

## Section 13ZA CHECKLIST

Name of client:

DOB:

CareFirst ID:

Personal Outcome Plan - Assessment completed

Yes ☐

No ☐

Date completed:

Risk Assessment completed:

Yes ☐

No ☐

If no, give reasons:

### Assessment of/professional view of decision specific mental capacity

Name & designation of assessor:

Yes ☐

No ☐

Date of assessment:

MDT discussion/ case conference (inc adult, Legal & MHO etc)

Yes ☐

No ☐

Date completed:

Names of participants and designation:

Review Meeting held

Yes ☐

No ☐

Date held:

### Criteria for the application of S13ZA or indicating need for further action under AWI, including case conference\*

Agreement to 13ZA care plan from all professionals involved (as listed above)

Yes ☐

No ☐

Adult is consenting (or is likely to be compliant with) the 13ZA care plan

Yes ☐

No ☐

Agreement to 13ZA care plan by significant others involved with adult

Yes ☐

No ☐

Has an advocacy worker been appointed for the Adult? If not, why not?

Yes ☐

No ☐

If YES, does the report from advocacy worker indicate the adult's consent to / compliance with 13ZA care plan.

Yes ☐

No ☐

**\*If any of the above questions are answered 'NO', then an AWI case conference should be arranged to discuss whether any interventions under AWI legislation are necessary.**

Proposed care intervention constitutes a 'deprivation of liberty'. (Discuss with Legal in first instance) Yes ☐ No ☐  
If yes, give details:

**Financial/ property considerations\*\***

Have any risks to property, financial affairs and/or personal welfare been identified requiring formal intervention under AWI (also consider whether an Intervention Order is required, to undertake one off actions, e.g. terminate a tenancy/ sign a tenancy, pay outstanding bills, cancel/set up direct debits to pay fees, etc.) Yes ☐ No ☐  
If yes, give brief details:

Arrangements for managing finances of Adult (including payment of fees for service provided) are unresolved. Yes ☐ No ☐  
If yes, give details:

**\*\*If any of the above questions are answered 'YES', then arrange an AWI case conference.**

**Other actions**

Has an application for guardianship already been lodged with the court which would not allow for implementation of the 13ZA care plan. Yes ☐ No ☐  
If yes, give details:

Is there an application for guardianship in process/ planned? Yes ☐ No ☐  
Is this a:  
Private application ☐ Welfare powers ☐ Financial powers ☐  
Local Authority application ☐ Welfare powers ☐ Financial powers ☐

**DECISION**

I authorise implementation of care plan under Section 13ZA of Social Work (Scotland) Act 1968

Yes ☐ No ☐

Signed:

Designation:

Date: