sexual Violence Prevention and some primary prevention spending).

P Provider C Contract A Agency

22% of providers hold multiple contracts with different government agencies. Another 12% have multiple contracts with the same government agency.

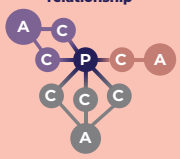
- 66% **One-to-one relationship**

436 Providers
436 Contracts held
$308M Total projected contracted spend for FY26

- 12% **One-to-many relationship**

81 Providers
216 Contracts held
$45M Total projected contracted spend for FY26

- 22% **Many-to-many relationship**



142 Providers
772 Contracts held
$186M Total projected contracted spend for FY26

Figures correct as of 31 October 2025

What we have learned through the review

What's important to know

A complex and dynamic investment landscape

The review reveals a complex web of investment in a dynamic funding environment, including the adoption and roll out of a social investment approach.

Investment by agencies versus a system response

Agencies commission and coordinate services relative to their responsibilities in the system. This means that investment is not coordinated or integrated around cohorts or outcomes.

System coordination is hard but necessary

Working to gather complex data and information across agencies is challenging due to different systems, lack of shared definitions, and barriers to sharing information. System coordination is necessary to enable a more collective strategic approach.

Increased visibility creates opportunity

This work has provided a granular level of information about system investment. We now have detailed knowledge of where investment is flowing. This will enable a data-driven approach to future FVSV investment.

How we understand government investment

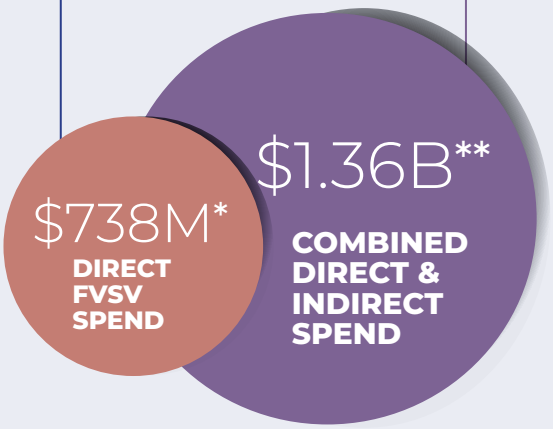
The family violence and sexual violence investment landscape is complex.

This report is focused on **direct spend** on family violence and sexual violence.

However, this investment is not made in isolation, but is part of **wider spending on social services**.

Direct investment refers to substantially dedicated or specialist FVSV purposes, either through contracts with providers or through agency resources allocated to FVSV functions.

Indirect spend refers to activities, initiatives or services which share outcomes that impact on FVSV, such as early intervention programmes such as whānau support, mental health, drug and alcohol services, housing.



* Total forecast spend for FY26 as of October 2025 recorded through this review

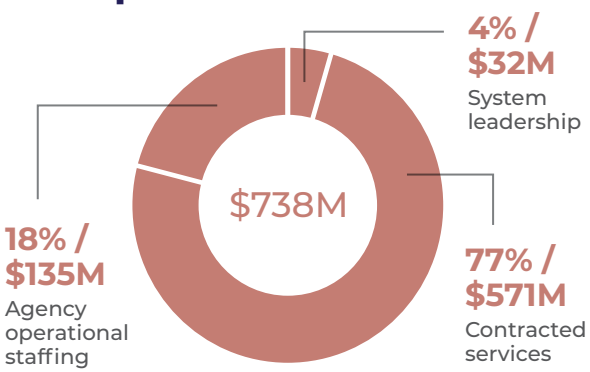
** Estimated combined direct and indirect expenditure identified through the 2018 Baseline Review undertaken by member agencies of the FVSV Joint Venture

1. Estimate of the total economic costs of sexual violence in New Zealand BERL 2021
2. Measuring the economic cost of child abuse and intimate partner violence in New Zealand Kahui and Snively 2014

There is further government funding for services that may prevent and reduce harm not considered in this review that form part of universal service delivery (for example healthcare, education and benefits) as well as **community funding from philanthropy, iwi and other social investors**.

Total forecast direct investment for FY26: $738M

Total spend

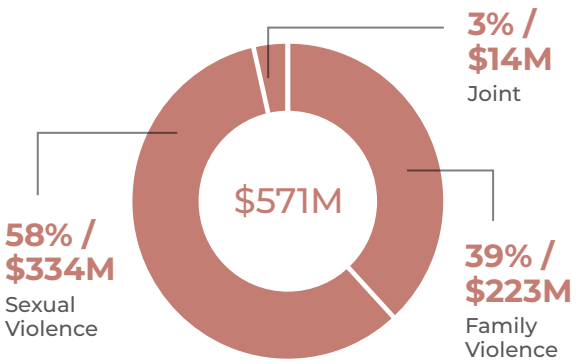


A significant proportion of government investment is directed towards FVSV contracted services.

This is enabled by frontline public service roles such as Police, Corrections and ACC sensitive claims staff.

System leadership includes supporting roles which enable service and operational delivery. The total includes overhead costs of the Centre for Family Violence and Sexual Violence Prevention.

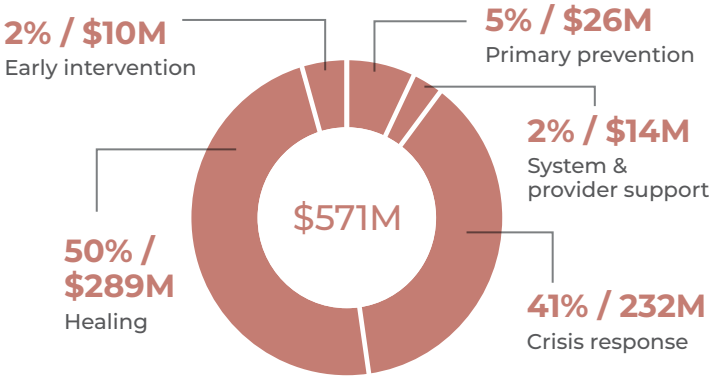
Contracted services



Of the investment in contracted services, sexual violence healing support services (through ACC sensitive claims) account for the highest proportion of investment.

'Joint' includes contracts that span over FV and SV services – for example, contracts for shared helplines.

Contracted spend across the prevention continuum



Direct investment is concentrated in crisis response and healing as primary prevention spending is often not classified as wholly or substantially dedicated to FVSV.

Parallel investment in early intervention services such as whānau programmes, drug and alcohol support services, and housing are not captured in this data.

Examples of system and provider support include funding to improve service accessibility for people with disabilities and funding for provider networks.

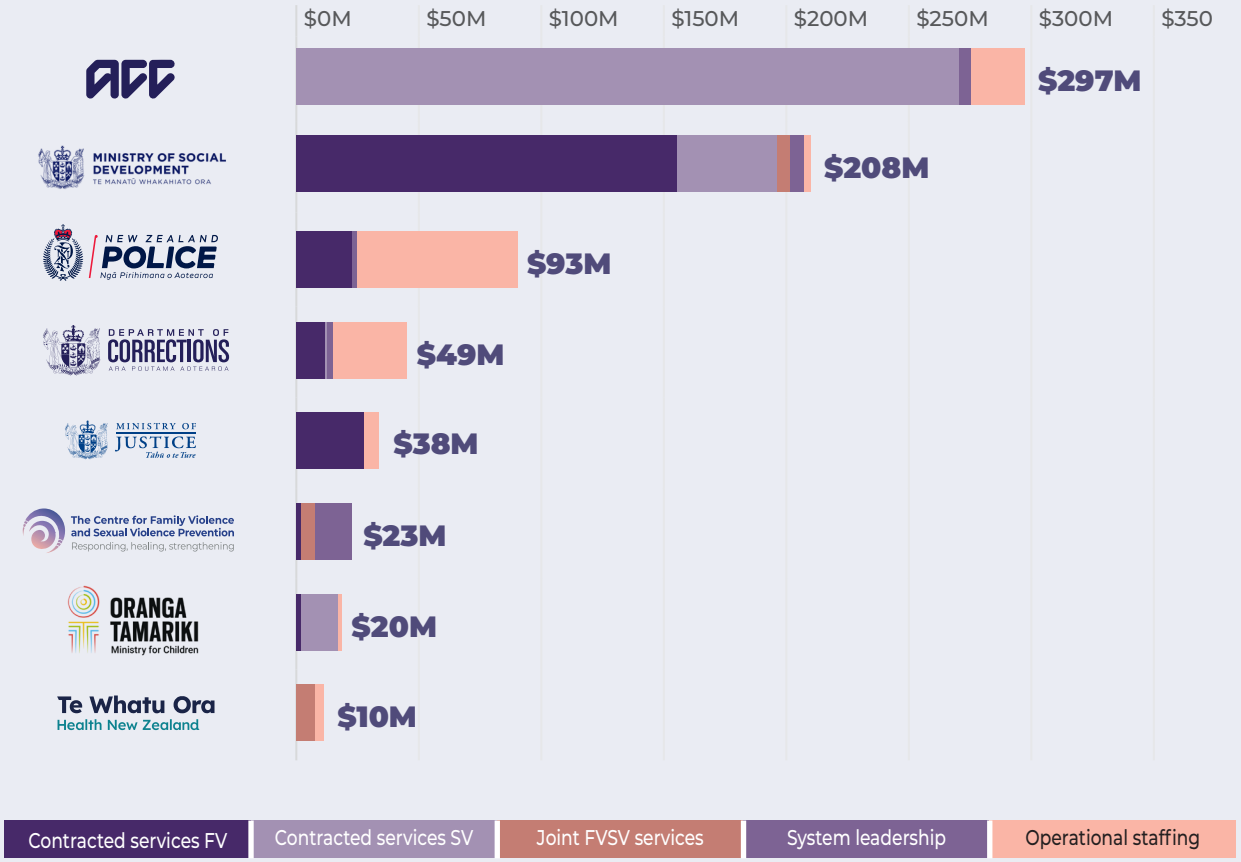
The roles different agencies play as funders

Understanding **what agencies are funding** is useful so that we can identify where coordination can be strengthened, referral pathways streamlined and contracting improved for providers.

Direct spend across agencies reflects their unique roles in the family violence and sexual violence system.

- Ministry of Social Development funds approximately 70% of services for people experiencing family violence.
- ACC funds approximately 83% of sexual violence services through cover for mental injuries.
- Ministry of Justice and the Department of Corrections support services related to the criminal justice system.
- Oranga Tamariki provides services for children and young people impacted by FVSV.

FY26 forecast spend by agency



These figures do not reflect total agency spend, as some spend is not directly attributable to FVSV. For example, Health New Zealand and Oranga Tamariki invest in a broad range of services for children, including those affected by FVSV. ACC funding for injuries relating to family violence is not included as associated claims cannot be separately identified in the data.

Investment in staff to provide frontline and system support

Government **employs 1,689 Full-Time Equivalent (FTE) staff** wholly or substantially dedicated to FVSV. The majority of agency staff are employed in 'frontline' focused operational roles serving people affected by violence.

$135M

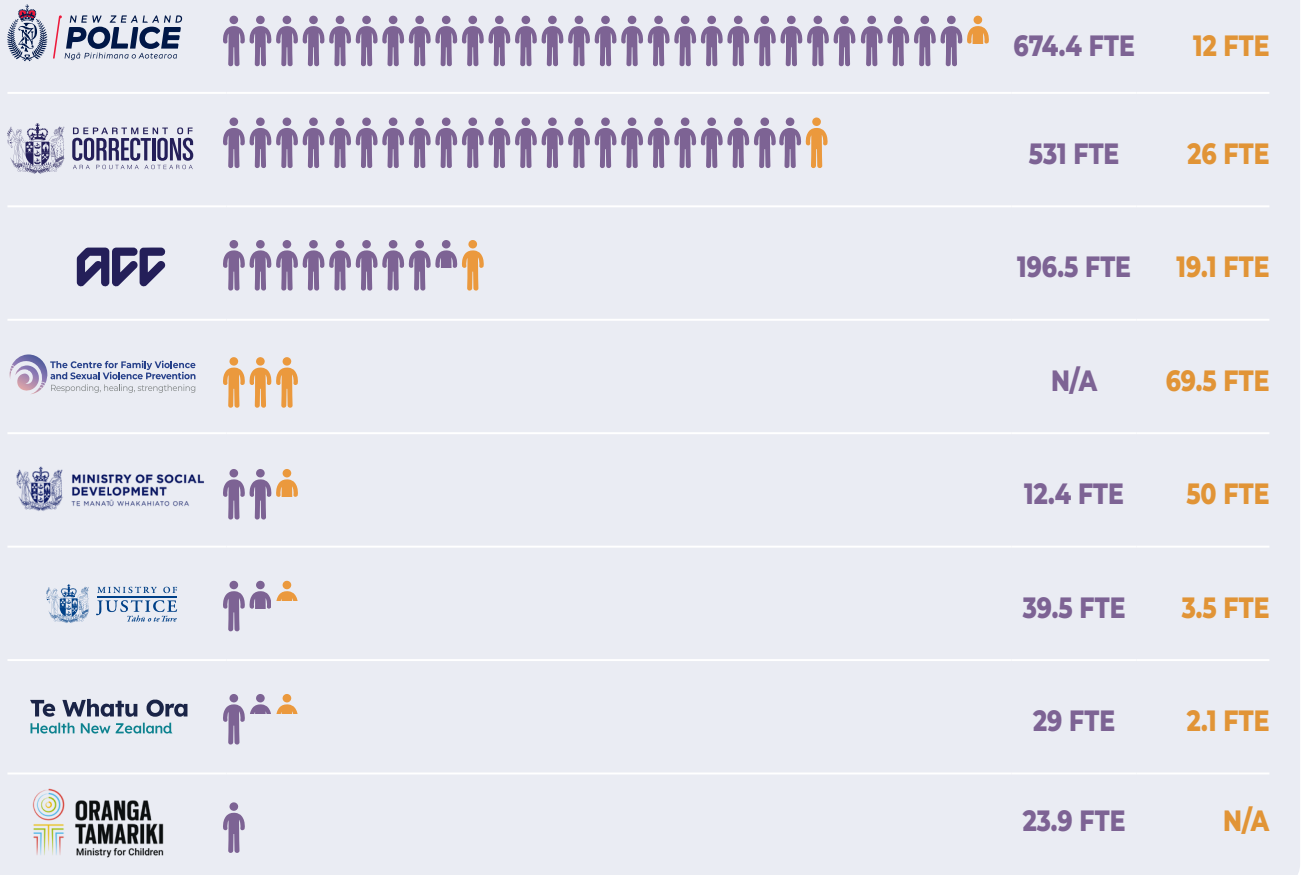
direct departmental spend on frontline operational roles

$32M

spend on system leadership including overheads

Frontline operational roles dedicated to FVSV include police officers, multi-agency response coordination, sexual violence sensitive claims staff, and rehabilitation programme staff.

System leadership roles include contract and relationship management, coordination of frontline delivery, performance and outcomes tracking, and advisory functions.



System leadership overheads account for $7M of spending and cover operating expenses for the Centre for Family Violence and Sexual Violence Prevention. These included Project Whetū costs in 2025/26.

Corrections numbers reflect staff who facilitate offender treatment and programmes, including for FVSV and other offence types, and FVSV support for people on probation.

Roles indirectly supporting people affected by FVSV (for example, Oranga Tamariki social workers) are not included.

Comparing investment year-on-year

Comparing actual spend in FY25 and projected contracted spend in FY26 shows **changes in investment** across various parts of the system.

Forecast spend for FY26 is higher than FY25 actual spend.

- In FY25 contracted services actual spend was $520M. For FY26, this is projected to increase to $571M.

Increased spending between years is largely driven by ACC healing support services.

- ACC's new sensitive claims service contract, launched in late 2024, led to a 20% rise in average costs per claim due to higher provider payments and added supports.

Contracted spend comparison by system FY25 to FY26

FAMILY VIOLENCE	↘	$1.3M
SEXUAL VIOLENCE	↗	$51.5M
JOINT	↗	$0.6M

Investment in primary prevention is low and declining.

- Primary prevention is expected to be 5% of total spending in FY26 ($26M), a decrease of $5.5M from FY25.
- This does not account for indirect spending in primary prevention and early intervention efforts that address a broader set of social outcomes.

Contracted spend comparison by intervention type FY25 to FY26

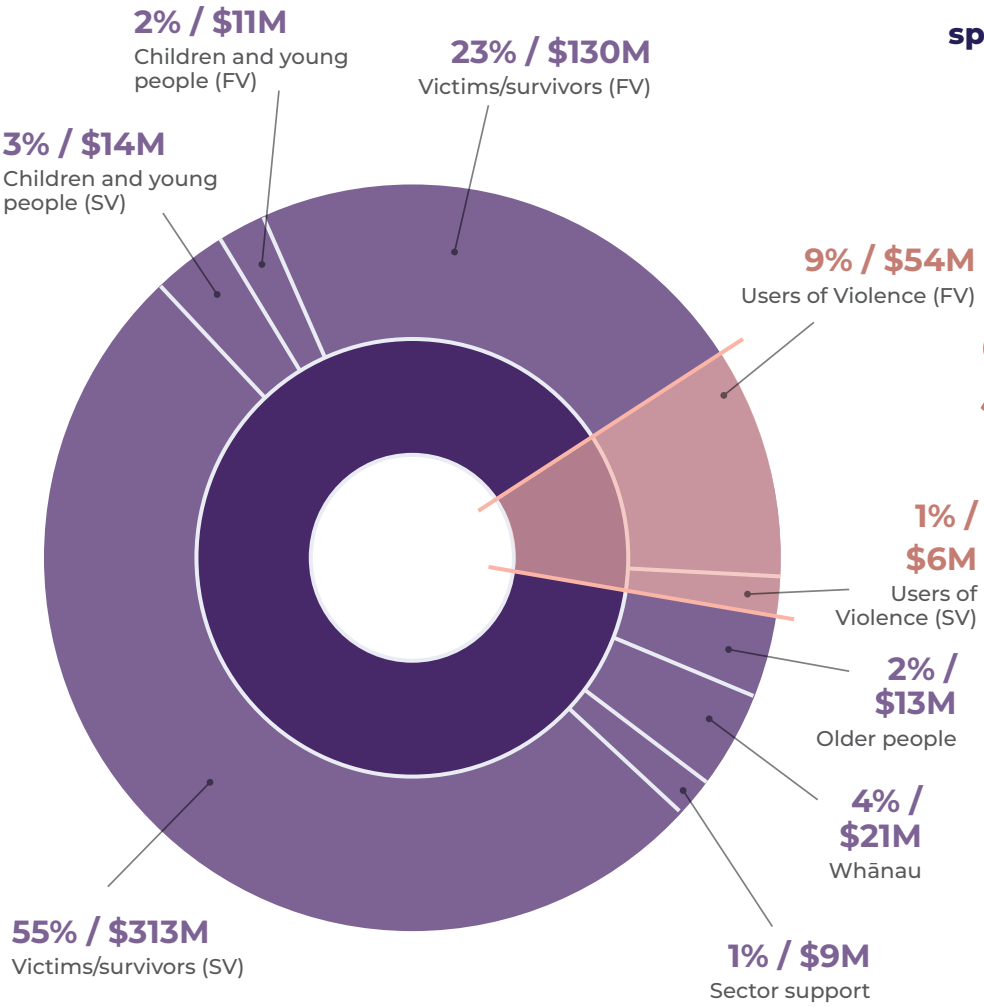
PRIMARY PREVENTION	↘	$5.5M
EARLY INTERVENTION	↘	$1.3M
CRISIS RESPONSE	↗	$0.5M
HEALING	↗	$57.8M
SYSTEM & PROVIDER SUPPORT	↘	$0.7M

Who contracted services support

Exploring **who** we are investing in helps us understand how resources are being deployed.

90% of contracted services funding is spent on victims/survivors of violence and 10% on users of violence.

Cohorts supported by contracted FVSV services



$511M

spent on victims/survivors of violence, including adults, children and young people, older people, whānau and sector support

$60M

spent on users of violence ($54M family violence, $6M sexual violence)

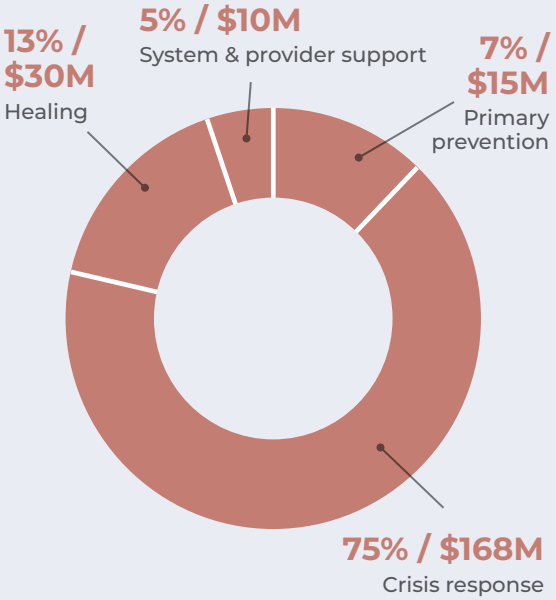
- The majority of investment in contracted services is directed toward victims/survivors.
- Dedicated services for victims/survivors of sexual violence receive more than double the funding of dedicated services for victims/survivors of family violence.
- Services for users of violence represent 10% of total spending. The majority is focused on users of family violence.
- Specialist services for specific population groups receive less funding than generic services, though many are likely to access broader, non-specialist services.
- Sector support includes support for provider networks and peak bodies.
- Some ACC sensitive claims funding supports children. This has not been disaggregated in funding for victims/survivors of SV.

Family violence and sexual violence have different funding profiles

The family violence and sexual violence systems have **different investment profiles for contracted services**, with family violence spend focused on crisis response and sexual violence spend focused on healing.

$223M

Family violence contracted services

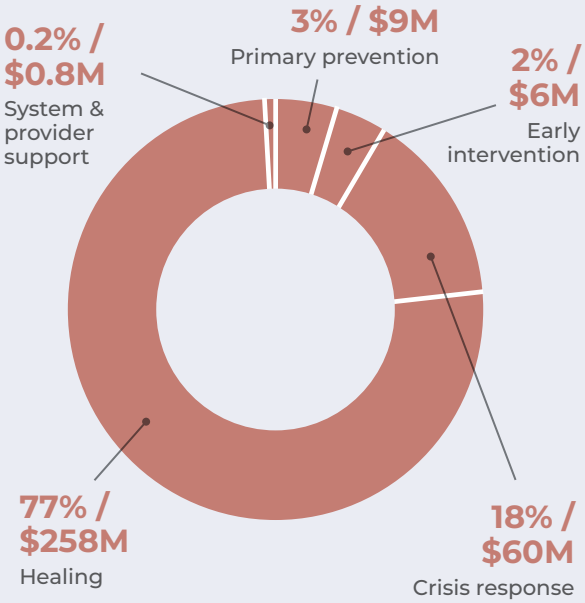


Total estimated government direct investment for FY26 in **contracted family violence services** (forecast as at October 2025).

Investment in family violence services is largely focused on crisis response, indicating a system geared towards responding to immediate harm. This includes services for people experiencing or using violence.

$334M

Sexual violence contracted services



Total estimated government direct investment for FY26 in **contracted sexual violence services** (forecast as at October 2025).

Investment in sexual violence contracted services is weighted towards healing, with a focus on recovery and long-term support, which is largely funded through ACC sensitive claims.

$14M

Spent on **services across the FVSV systems**, including helplines, violence prevention programmes and support for sector bodies.

Contracting for different types of intervention

These differences in investment are reflected through levels of complexity in both services and agency involvement.

Family violence is the major driver of service diversity and therefore complexity.

The family violence and sexual violence systems fund different types of services.

Family violence investment is more diverse and focused on a variety of cohorts.

Sexual violence services are, for the most part, focused on healing and funded through ACC sensitive claims.

This does not account for all services.

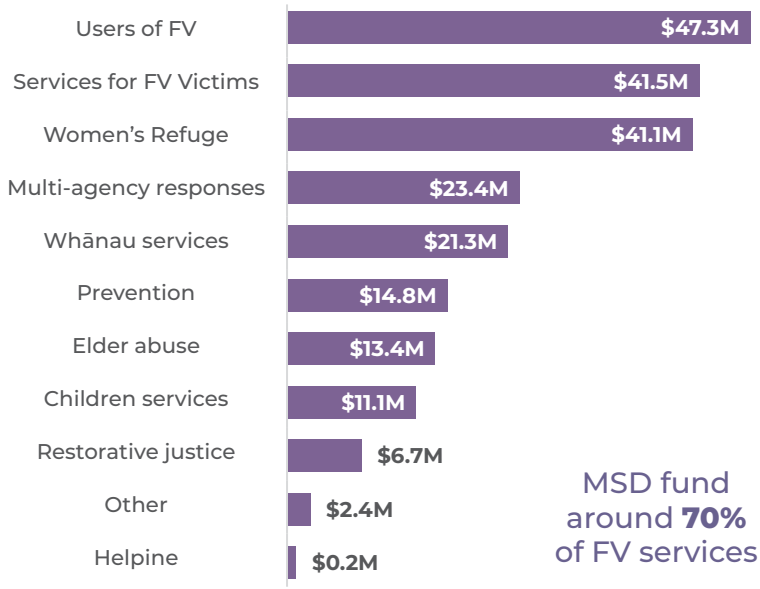
Wider social and health services which indirectly support those experiencing FVSV (for example, drug and alcohol services and primary health care) are not considered direct investment.

Some services cannot be separated in the data (for example, ACC support for injuries that result from family violence).

Joint services which service both family violence and sexual violence ($14.4M)

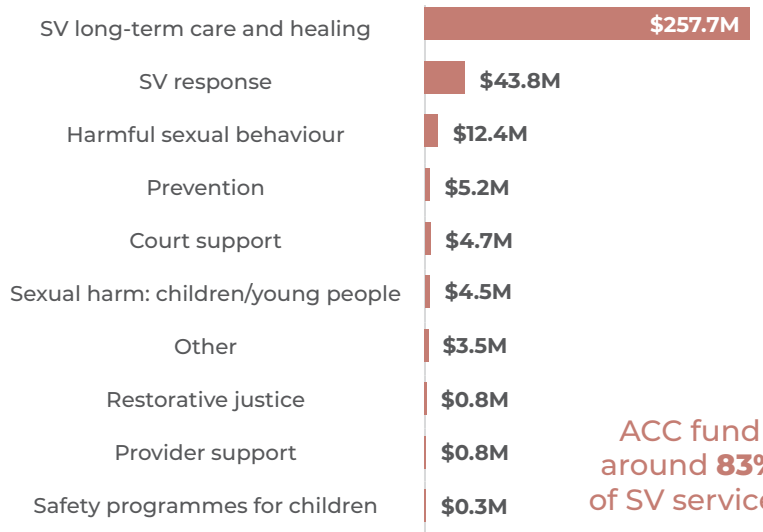
- Health responses: $4.9M
- Helpline: $4.3M
- Multi-agency responses: $1.7M
- Other: $3.5M

Family violence contracted services by type (FY26 forecast)



MSD fund around **70%** of FV services

Sexual Violence contracted services by type (FY26 forecast)



ACC fund around **83%** of SV services

How services are contracted

There are **degrees of complexity** in relationships between Government and providers.

Three types of relationships identified between providers and Government

659

Total number of providers contracted for FY26 as of October 2025

1,424

Total number of contracts for FY26 as of October 2025

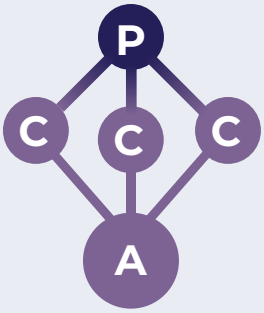
One-to-One Relationship

Single agency/ single contract

66%	436 providers hold a single contract with a single agency
436	Contracts held
$308M	Total projected contracted spend for FY26

One-to-Many Relationship

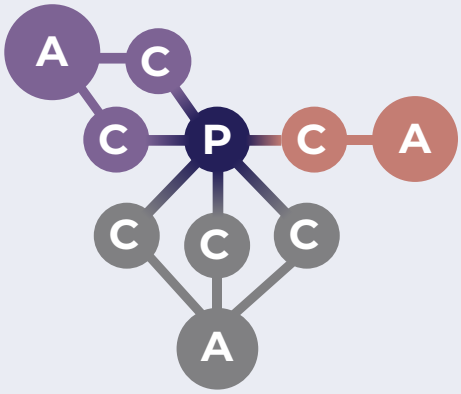
Single agency/ multiple contracts



12%	81 providers have multiple contract relationships with a single agency
216	Contracts held
$45M	Total projected contracted spend for FY26

Many-to-Many Relationship

Multiple agencies/ multiple contracts



22%	142 providers hold contracts with more than one agency
772	Contracts held
$186M	Total projected contracted spend for FY26

P Provider

C Contract

A Agency

The figures shown exclude Health New Zealand contracts, grants from the Centre for Family Violence and Sexual Violence Prevention and some primary prevention spending.

Some providers have multiple contracts with government

Simplifying contracting arrangements is a focus for the Action Plan.

High volume of providers, high volume of contracts

- Government agencies tend to contract with providers for individual services from the centre.
- This results in multiple different relationships between agencies and providers.
- It reduces proximity to communities and knowledge of local need and service requirements and limits delivery flexibility.

Contract and service complexity

- There are three identified types of provider-agency relationships, summarised as follows:
  - One-to-one – single provider with one contract with an agency.
  - One-to-many – single provider with multiple contracts with a single agency.
  - Many-to-many – single provider with contracts across multiple agencies.
- Providers with multiple contracts appear to be multi-service organisations and operate across a spectrum of provision.
- Some providers may hold multiple contracts for the same services across agencies.
- For example, stopping violence providers are commissioned by Ministry of Justice to deliver court-mandated programmes whilst Ministry of Social Development commission the same services for users of violence outside the justice system.

Focus on providers contracting with multiple agencies

- The review has shown that a number of providers of services for people affected by FVSV hold multiple different contracts with government agencies.
- 22% of providers have contracts with 2-5 agencies. Predominately across Ministry of Social Development, Ministry of Justice, Oranga Tamariki and Corrections.
- A further 12% of providers have multiple contracts with one agency.
- A key focus of the Action Plan is to commission differently to reduce the contracting burden on organisations and focus energy and effort on those who need support.
- The review provides information on the providers that could benefit most from a more streamlined approach.

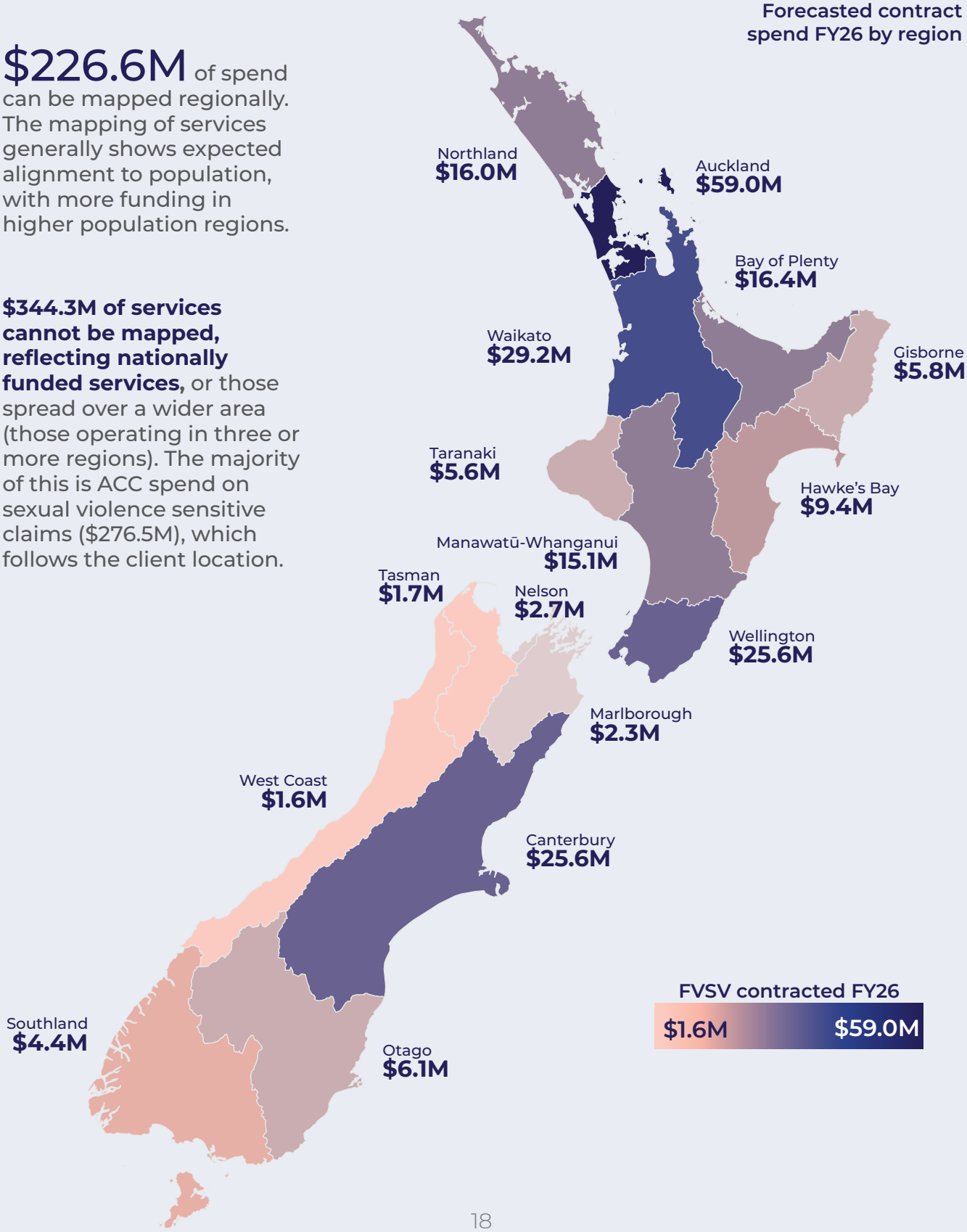
Understanding **how investment is distributed** regionally

Not all regions are funded equally. This may be driven by a variety of factors, including different population characteristics, geography, and historic funding decisions.

$226.6M of spend can be mapped regionally. The mapping of services generally shows expected alignment to population, with more funding in higher population regions.

$344.3M of services cannot be mapped, reflecting nationally funded services, or those spread over a wider area (those operating in three or more regions). The majority of this is ACC spend on sexual violence sensitive claims ($276.5M), which follows the client location.

Forecasted contract spend FY26 by region



Exploring investment versus demand

Using data collected through this review, we can consider how funding compares to need. This example models regional investment in family violence services against the number of family harm offences.

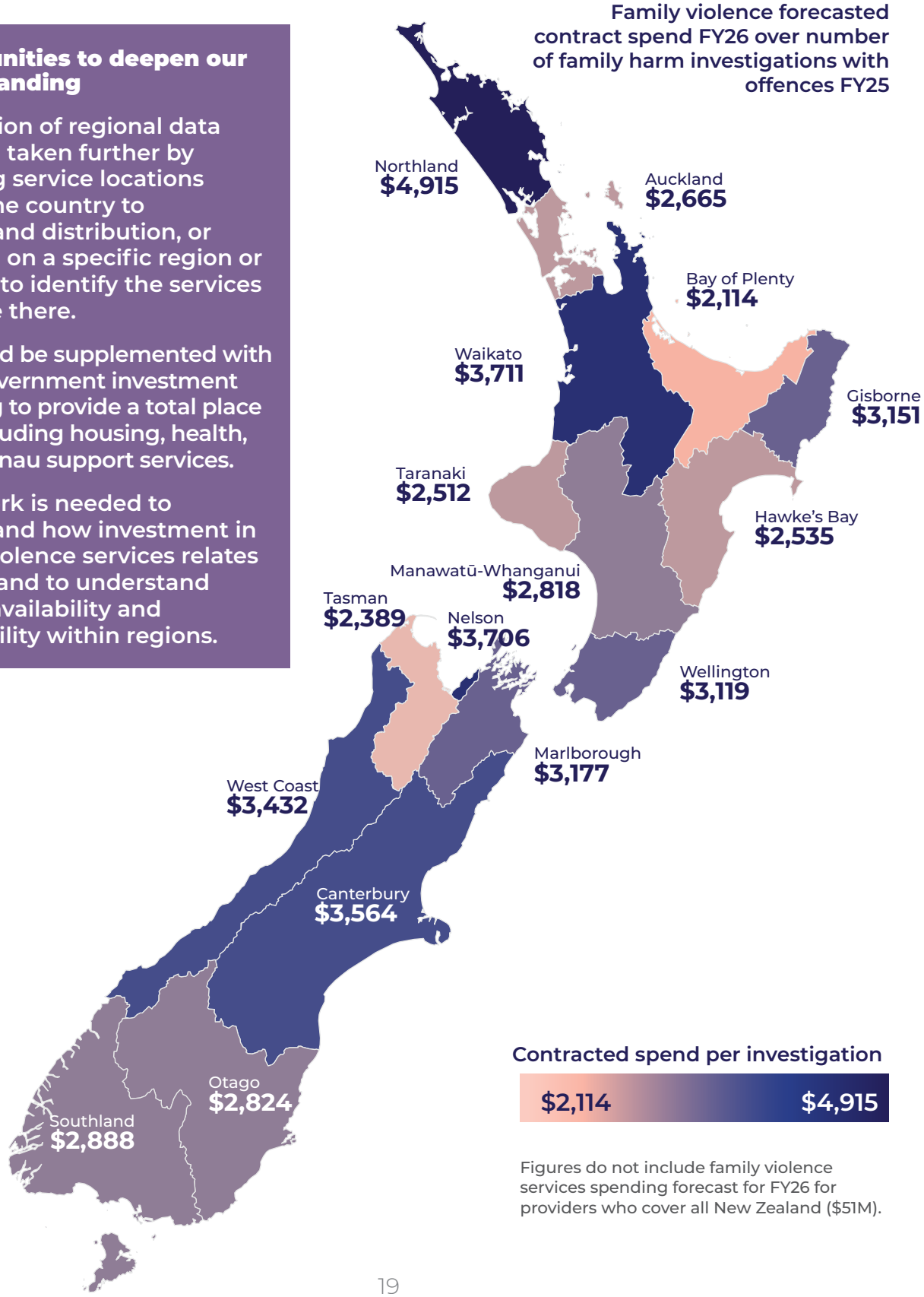
Opportunities to deepen our understanding

Exploration of regional data could be taken further by mapping service locations across the country to understand distribution, or focusing on a specific region or location to identify the services available there.

This could be supplemented with other government investment mapping to provide a total place view including housing, health, and whānau support services.

More work is needed to understand how investment in sexual violence services relates to need and to understand service availability and accessibility within regions.

Family violence forecasted contract spend FY26 over number of family harm investigations with offences FY25



Figures do not include family violence services spending forecast for FY26 for providers who cover all New Zealand ($51M).

Glossary: Family violence and sexual violence

Family violence and sexual violence

- **Family violence:** Family violence (FV) is a pattern of behavior that coerces, controls or harms within the context of a close personal relationship.
- **Sexual violence:** Sexual violence (SV), mahi tūkino, sexual abuse, sexual assault, or sexual harm is any sexual behaviour towards another person without that person's freely given consent.
- **Family violence and sexual violence (FVSV) system:** Government and non-government structures, and institutions, policies and practices, laws and regulations, and the attitudes and beliefs regarding family violence and sexual violence.
- **Family violence and sexual violence (FVSV) agencies:** The government agencies whose Chief Executives are members of the Executive Board for the Elimination of Family Violence and Sexual Violence.
- **Sexual violence services:** Services that address sexual violence. In the case of ACC funding, this refers to the provision of cover for mental injury as a result of certain sexual crimes from the Crimes Act, as outlined in Schedule 3 of the Accident Compensation Act.
- **Family violence services:** Services that address family violence, including intimate partner violence and other forms of family violence.

Glossary: Investment types

Government investment in FVSV

- **Direct investment:** Substantially dedicated or specialist FVSV investment, either through contracts with providers or through agency resources allocated to FVSV functions. This includes the full costs of the Centre for Family Violence and Sexual Violence Prevention.
- **Direct departmental spend:** expenditure on agency resources dedicated to FVSV portfolios including operational and head office functions.
- **Direct contracted spend:** expenditure with third-party providers for FVSV-specific services.
- **Indirect spend:** Relating to activities, initiatives or services which contribute to FVSV outcomes e.g. early intervention programmes such as whānau support, drug and alcohol services, and housing.
- **Economic cost:** Cost of the impact of violence on the system, including costs to agencies to respond to violence.
- **System leadership:** Funding that enables the delivery of frontline services (whether contracted or directly delivered by government staff), understanding of the impact of these services on outcomes, and leading system-wide initiatives.
- **Agency operational staffing:** Frontline operational roles serving people affected by FVSV.
- **Contracted services:** any service contracted by government.

Glossary: Intervention types

Intervention Types

- **Primary prevention:** Services that aim to reduce the incidence of FVSV by intervening at whole population level. Aimed towards addressing factors that contribute to violence, and/or enhance factors that protect against it, including social norms, attitudes, practices and behaviours.
- **Early intervention:** Specialist services provided to identified individuals/families/whānau who are at heightened risk of potential future occurrence of FVSV. It responds to early signs of violence in individuals to prevent further escalation. The aim is to change the trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence through building positive protective factors which help people thrive.
- **Crisis response:** Services for people experiencing or using violence. This includes:
    - Services which seek to make people immediately safe following violence. These services de-escalate risk levels and provide support that enables some stability.
    - For victims, responses aim to minimise the short-term harms of trauma, as well as the risk of re-victimisation.
    - For people using violence it aims to stop or reduce further violence from occurring.
- **Healing:** Spaces and supports that enable healing, recovery and restoration for people, families, whānau and communities and ways of working based on an understanding of violence and trauma.
- **Provider & system support:** Support to enable providers and their networks to deliver services and improve outcomes.

Glossary: Cohorts

Categories of Cohorts

- **Victim/survivor:** Adults, children, and young people affected by family violence and/or sexual violence, including people from different cultures, ages, disabilities, genders, sexualities, and sexual identities.
- **Children and young people:** People aged under 12 years old, and 12 to 18 years old respectively.
- **Older people:** People aged over 65 years.
- **Whānau:** Family and extended family networks. Whānau may include people connected through whakapapa, as well as those who have meaningful relationships of care, support and responsibility to one another.
- **User of violence:** A person using violence, including physical, sexual and/or psychological abuse to control or harm others.
- **Sector support:** Funding that supports provider organisations and their networks.

Scope and participation

What we counted

This review has focused on direct FVSV spend.

'Direct' refers to expenditure substantially tagged to dedicated or specialist FVSV purposes, either through contracts with providers or through agency resources allocated to FVSV functions.

This has included:

- Direct Government FVSV spend – contracts and departmental resources dedicated to FVSV services, programmes, or portfolios.
- Standard contract information (value, term, provider, location, intervention and service type).

The following areas were considered out of scope but could be included in future work:

- Indirect or partial investment (e.g. generic social services that impact FVSV outcomes).
- Provider service capacity/volume, FTE numbers and fee schedules.
- Intervention outcomes data.

Who was involved

- **Executive Board agencies**: Ministry of Justice, ACC, Department of Corrections, Health New Zealand, Oranga Tamariki, Ministry of Social Development, and New Zealand Police. (Te Puni Kōkiri, Ministry of Health and Ministry of Education did not identify current direct investment).
- **The Centre for Family Violence and Sexual Violence Prevention** led the management and delivery of the investment review.
- **Governance:** The Investing and Commissioning Well Priority Steering Group acted as the governance body for the project, validating the approach and providing direction and oversight.

Methodology

What we did

The approach to this work included:

- A review of previous material including a Baseline Review conducted in 2018.
- Data collection, validation and analysis including:
  - Direct contracted FVSV expenditure with third-party providers and NGOs for FVSV-specific services.
  - FY25 actual spend and FY26 forecast spend, based on data available at the time of collection (October 2025). This included:
    - Intervention type
    - Service type
    - Provider
    - Annual spend for FY25
    - Budgeted spend forecast for FY26
    - Contract term and expiry
    - Location
  - Direct departmental FVSV expenditure including agency resources dedicated to FVSV portfolios including operational and head office functions.
- Cross-agency engagement through a series of workshops focused on context setting, technical data requirements and data validation, along with individual 1:1 sessions to clarify definitions, navigate data quality issues, and support comparability across data.

Qualifiers

- This report is a point in time and is prepared based on the best available data.
- There is variability in how FVSV agencies fund, monitor and report on contracts and departmental spend. Best endeavors have been made to align these data points to enable consistency, however in some areas direct comparability may be difficult.
- The data represents a point in time snapshot of finalised investment across the system as of October 2025. The data may not consistently include all contracts under negotiation, planned extensions, or procurement processes that weren't finalsied at the time of collection.
- Figures for FY26 reflect forecast contracted spend rather than finalised allocations. Final numbers should be interpreted as indicative pending completion of ongoing procurement and contracting processes.
- Collecting direct spend means agencies whose primary contribution to the FVSV system is through complementary or indirect investment are not fully represented in this current view. Therefore, this report reflects one part of a broader investment ecosystem and should be interpreted in that context.
    - For example, Health New Zealand funds services such as drug and alcohol, primary care, and tertiary care services, which would be categorised as complementary investment.
    - Similarly, Oranga Tamariki funds complementary investment services for children including child protection and whānau services, that are not counted as direct FVSV spend.
    - ACC spend on family violence does not have a dedicated service in the same way sexual violence does through ACC's 'sensitive claim' type and therefore cannot be separately identified.
- Due to differences in how Ministry of Social Development primary prevention services are contracted relative to the other participating agencies, appropriation figures have been used rather than direct contract data.

Limitations

- **Direct contracted spend:** Some contracts that were identified but not finalised at the time of collection have incomplete information.
- **Direct departmental spend:** Levels of detail in the submissions for departmental data were variable.
  - Variable return on salary data for departmental FTE means spend will be underestimated for some agencies.
  - Salary data reflects midpoint or band averages, which may vary depending on experience and performance.
  - Forecasted roles and pay bands have been included where agencies provided them, while other agencies have assumed FY25 FTE and associated spend will remain consistent into FY26.
- **Service supply:** Details of service capacity and outputs were not available. This limits insights into understanding whether services meet population need.
- **Service reach:** Data is not consistently collected on which individuals receive FVSV services.
- **Kaupapa Māori disaggregation:** Due to the complexity of varied definitions across agencies, providers were not categorised by Māori/ non-Māori nor were interventions classified as ‘kaupapa Māori’.