**Addendum 2 - Disability Abuse Prevention and Response (DAPAR)**

**Questions and Answers from Supplier Briefing 4 Feb 2025**

**Q: You indicated the funding is for 2 years, what is the future plan after this 2-year period?**

A: There is only 2 years funding available at this point (25-26 and 26-27) so it will be a 2-year contract. We will look for additional funding over this time but there is no certainty.

**Q: It takes time to build collaborations. If we can’t complete this, should we consider putting in a smaller, focused regional proposal?**

A: Yes, we would encourage you to consider regional proposals.

**Q: Is there a need for activity to be performed by registered social workers?**

A: In the response form there is a place to describe your staffing expertise. The Ministry does not specify the registered professionals required.

**Q: What is the expectation of working with VisAble, who are currently doing the DAPAR work?**

A: VisAble were contracted for the DAPAR prototype and then an additional year. The RFP is part of a transparent procurement process for the DAPAR contract. The new contract starts on 1 July.

**Q: You describe in the RFP that you are seeking a disabled led team or organisation. Can this be unpacked a bit more?**

A: the Ministry is looking for disabled person and tāngata whaikaha Māori led teams and organisations, or how you would partner with such an organisation, or ha plan to develop this.

**Q: Could you provider general examples of what the work looks like under each of the three service components?**

It is difficult to generalise as each situation is unique. However, an example of a multi-agency response could be when there is family violence in the home a disabled person lives in, and a multi-agency response could include the person and their family, other groups who may have been involved for example; the Police, the NASC and service providers. An example of an intensive safeguarding response could be a similar situation when the individual disabled person or tāngata whaikaha Māori may require additional support, such as supported decision making or independent advocacy. It’s important that their voice, will and preference is supported to be heard as the issues are worked through and plans are made to support their good life.

**Q: In the capability component, does this also include mainstream providers supporting disabled people well?**

The focus is on the disability community and disability sector for the capability building work. As outlined in the RFP document other government agencies (MSD, Health NZ and Te Puna Aonui) are funding capability work in their areas and we are seeking to align with, but not duplicate, existing work.

**Q: The RFP says this is not a crisis response. What happens outside of business hours, is there an expectation that an on-call service available?**

A: There is no expectation that DAPAR provides a 24/7 service. DAPAR is not an emergency or crisis service, and the appropriate emergency service must be contacted in those situations.

**Q: In some areas there are multi agency standing groups available who meet regularly. Is this intending to be the approach or is a multi-agency group convened for each referral?**

A: DAPAR is about responding to an individual situation, so the Ministry is wanting the suppliers to convene a multi-agency group for each referral if needed. Where multi agency standing groups exist we would anticipate collaborations would develop.

**Q: There are around 7000 people living in residential care. Will this service be available to people living in residential homes?**

A: a group of disabled people living together are considered a family under the definition of family violence, people living in residential services can access DAPAR.

**Q: The RFP says referrals can come from the community as resources allow. Is it the expectation that the NASC is the referral pathway?**

A: NASC’s will not be the only referral pathway to DAPAR. Referrals can be made by anyone. As referral numbers grow, they will be triaged by the DAPAR service for urgency, with priority given to those who meet the definition of Adult at Risk.

**Q: Is this a capacity contract or does the provider work to meet demand as best as they can within the budget?**

A: There are some unknowns about DAPAR demand and pricing. In the contract the provider/s will agree an annual budget and meet the demand within this budget as much as possible.

**Written RFP Questions and Answer Received:**

**Q: (abridged) I just read the RFP for DAPAR and noted that it was only for protecting disabled adults. I was wondering if there will be another tender related to children, as we know that attitudes towards disability often come from within families.**

**Please let me know if it would be possible to tender a response focused on preventing abuse and neglect of vulnerable disabled children or when such a tender will be coming up. Thank you.**

A: Thank you for your interest in the RFP. We acknowledge there are many issues in family violence that include disabled children, however this RFP is focused on disabled adults. There is no current plan within the Quality and Performance Team in Disability Support Services to tender for new safeguarding responses for disabled children.

**Q:** **(abridged) Does the provision of counselling services for tāngata whaikaha Māori and disabled people fit with the criteria of this funding opportunity?**

A: The intensive service response could include counselling services for some individuals at some point in the process, however counselling is unlikely to be the main focus of the work.

As detailed in the RFP this intensive safeguarding response will involve building a relationship with the person and their family, whānau or network and could include:

* supported decision making.
* independent advocacy
* intensive facilitation
* other community agencies
* a multi-agency response.

**Q: How will the privacy of individuals be protected with regards to referrals from organisations such as NASCs, Health Agencies, etc? Has there been consideration of this already?**

A: Privacy is of very high importance particularly given the sensitive nature of personal information that may be involved.

To be effective the Supplier will be required to have sound information security, documentation and reporting processes. They will be guided by the Health Information Privacy Code 2020, the Family Violence Act 2018 and the 2012 changes to the Crimes Act 1961 which means that certain people are legally responsible for protecting ‘vulnerable adults’ from serious harm.

**Q: Is there any available data from VisAble and any other DAPAR data? Could it be released to support the proposal for Safety Services.**

A: VisAble is the only current provider for the DAPAR service and is a newly established organisation. The data received to date is probably not representative of the current demand. The quarterly average referral numbers for the multi agency response are between 28 and 33, with the highest proportions being in Wellington, Auckland and Christchurch. 42% of referrals were NZ European, 27% were Māori and the remainder were from a wide range of ethnicities.

**Q: This funding seems focusing on Maori disability communities. Could we pls respond to this tender towards Cultural Responses for ethnic disabled communities?**

A: DAPAR is focused on disabled people and tāngata whaikaha Māori. The definition of disabled people in this procurement is: people aged 18 and over with a range of impairments funded by the Purchasing Agency for disability support services. This includes population groups, e.g.: tagata sa’ilimalo, the Deaf community, rainbow, refugee and migrant communities.

**Q:** **(abridged) Could you please confirm whether our services, particularly the provision of temporary community and healthcare support workers, would be relevant to this tender?**

A: The intensive safeguarding response will involve building a relationship with the person and their family, whānau or network and could include:

* supported decision making
* independent advocacy
* intensive facilitation
* other community agencies
* a multi-agency response.

This intensive response will assist people to achieve their good life free from harm and abuse.

While temporary community and healthcare workers could be needed on occasion, this is not a core requirement of the DAPAR work.

**Q: The current service requires the safeguarding response:**

**• to be delivered by experienced family violence sexual violence professionals with appropriate professional registration and indemnity insurance.**

**• all staff have access to regular supervision to ensure safe practice**

**• there is robust clinical oversight of all policies, practices and personnel**

**The briefing indicated that these requirements will not be part of DAPAR from 1 July 2025. Is that correct?"**

A: DSS is not prescribing the professionals who will deliver the work. In your response you are asked to describe the experience, skills, and proven capability in safeguarding; and the ability to deliver the DAPAR component/s your current and proposed personnel have.

**Q: What ownership, if any, does the MSD have over the intellectual property of VisAble?**

A: The Crown has Intellectual Property Rights under the current contract in line with the Intellectual Property Rights provisions contained in Schedule 2 of the Government Model Contract.

**Q: Please clarify the intent of time limited individualised response in the intensive safeguarding response. “Provide an intensive, time limited, individualised response….”**

A: The overall objective of DAPAR is to improve wellbeing and outcomes for tāngata whaikaha Māori and disabled adults who are at risk of and/or experiencing violence, abuse, and/or neglect.

The intent of the individualised response is to reduce significant safeguarding concerns arising from abuse, violence and/or neglect. It involves building a relationship with the person and their family, whānau or network to assist people to achieve their good life free from harm and abuse.

**Q: Can you please provide the current volumes of DAPAR referrals being received by the existing Service? Daily, Weekly, Monthly?**

A: Data is provided in the response to question above.

**Q: Can you please provide details on the channels that DAPAR referrals are currently being received via: Website, Phone, other?**

A: In the last two quarters referrals to DAPAR were made from:

* Disability community services 17%
* NASC 22%
* Self 20%
* EGL 6%
* Whaikaha/DSS 7%
* Other (FVSV, Health, NGO’s) 28%

**Q: Have any Approved Information Sharing Agreements (AISAs) been put in place between VisAble and other Agencies?**

A: No, none that DSS is aware of. A full list of AISAs is required to be published under Schedule 2 of the Privacy Act and can be found here: [Office of the Privacy Commissioner | Approved Information Sharing Agreements (AISAs)](https://privacy.org.nz/privacy-act-2020/information-sharing/approved-information-sharing-agreements/)

**Q: I understand the proposal must not consist of more than 30 pages and must be on the response form. Are the 30 pages inclusive of the title page, supplier guidance instructions, and checklist for respondents (pages 1-3 of the document) and the declaration section at the end of the proposal?**

A: Full proposal inclusive of all pages and sections should not be more than 30 pages in total.

**Q:** **For the Building Capability component, are the successful suppliers required to develop their own IP with information, training, and tools that they make available on their accessible and freely available website or is there currently IP owned by the Ministry that the supplier would then be distributing and making available through their website?**

A: Intellectual Property is discussed in answer above.