**Individualised Safety and Support Plan**

**Is it safe to take this home with you? Where will you keep it?**

**Notes to practitioner**

Before filling this out complete a SafeLives Dash risk checklist or review it.

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| **Person name / ref** |  | | | **Intake date** |  | | **ISSP date** |  | **Page** |  | **of** |  |
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| **List the risk factors or issues you would like to address** | | **Agreed action** | | | **Who will do this?** | | **By when?** | **Date complete** | | **Comment** | | | | |
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| **List the risk factors or issues you would like to address** | **Agreed action** | **Who will do this?** | **By when?** | **Date complete** | **Comment** |
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**Individualised safety and support plan**

**Options and advice**

**Is it safe to take this home with you? Where will you keep it?**

**Notes to practitioner**

Use this section to document the options and advice relevant to your person’s situation. Keep a copy on the person file and, if it is safe, give a copy to your person to take away with them

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| **General safety planning** |  | **Separating & post separation** |  | **If I need to leave I will try and take with me...** |
| Advice on: Routine/safety at home, work, social settings/plan escape route/code words |  | Code words/escape route/ plan for leaving/support post separation |  |
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| **Legal** |  | **Children** |  | **In an emergency, I will try to take...** |
| Advice on: Criminal & Civil Options/police reporting/court support/breaches/any child contact/residence/protection issues/immigration/probation involvement for person or [ex] partner or family member |  | [Ex]partner, family member access to children & school/PR status/CYPS ref/support for children |  |
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| **Financial** |  | **Housing and security** |  | **If I need to leave I will try and take with me...** |
| Advice on: Access to finances, benefits/housing areas/D&A or immigration issues affecting finances |  | Advice on: emergency and longer term housing option/security measures/ fire assessment |  |
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| **Health and wellbeing:** |  | **Additional support factors:** |  | **In an emergency, I will try to take...** |
| Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether person has disabilities compounding situation |  | D&A/mental health/disability |  |
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| **The service can be contacted on:** |  |
| **We are open:** |  |