

**Checklist for Workers to be completed  
prior to setting up a Best Interests Meeting**



Before proceeding with this form, please consider whether the decision in question relates to a health related matter or a matter involving life sustaining treatment. If either of these scenarios apply, you should not proceed with the best interests meeting and further legal advice should be sought.

**Please ensure this form is completed fully, elaborating on your answers with further comments where appropriate or where indicated to do so.**

**1. Are you clear about the decision that needs to be made, and are you satisfied that it is not an excluded decision under the MCA 2005?**

Yes

No

**Comments**

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**2. Have you got a thorough and complete assessment of needs?**

Yes

No

**Comments**

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**3. Have you explored fully the options that may be available to the service user, making sure that the options available to the person are not being limited by their age, disability, behaviour etc.?**

Yes

No

**Comments**

.....

**4. Have all efforts been made to enhance the person's capacity and to gain a view as to whether or not the person is likely to gain capacity in the future (for example would therapy or other input assist in the person regaining capacity?)**

Yes

No

**Comments**

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**5. Is there a capacity assessment in relation to each decision that we want to make?**

Yes

No

**Comments**

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**6. Have you any evidence (of the person's):**

- **Past wishes and feelings**
- **Present wishes and feelings**
- **Any written statement made by the person when they had capacity**
- **Beliefs and values**
- **Any other factors that the person would be likely to consider if they were able to do so.**

**Yes** (please provide details in the comments section below)

**No** (please provide a brief explanation in the comments section).

**Failure to consider these issues may result in a flawed best interest decision.**

**Comments**

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**7. Have you considered whose views you should seek and whether or not they should be invited to the Best Interests Meeting? Have you considered if an IMCA is necessary or desirable in this case?**

**Those who may need to be invited are as follows:**

- **The person themselves**
- **Family members**
- **Anyone engaged in the care of the person, or interested in the person's welfare**
- **Views from anyone named to be consulted**
- **Any LPA/EPA or Deputy**
- **Any relevant professional involved with the person**
- **IMCA.**

**Yes** (please give details below)

**No**

**Comments**

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**8. Where there is conflict between the family members should you consider whether the meeting should be split?**

Yes

No

**Comments**

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**9. Where a person cannot attend the meeting have you gained their views either orally or in writing? Please ensure that all such information is made available to the Chair before and at the meeting.**

Yes

No

**Comments**

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**10. Have you got all relevant information from any proposed providers of care including any proposed care plans?**

Yes

No

**Comments**

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**11. Have you conducted a risk assessment where appropriate?**

Yes

No

**Comments**

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**12. Have you sent all necessary information to be considered at the meeting to the participants in advance to allow sufficient time to consider it, and, if necessary, to seek their own professional/legal advice?**

Yes

No

**Comments**

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<p><b>Signed</b> 35T</p> <p><b>Name</b> 35T</p> <p><b>Job Title</b> 35T</p> <p><b>Date</b> 35T</p>
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