

## Risk Assessment Management Plan (RAMP)

### Guidelines for administering the RAMP

A RAMP needs to be completed for every client within the first 3 assessment sessions and submitted to Open Arms for approval.
A new RAMP is required to revise or update an existing risk assessment and when there is a change in the risk presentation of the client.
Where a RAMP already exists, a new RAMP assessment may be conducted by creating a new version of the existing RAMP and updating the new version with information that has changed.
All completed RAMPs must be submitted to Open Arms. If the risk is elevated, then a follow up phone call to Open Arms is also required to advise Open Arms of the client situation.
The RAMP should be completed by the clinician within 24 hours following assessment of the client or changes to the risk have been assessed.
In addition to completing a RAMP, clinicians must also document a risk assessment in their clinical note/s and reports. It is not necessary to re-document the thorough risk assessment completed in the RAMP – it is acceptable to reference the RAMP and provide brief details in clinical notes/reports
When planning for safety please provide an emergency contact name and number. This can be documented in the Safety Plan and RAMP.
The emergency contact number should not be the FDV perpetrator if FDV is identified.
If the client does not wish to provide an emergency contact, then please note this.
Safety planning should be provided to all clients of Open Arms. For those assessed as normal risk, at a minimum the Clinical Care pathway and collaborative follow Up Plan section should include that the client is aware of the Open Arms 1800 number and emergency services number for support.
If your RAMP assessment identifies that a safety plan is required, then a more detailed safety plan is to be completed in collaboration with the client, which should be documented and provided to Open Arms. This plan is to be used by the client to support their safety. Open Arms can also use this information if a client contacts the service for support
There are a number of useful safety plan templates that can be utilised including the Safety and Wellbeing Plan template. The Stanley-Brown Safety Plan may also be a helpful template.
The RAMP must be signed before submitting to your Regional Team.
If uncertain about what to document in the RAMP, call your Regional Team to discuss.

### Where is the RAMP document located?

The RAMP template document is located on the Provider Portal for you to complete.

## Completing the RAMP

All free text comment fields need an entry, this may be any relevant comments related to the question or at a minimum please state Nil Factors Identified / No Further Comments.

### Point of completion of this assessment of risk

- Select 'Full Assessment' unless it is a follow up RAMP for a change in circumstance that changes risk – then select 'Review'.

### Client Details

- Please select the most appropriate eligibility criteria option. It doesn't account for all eligibility (e.g. ex-partner) so choose the closest eligibility criteria.
- Enter information regarding Cultural and Linguistic Diversity, for example: Australian, Polish, Non-English-Speaking Background, hearing impaired, etc.

### Current Primary Stressors

- Select all relevant current primary stressors checkboxes.
- Add any relevant comments in 'Clinical Impression Details' section – for example: *relevant further details of why client is presenting.*

### Recent or Current Threats to Self/others and Behaviour

- Select the relevant checkboxes.
- Add any relevant comments in the 'Clinical Impression Details' section – for example: *client denies any current suicide or self-harming behaviour. Client denies any current harm from or to others.*

### Suicide/Self Harm – Static and Dynamic Risk Factors

- Tick suicide, self-harm or both, to identify what you are referring to in this section.
- Tick the relevant Static and Dynamic risk factors. There is a check box in both the static and dynamic risk factors that requires you to state no suicide or self-harm risk factors identified.
- In the Details section, expand on the checkboxes that you have ticked to describe when and how, details of attempts, how serious, frequency, any plans, mental health diagnosis, etc.

### Harm From or To Others

- Please tick the boxes: Yes, to indicate there is risk or Denied, to show there is no known risk from or to others.
- If there has been any risk From or To others, either current or historical, then please tick the relevant Static or Dynamic Risk Factors.
- In the Details of Risk Factors please provide relevant comments – for example: *Client denies any current or historical harm from or to others; or client reports historical DV as a child but reports no current DV in their relationships.*

### If you have indicated current FDV

- Complete the Domestic Violence Screener relevant to your State/Territory.
- Save the FDV Screener and upload to iRBS.

### Parental Status and/or other Carer Responsibilities

- If the client has no parental or carer responsibilities, then click N/A.
- If the client does have carer and or parental responsibilities, then tick the corresponding checkboxes.

Provide information about this in the Details box. Do not write names – for example say: *client has 3 children under the age of 10; or client cares for elderly parents in the same home as client*

### Vulnerability

- Tick the checkboxes in Static and Dynamic risk factors that may impact client risk.
- Tick the checkbox 'No vulnerability risk factors identified' if nil identified.
- Provide a description/summary of these factors in the Details of Vulnerability Risk Factors – for example: *client identifies that when in pain their mental health deteriorates and their ability to cope or implement strategies decreases.*

### Strengths and Protective Factors

- Tick any of the checkboxes that are relevant to the client.
- Provide relevant details of the client's strengths in the Clinical Impressions details section – for example: *client has a close relationship with wife and daughter and enjoys his job and has a number of hobbies that he participates in that gives him a sense of purpose.*

### Potential/upcoming changes across all risk domains

- Identify any changes that may impact risk – for example: *1. if previous partner (who has perpetrated FDV towards client) moves back to client's location. 2. if client is not approved for DVA pension. 3. if client's mental health deteriorates. 4. if partner leaves the relationship. 5. Upcoming court appearance.*
- You can include more than two risks by clicking the checkbox, 'More Risks'.

### Accuracy of Reporting

- Level of Engagement in risk assessment – was client forthcoming with information (high) or were they disengaged in the process (low).
- Write a brief rationale of why you chose high, medium or low in the Details section.
- Confidence in accuracy of reporting – did you feel confident that the information that client provided was accurate (high) or did you feel that client was not providing accurate information (low).
- Write a brief rationale of why you chose high, medium or low in the Details section.

### Formulation

- Risk Status – how would you rate the client's risk today as compared to other clients you work with who come from a similar population. For example. other current serving ADF members.

- Comparison population – you can select an appropriate comparison population, e.g.: Other Open Arms clients or Female clients that I work with etc
- Risk State – how would you rate the client’s risk today as compared to how they have presented previously. For example, a client may have presented as at risk of self-harm, but this is an improvement compared to how they have presented previously, with chronic suicidal behaviour, so you can click ‘Lower’.
- Changeability – how likely is the risk to change. This can be related to the risks you have identified in the ‘Potential Upcoming changes across all risk domains’ section, e.g., the client indicates that they have an upcoming court case and depending on the outcome of the case will either increase or decrease risk, and therefore the changeability may be high.
- Risk Formulation – please write a brief summary of the risk identified.

### Summary of Risk

- Tick either A, B, C or D.

### Clinical Care Pathway and collaborative follow up plan

This is the place to document the Safety Plan (if you are not attaching a safety plan you have created with the client) and must include as a bare minimum: If risk escalates the client is aware of the Open Arms 1800 number and emergency services 000. Routine clinical care to be provided.

- Provide more safety planning if there is greater risk. For example: *a client who self-harms – client has removed the safety blades from the home and is using ice or going for a run when there is an urge to cut.*
- You can use other Safety planning templates such as the Stanley-Brown Safety Plan [Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version \(sefbhn.org\)](https://sefbhn.org) and reference this in the RAMP.
- If you tick B, C or D to the Summary of Risk section, then a more detailed Safety Plan is required, e.g. the Stanley-Brown Safety Plan or the safety and wellbeing plan located on the BUPA portal.
- If you tick B, C or D to the Summary of Risk section then you need to answer the questions that follow.
- Is the Safety Plan completed with client – Yes or No. If you have identified risk, then an in depth Safety Plan is required.
- Is the safety plan generated – Yes or No. Tick yes if you have uploaded the plan or provided a detailed summary within the details section of the RAMP.
- Is risk required to be escalated to an Assistant Director? – Yes or No. You don’t need to answer this, Open Arms will complete this check box.
- Is a risk flag needed? - Yes or No. You don’t need to answer this, Open Arms will complete this check box.
- Risk Flag – Tick the checkbox/es that applies: Harm To Self, Harm To Others or Harm From Others. Open Arms will complete this question.
- Is follow up with client planned with timeframes? – Yes or No. This information can be put into the Details Box.

- Are external referrals warranted? - Yes or No. This information can be put into the Details Box.
- Is there a mandatory report required? - Yes or No. This information can be put into the Details Box.
- Details box includes the Safety Plan, any follow up actions (e.g. Routine clinical care, next appointment date, case to close), external referrals, mandatory reporting details, etc.
- If you are completing an in-depth Safety Plan, it is to be completed with the client in session.

## Who to contact for support:

Contact your Regional Team anytime during office hours, we are here to help.

If you need to contact Open Arms after hours, please call Client Assist on 1800 011 046.

<p><b>Regional Teams</b></p> <ul style="list-style-type: none"><li>• SA   <a href="mailto:openarms.sa@dva.gov.au">openarms.sa@dva.gov.au</a></li><li>• NQLD   <a href="mailto:openarms.northqld@dva.gov.au">openarms.northqld@dva.gov.au</a></li><li>• QLD North   <a href="mailto:openarms.sqld.north@dva.gov.au">openarms.sqld.north@dva.gov.au</a></li><li>• QLD South   <a href="mailto:openarms.sqld.south@dva.gov.au">openarms.sqld.south@dva.gov.au</a></li><li>• GNSW   <a href="mailto:openarmsgnsw@dva.gov.au">openarmsgnsw@dva.gov.au</a></li><li>• ACT/SNSW   <a href="mailto:openarmsactsnsw@dva.gov.au">openarmsactsnsw@dva.gov.au</a></li><li>• VIC   <a href="mailto:openarms.victoria@dva.gov.au">openarms.victoria@dva.gov.au</a></li><li>• TAS   <a href="mailto:openarms.tasmania@dva.gov.au">openarms.tasmania@dva.gov.au</a></li><li>• WA   <a href="mailto:openarms.wa@dva.gov.au">openarms.wa@dva.gov.au</a></li><li>• NT   <a href="mailto:openarms.nt@dva.gov.au">openarms.nt@dva.gov.au</a></li></ul>	<p>All client related matters such as risk and clinical and operational practice requirements</p>
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