

Open Arms Risk Assessment (OARA) template implementation

Frequently Asked Questions (FAQ) Guide

Who is the target audience for this FAQ Guide?

This Guide has been developed for all Open Arms staff. A separate FAQ Guide will be developed for External Providers.

What is the purpose of this FAQ Guide?

This Guide provides information about the implementation of the **Open Arms Risk Assessment (OARA)** template as a key component of the implementation of the **SafeSide Framework for Recovery-Oriented Suicide Prevention (SafeSide)** across Open Arms.

By now you should have completed initial SafeSide training and have an understanding of the SafeSide Framework and how it will improve our ability as an organisation to work with clients to manage risk. If you have not yet completed SafeSide training, please alert your Line Manager who will organise your access to InPlace Learning opportunities.

The next step in the implementation of the Framework is the incorporation of the OARA template into clinical practice. The OARA will supersede the existing Risk Assessment and Management Plan (RAMP) and be incorporated into elements of the Intake process.

This FAQ Guide has been developed to answer commonly asked questions about the implementation of the OARA as a key component of the SafeSide Framework; including information explaining why, when and how the OARA implementation will occur; how it will affect the practice of clinicians, Client Assist staff and Peers; and who you can contact if you require further assistance with accessing and using the OARA. It also contains updates about the SafeSide Framework and implementation project, and changes that have been made to previous trial versions of the OARA template in response to Open Arms staff feedback.

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Background

What is the SafeSide Framework and why are we implementing it?

In response to the recommendations of several high profile external reviews and inquiries into veteran suicide and self-harm prevention services, Open Arms is implementing a new clinical risk prevention Framework - the SafeSide Framework for Recovery-Oriented Suicide Prevention (SafeSide).

The SafeSide Framework was developed by Clinical Psychologist and Family Therapist, Anthony Pisani Ph.D. Tony is an Associate Professor of Psychiatry and Paediatrics at the Centre for the Study and Prevention of Suicide at the University of Rochester. The SafeSide Framework reflects contemporary best practices in recovery-oriented suicide prevention, and can also be applied to assess risk of violence.

The recovery-orientated, formulation-based SafeSide approach represents a new way of thinking about and responding to risk; based on assessing vulnerability and strength; and with a focus on planning and responding to mitigate risk and extend supports, rather than predicting suicide.

The SafeSide Framework will equip all Open Arms staff and External Providers with a common language, understanding, and structure of best practices in recovery-oriented risk management and suicide prevention; as well as clarity around the role that each of us will play in helping understand and support our veteran community better and assist them to stay safe. It represents a fundamental whole-of-service shift to a deeper understanding of how we identify, interpret and manage client risk and prevent self-harm and violence within our client community.

OARA Basics

What is the OARA and what is its purpose?

Implementation of the SafeSide Framework includes the development and use of a new risk assessment template - the OARA. The new template will enable staff to record their client work against the Framework, and will support clinical change and risk management. The template follows the structure of the Framework and includes Risk Screening tools, as well as the CONNECT, ASSESS, RESPOND and EXTEND elements of the Framework. The ASSESS section includes a Risk Formulation area, and the RESPOND section includes a printable Safety Plan.

The OARA template has been designed specifically for Open Arms, via collaboration between the US based SafeSide team and Open Arms staff. It has been trialled by regional staff and refined extensively to meet the needs of Open Arms. The OARA will be managed in the Open Arms Client Management System – VERA.

Further information about the OARA is available at:

[203 - 01/02 Open Arms Risk Assessment \(OARA\) Instruction](#)

When is an OARA required and which clients will require one?

The SafeSide Framework is used throughout a client's contact with Open Arms; including at initial Intake, during initial assessment, and at any other time when a client is identified as being at potential risk of harm to self, to others and/or from others.

As per current RAMP policy, recovery-oriented risk assessment, case formulation, treatment planning and documentation of these activities occurs over one or more clinical interviews with all clients; irrespective of whether they are accessing services as an individual, couple, family or via Defence referral. All clinicians are required to develop a treatment plan (Care Plan) in collaboration with clients during their first three sessions, utilising client outcome measures to inform planning and progress. Documenting with the OARA template forms part of this treatment plan within the SafeSide Framework. The completed OARA should then be reviewed and updated as required.

Should a client change clinician, the new clinician will be responsible for reviewing existing documentation, undertaking a new risk assessment and planning, and recording this in a new OARA.

Further information about applicable policies is available at:

[202 - 02 Clinical Assessment and Treatment Planning Procedure](#)

[202 - 02/01 Completion of Treatment Plans](#)

[203 - 01 Clinical Risk Management Procedure](#)

Who should complete an OARA?

The OARA will be used by all Open Arms clinicians and Outreach Providers once they have received initial SafeSide training.

Where a client's care is being managed collaboratively, clinicians should consider consulting with all associated supports (with client consent) when completing the OARA. (e.g. Care Coordinators, Peer Workers, Group Program Facilitators, external health providers, and the client's personal supports).

Peers can also collaborate with clinicians to support clients who are undergoing risk assessment and planning, however clinicians will raise and update the OARA.

What are my obligations when completing an OARA?

As an Open Arms worker you have an ethical obligation to proactively identify risk and to work with clients at risk to mitigate and manage risk (see [203 Clinical Risk Management Policy](#)). There is also an ethical and Open Arms policy obligation to keep sufficient records of observations, assessments and events to provide an accurate and complete account of the client's risk and how this risk is managed.

You also have a legal and ethical obligation to work within the *Privacy Act 1988* and the Australian Privacy Principles, in making decisions to disclose client information without consent.

You also have a mandatory reporting obligation in relation to child abuse and neglect (see [101-04 Reporting Child Abuse & Neglect Procedure](#)). In addition, some Open Arms workers also have this obligation in relation to other vulnerable people, in accordance with the legislation of their jurisdiction.

Can a client read an OARA that has been created for them?

A client can access any part or all of their own Open Arms record, including an OARA, by making a Release of Information (ROI) request (see [101 - 02/02 APP12 Release of Information Instruction](#)) or by making a Freedom of Information (FOI) request (see [101 - 02/03 Request to Access Client Information Instruction](#)).

Where can I find policy information about SafeSide and the OARA?

The Open Arms Clinical Risk Management Policy is located in the Policy Hub [here](#).

High level policy information about the SafeSide Framework and OARA is contained in the Clinical Risk Management Procedure [here](#)

Information about the Clinical Escalations procedure is [here](#)

The new policies that have been developed to accompany the OARA are:

[203 - 01/01 Open Arms Risk Assessment \(OARA\) Task Card](#)

[203 - 01/02 Open Arms Risk Assessment \(OARA\) Instruction](#)

[203 - 01/03 Open Arms Risk Assessment \(OARA\) case study and example](#)

[203 - 01/04 Risk Management Continuum Instruction](#)

Policies relating to changes in Intake procedures will be released separately when the Intake changes are implemented.

Are there examples of what a comprehensive and well formulated OARA looks like?

A comprehensive Case Example has been provided to support implementation of the OARA, and has been included in the OARA launch email accompanying this FAQ Guide. The Case Example is an exemplar which illustrates a risk formulation that might include information currently being recorded elsewhere within the Individual's service file (for instance care plans, case notes etc). The Case Example has been provided to showcase what a comprehensive OARA might look like in the specific circumstances detailed in the example template.

The initial Case Example is located at [203 - 01/03 Open Arms Risk Assessment \(OARA\) case study and example](#)

When should I start using the OARA?

If you have received SafeSide training, you are encouraged to start using the new OARA template in accordance with the new policy requirements from Wednesday 28 April 2021.

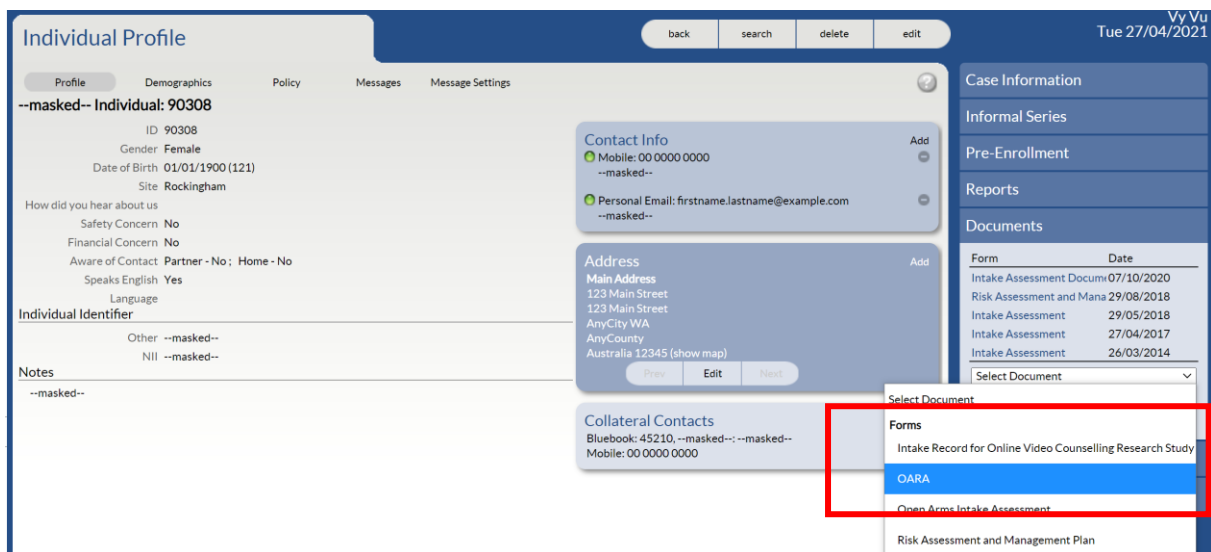
The OARA template will be available in the VERA Train environment for familiarisation and practice prior to using it with clients. Information about accessing and using VERA Train is available later in this FAQ Guide [here](#).

Creating and completing an OARA

How do I access the template to create a new OARA?

The OARA template can be found in our Client Management System (VERA). It is located in the Individual Profile in the 'Documents' section on the right hand side.

Task Cards have been created to assist you to create and complete the OARA. The Task Cards are included with this FAQ Guide in the OARA launch email, and can also be found on the Open Arms Policy Hub at [203 - 01/01 Open Arms Risk Assessment \(OARA\) Task Card](#)



How do I know if an OARA has already been created for a client?

If an OARA already exists for a client, you will notice a document titled 'OARA' underneath the 'Documents' section on the right hand side of an Individual Profile in VERA. The date shown is the date the OARA was initially created. It may have been created by a Client Assist clinician, an in-centre clinician, or an Outreach Provider.

You will need to click on the 'more' button to access all documents that have previously been created for a client (only the most recently saved version will appear in the main viewing box unless 'more' is clicked to reveal the full list).

If you wish to revise or update an existing OARA, follow the steps detailed later in this FAQ Guide [here](#).

Documents	
Form	Date
OARA	27/04/2021

What information should I enter in an OARA?

The OARA template is aligned with the SafeSide Framework. The information entered in the OARA should align with the Framework and include your assessment using the Risk Screening tools, Risk Formulation, Safety Plan and other associated notes and plans; using the SafeSide Framework and the [203 - 01/02 Open Arms Risk Assessment \(OARA\) Instruction](#) and Task Cards as your guide.

Are there any mandatory fields or requirements for the OARA?

Irrespective of whether previous risk screening has been undertaken, completion of the Risk of Harm to Self screening tool is a mandatory requirement when a new OARA is raised or further risk assessment is clinically indicated. Completion of Risk of Harm from Others and Risk of Harm to Others screening tools are optional, and should be based on clinical judgement. As the OARA is a dynamic document, you are able to skip through sections if the situation or client does not need or have an answer to certain questions.

On the last page of the document, if you select 'Lock Revision' to complete editing at that time, you are required to sign and date the document.

Are there specific requirements for completing the OARA for family cases?

The OARA is located on a client's Individual Profile. All members of a family case should receive an individual assessment and have an OARA created in the same manner as an individual client.

Are there specific requirements for completing the OARA for Defence-referred clients?

Clients who are current serving Defence members are to be assessed using the SafeSide Framework in the same way as any other client, irrespective of whether they are self-referred or Defence-referred.

There are no additional reporting requirements for Defence-referred clients. The OARA is to be completed as with any other client, and relevant clinical information provided to Defence through agreed reporting.

Do I need to complete the entire OARA in the event of immediate client escalation or a change in mental health state?

Open Arms uses the SafeSide Framework for systematic risk formulation, safety planning, documenting and responding to clinical risk. Reviews of risk should be frequent and you are expected to recognise when a client has entered an elevated state of risk, and to respond accordingly. An identified increase in risk requires an immediate intervention, which can be documented after the intervention has occurred. Unless a full reassessment (an entire OARA) is indicated due to a significant increase in risk, risk reviews can be documented in case notes and OARA revisions. The immediate welfare of a client or others should always take priority.

How long will it take to raise and complete an OARA?

This depends on the complexity of the client's situation and the amount of information that is deemed relevant by the assessing clinician for documentation in the OARA.

How do I finalise, sign off and save an OARA?

On the last page of the OARA, select 'Lock Revision', then sign and date the document. The electronic signature process is similar to the RAMP.

Please keep in mind that you can create as many revisions of the OARA as necessary, including edits and updates, as long as the original and previous versions have been locked and signed off.

The screenshot shows the 'Edit Document' interface. At the top, there is a blue header with the text 'Edit Document'. Below this, the word 'Document' is displayed. Underneath, there is a 'Lock Revision' checkbox which is checked. A message states: 'To sign document you must first lock the revision.' Below this is a black banner with the text 'Signature Required'. Underneath the banner, there is a message: 'Please ensure that you sign off on any changes that you have made to this document. By signing this document, you are locking the revision so that no one else can make changes (unless a new revision and signature is added).' At the bottom, there are two horizontal lines representing signature and date fields. The left line is labeled 'Not Signed' and has a 'Worker1, Respond' button with a checked checkbox and the text 'Staff Sign Off' below it. The right line is labeled 'Date' and has a date input field showing '21/12/2020' with a calendar icon to its right.

What is the purpose of the new Risk Formulation section?

After completing the initial elements of the ASSESS section, you will be able to document a Risk Formulation for the client in free text format at the end of the ASSESS section. Once the OARA is saved, all the information in the free text field will be automated to the top of the OARA and displayed in the Risk Formulation box at the start of the document. If the client has not had an OARA completed previously, or if the Risk Formulation text box has not been filled in the ASSESS section, then the Risk Formulation section at the top of the document will remain blank.

Please note that the most current Risk Formulation will automatically appear at the top of all versions of the OARA saved in VERA, including previous versions/revisions. Where previous versions of a Risk Formulation differ to the current one, these will be located in the ASSESS section of the previously saved documents.

The screenshots on the next page demonstrate what the new Risk Formulation feature looks like.

Blank Risk Formulation

Add Document

Document
OARA

Document Date: 27/04/2021

For Individual: Individual: 90308, --masked--

Document Description: []

Risk Formulation

IMPORTANT: The Risk Formulation that appears here has been obtained. Risk Formulation, advising that a Risk Formulation has not been developed yet. If the version you are viewing is not the latest (CURRENT) version of the Risk Formulation. A Risk Formulation has not been developed yet. Once it has been developed within the ASS

Open Arms Risk Assessment (OARA)

Completed Risk Formulation

Risk Formulation

IMPORTANT: The Risk Formulation that appears here has been developed yet. If the version you are viewing is not the latest (CURRENT) version of the Risk Formulation.

Risk Formulation

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This is my Risk Formulation
This is my Risk Formulation
This is my Risk Formulation
This is my Risk Formulation

Open Arms Risk Assessment (OARA)

Risk Formulation

This section is for the development and documentation of a Risk Formulation to directly inform intervention plans and activities.

Risk Formulation is a concise synthesis of suicide (and violence) risk information as it pertains to a client's immediate distress and resources at the time and OARA is created or revised. The aim of this synthesis is not to predict behaviour, but to focus on prevention of future suicidal behaviour, and/or violence, through communication and collaboration between staff (clinicians and Peers), clients and external supports. This is achieved through the identification of practical safety and contingency plans to reduce risk in the short and long term.

The Risk Formulation recorded in this section of the OARA should signal "forward movement", and contain information from the four distinct judgements that comprise the ASSESS section of the OARA above:

1. Risk status
2. Risk state
3. Foreseeable changes that may exacerbate risk
4. The client's available resources

Once the OARA is completed, locked and signed, the Risk Formulation free text information entered here will appear on the front page of the saved OARA document.

5. Risk Formulation

This is my Risk Formulation
This is my Risk Formulation
This is my Risk Formulation
This is my Risk Formulation
This is my Risk Formulation

cancel back update next finish

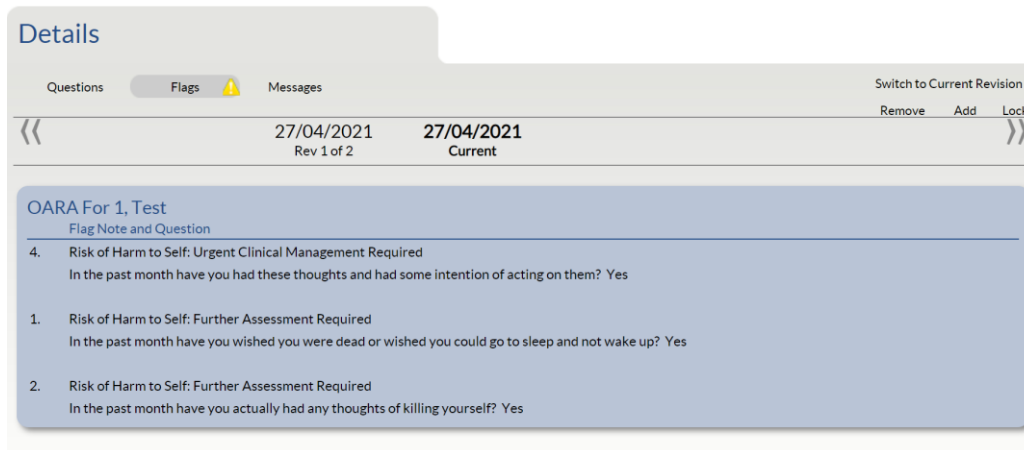
What should I do if I identify that a client is at elevated risk?

You will be able to identify if a client is at elevated risk on the screening within the 'Flags' tab (see infographic below). All questions that have been marked as 'Yes' in the Columbia Scale will be highlighted and a yellow icon will appear near the 'Flags' text.

In the event that elevated risk is identified, or you have concerns for the safety of a client or others, you must notify an Assistant Director immediately (as per existing policy).

The risk flag should remain on the client's OARA until the client is assessed by their primary clinician as no longer being at elevated risk. If the client disengages from treatment while assessed as positive for risk, the risk flag should remain on their OARA until a subsequent risk assessment can be conducted.

Further information is available in [203 - 01 Clinical Risk Management Procedure](#)



After OARA completion

How long does an OARA last before a new one is required? Does an OARA expire?

This will be dependent on each individual client's situation. There are no limits to how often a new revision of an OARA can be created. Where a client changes clinician, a new OARA will need to be raised by that clinician. The OARA and its revisions will remain current within a client's Individual Profile unless superseded by a new OARA, in which case the previous OARA/s will still be viewable in Documents under "more".

Can I amend an existing OARA?

After an OARA has been initially completed and saved in VERA, it can be amended using the 'New Revision' function, which will record all revision history. A revision is like a 'copy' of the document, where you can update client information based on the previous version of the OARA.

Please DO NOT create a new OARA if you need to revise an existing OARA.

The revision process is completed by locking 'Revisions'.

In what circumstances will an OARA be reviewed by other staff, and by whom?

In addition to being reviewed by an Assistant Director, if a client is screened positive for risk, an OARA may also be reviewed by your Line Manager, any other clinician who has involvement with the client, and as part of the Clinical Audit and Adverse Event Review processes as required.

OARA vs RAMP

What are the key differences between the RAMP and the OARA

The RAMP and the OARA are different tools.

The OARA is aligned with the SafeSide Framework whereas the RAMP is not.

The OARA is a dynamic document that allows you to track client risk profiles over time.

You are able to create a revision of the OARA document. This was not previously enabled in the RAMP.

There are new risk screening questions embedded in the OARA. These include the Columbia Scale, Risk of Harm to Others, and Risk of Harm from Others.

Do I need to complete an OARA for a client who already has a current RAMP?

We would prefer that all clinicians commence using the OARA as soon as they have completed SafeSide training, and especially from the OARA launch date (28 April 2021). This may include raising an OARA to replace a RAMP if required. Please consult with your Line Manager for further direction.

Will the RAMP still be available to use?

Yes, the RAMP will still be available for use during the OARA training and transition period. Both templates will be accessible in VERA during this period.

Is there a cut-off date by which I must stop using the RAMP and start using the OARA?

The OARA will fully replace the RAMP template as soon as all staff and Outreach Providers are trained and familiarised with the OARA. A final cut-off date will be advised later in 2021. The RAMP will no longer be available in VERA after this date. Centre-based clinicians are expected to use the OARA immediately after the OARA launch date (28 April 2021), or on completion of SafeSide training after this date.

Training and assistance

Will training be provided to assist me to use the OARA?

Alongside the SafeSide Training modules, you have access to:

- OARA Task Cards which will be distributed with this FAQ Guide and also housed on the Policy Hub at [203 - 01/01 Open Arms Risk Assessment \(OARA\) Task Card](#)
- The OARA Walkthrough video accompanying this FAQ Guide, which is located [here](#)
- The VERA Train environment, to familiarise yourself with the OARA prior to working with clients. VERA Train can be accessed [here](#) using the **Chrome** browser and your current VERA user ID and password. The information within the VERA Train environment has been de-identified for training purposes.
- Training from your Line Manager

There will be a local implementation plan in each region which will inform you about the processes around the OARA and how it aligns with the SafeSide Framework and clinical practice.

You are ready to start using the OARA either in VERA Train initially or directly in your clinical practice once you have:

- completed SafeSide training,
- read this FAQ Guide
- read the OARA Task Cards
- read the policy changes,
- read the Case Example, and
- watched the OARA launch video

What should I do if I need refresher training or more information about applying the SafeSide Framework in my work?

All content from the SafeSide InPlace Learning is available by logging into your SafeSide account [here](#). From there you can access the SafeSide Community of Practice where you can ask questions, obtain resources, and engage with others using the Framework in practice. If you require assistance to access your SafeSide account, please use the bot or the 'Contact Us' button on the SafeSide website, or email openarms.innovation@dva.gov.au

If you still feel you need further training or information about SafeSide implementation after accessing these resources, please speak to your Line Manager about your needs.

What should I do if I require technical assistance with the OARA?

The Clinical Systems Service Desk can assist you with all technical issues relating to accessing, using and saving the OARA template in VERA. These include topics such as:

- "I can't create an OARA document"
- "The OARA is not available in the dropdown box under Documents"
- "I have accidentally created an OARA on the wrong individual profile"
- "There is an Error Message"
- "I have made a mistake in a saved OARA, how do I amend it?"

Open Arms staff can access technical assistance by raising a ticket on the [Service Desk Portal](#). Outreach Providers will continue to use the external Service Desk inbox at AMBVERACHD@dva.gov.au for technical assistance.

What should I do if I require clinical/non-technical assistance with the OARA?

Your Line Manager, local Assistant Director Clinical Coordination (ADCC) or Client Assist AD (for Client Assist staff only) can assist you with all clinical and non-technical questions about the OARA and its application.

Client Assist and the OARA

What changes to Intake processes have been made to facilitate the implementation of SafeSide and the OARA?

Changes to the Intake process will be implemented at the end of May 2021. Separate communications and policies will be released at the time to cover these changes.

What happens if a client screens positive for risk during the Intake process?

If a client screens positive for risk during the Intake process, there are two avenues for potential action:

1. The client is triaged by the Intake clinician to the relevant Regional Duty Officer, or
2. The Intake Clinician raises an OARA if they have completed a detailed risk assessment with the client and conducted safety planning as part of this process. The client is then triaged to the region for further action.

Further information is contained in [203 - 01/04 Risk Management Continuum Instruction](#)

Peers and the OARA

What is the role of Peers in screening for and managing risk?

While Open Arms Peers do not undertake clinical screening, risk assessment or clinical interventions; as a significant (and sometimes only) contact point with clients, Peers will inquire about the experience of risk factors and warning signs, and respond using Applied Suicide Intervention Skills Training (ASIST) and the SafeSide Framework.

Where risk concerns and warning signs are identified, Peers seek to clarify their understanding of risk through inquiry with the client, in line with their experience and training. They respond to risk in an appropriate and timely manner by seeking clinical consultation, and then participate in the implementation of risk management and safety plans as developed with, or approved by, the Assistant Director Clinical Coordination, or the client's treating clinician.

Where a client enters the service and requests Peer Support only, they are still required to participate in an initial Intake process, which will include risk screening by a clinician. Where

clients are positively indicated for risk, they will be required to undergo further assessment by a clinician with accompanying Peer Support. The OARA will then be attached to the client's Individual Profile, irrespective of which staff member they work with.

So whilst Peers will not create OARAs themselves, they will contribute to OARAs created by collaborating clinicians as required.

Peers can have an important and positive impact on a client's emotional experience when at risk. Peer Workers are able to inquire about and respond to risk in a way that contributes to reduced self-stigma, increased openness, reduced fear, and increased hope. Peer relationships allow clients to rename their experiences and take control of their recovery. Through Peer Support, clients experiencing elevated risk can feel more empowered and have a strengthened understanding of suicidal thinking and behaviours within the context of their personal and social experiences. Peers, by virtue of the different nature of the relationship and their personal insights gained from lived experience, may be in a position to elicit unique information and to notice subtleties and unarticulated meaning.

Open Arms encourages a collaborative approach to risk assessment, where the joining of clinician and Peer perspectives contribute to the best outcomes for clients. Open Arms recognises that teamwork is the best approach and that all possible mechanisms encouraging communication between team members about clinical risk management should be established; enabling a culture of trust, mutual respect, and open communication.

Further information about the role of Peers in managing client risk is contained in [203 - 01/04 Risk Management Continuum Instruction](#)

Are Peers expected to complete the SafeSide training modules?

Yes. It is important for Peers to understand the purpose and function of the SafeSide Framework, and their role within it in collaboration with clinicians and clients. Peers should attend SafeSide InPlace training as soon as possible after employment by Open Arms.

External Providers and the OARA

Which External Providers will be required to use the OARA?

Our External Providers include Outreach Program Counsellors (OPCs), Group Program Facilitators, Clinical Supervisors and Partnership agencies (including Relationships Australia, Centacare and BUPA). Of these, all External Providers apart from Supervisors will be required to use the OARA as appropriate to their role.

Will External Providers be paid to complete the OARA?

Yes. External Providers will be paid the same fee to complete an OARA as they are currently paid to complete a RAMP.

When will External Providers receive SafeSide and OARA training?

Training for External Providers will commence in 2021. Exact dates will be advised once logistics are planned and in place.

When will External Providers start using the OARA?

As with in-centre staff, External Providers may commence using the OARA as soon as they have received appropriate training on the SafeSide Framework and information about the OARA implementation.

Why are External Providers being trained and introduced to SafeSide separately?

SafeSide is being implemented across Open Arms via a staged roll-out process. It was important that we developed our in-house skills and knowledge with the SafeSide Framework before implementing it with our External Providers, hence the different training and implementation schedules.

Are there any differences between how in-centre clinicians and External Providers will use the OARA?

The same OARA template will be used by all relevant Open Arms staff and External Providers.

When is the cut-off date by which External Providers must stop using the RAMP and start using the OARA?

The OARA will fully replace the RAMP template as soon as all staff and External Providers are trained and familiarised with the OARA. A final cut-off date will be advised in 2021. The RAMP will no longer be available in VERA after this date.

Next steps

What should I do next?

Now that you have completed your SafeSide training and read this FAQ Guide, you are ready to commence using the SafeSide Framework and OARA template.

If you have not completed SafeSide training yet, please speak to your Line Manager to arrange attendance at the next training session.

If you are unsure about how to get started using the OARA, please speak to your Line Manager.

Don't forget to read the new policies, Task Cards and Case Example; watch the [OARA Walkthrough video](#); and use the OARA in the [VERA Train environment](#) (in Chrome) or Word format (attached) for familiarisation and practice.

Please keep a copy of this FAQ Guide, the SafeSide Framework, the Word version of the OARA, and the OARA Task Cards handy; and ensure you consult with your Line Manager if you have questions about any of these.

We understand that there may be an adjustment period after the launch date, please reach out to the resources available if you require assistance.

Providing feedback

We are keen to receive your feedback on the new SafeSide Framework and OARA implementation. Please lodge feedback about your experience using the OARA and the associated policies using the [online form here](#).

We appreciate your ongoing cooperation to help ensure we assist clients and their supports to identify and manage risk effectively and proactively.