

# Gianbir Safeguarding Adult Review - 6 Step Briefing

## The Background

Gianbir was a 55-year-old man of Asian heritage who lived with his brother in private housing. He was born overseas but came to the UK as a young child, along with his parents and siblings.

In his Twenties, Gianbir was diagnosed with schizophrenia. For approximately 25 years he was, at times, under the care of the Community Mental Health Team. During this time his brother was known to be his main carer, took him to appointments and assisted with his communication, cooked, paid bills and collected medication. Although not his first language, Gianbir was considered, by the Mental Health services (who knew him well), to be able to understand and communicate in English. However, due to the symptoms arising from schizophrenia, of mutism and catatonia, he was unable to speak many words and tended to use one-word answers. Gianbir's brother was known to routinely answer for him.

## The Incident

South Central Ambulance Service (SCAS) were called to home address of Gianbir in early December 2021 by a family member/carers, reporting that Gianbir was having difficulty breathing and was very unwell. On SCAS attendance the crew noted significant concerns regarding the environment and Gianbir, was very unwell. There were considerable concerns about the extent of Gianbir's unkemptness and that there was no internal door handle on the door which would allow Gianbir to leave if he needed to. The family member/carers could not give any information pertaining to Gianbir's past medical history, allergies etc. although they identified themselves as his primary carer.

## Key Lines of Enquiry

1. **Lived experience of Gianbir** - How was the voice of Gianbir, along with his views and wishes, captured by agencies involved in his care? Was consideration given to the pattern of engagement/presentation between Gianbir and his main carer? Were there any language or cultural issues considered by agencies?
2. **Impact of the Covid-19 pandemic on Gianbir's lived experience and care** - What was the impact of Covid-19 infection/restrictions on the individual, their family members, and services?
3. **Care co-ordination and oversight for Gianbir's mental health and wellbeing** - Practice in respect of monitoring by primary care when care coordination is stepped down by secondary health agencies.
4. **Disparity between MARMs and safeguarding** - Consideration of the disparity between the use of the 4LSAB Multi Agency Risk Management Framework and when safeguarding enquiries should be started.
5. **Effectiveness of any application of the Mental Capacity Act 2005** - Did agencies establish whether Gianbir was able to consent to his care arrangements and if unable to do so, was there evidence that the Mental Capacity Act (2005) was utilised? What evidence was there about the use of the Mental Capacity assessments for Gianbir? How does this relate to the learning from other reviews?
6. **Assessment of level of care needed and the support for carers** - Was there adequate support and input by agencies to Gianbir's brother as his primary carer? Where professionals considered that adequate care was not being provided, was there professional curiosity and tenacity in ensuring that Gianbir was in receipt of the correct level of care? Was a Carers Assessment offered? How does this relate to the learning from other reviews?

## The Review

The Southampton Safeguarding Adults Board (SSAB) Case Review Group (CRG) recommended that this case met the criteria for a Statutory Safeguarding Adult Review. At The SSAB meeting held on the 7th December 2022 this was confirmed and a Safeguarding Adult Review was commissioned. The methodology focused on a practitioner event and a case review panel to work with the independent reviewer to clarify information specific to Gianbir, consider learning from other Southampton reviews and develop recommendations for changes to practice.

## Findings

### Culture and Language

- The conclusion of those at the practitioner event was that the most crucial learning from Gianbir's case was in relation to culture and language.
- There are national SARs, as well as other reviews, that indicate how agencies can misinterpret an individual's understanding when English is not their first language. This needs to be particularly considered when dealing with complex information, such as when there is medical treatment to discuss.
- Services continue to use family members as interpreters. This means that the individual is not always spoken with alone and assumptions can be made as to the views of that individual. It also places family members in a difficult position as they might not have the language capability to fully understand medical explanations.

### Lived Experience: Think Family

- There was limited understanding of the lived experience of the two individuals living in the home.
- Gianbir had never lived independently, his brother advising they had both always looked after each other.
- There seemed to be no discussion with them about how they would manage as they aged.
- When Gianbir was admitted to hospital, he was Covid positive and was in a poor state of health.
- It was not established whether his brother had been unwell and the impact of the deterioration of Gianbir's health on the brother's capacity to provide care for him.

### Professional Curiosity in Safeguarding Adults

- The Gianbir SAR has raised questions regarding how professionals recognise and respond to indicators of self-neglect.
- Other Southampton SARs have made recommendations related to this.

## Useful links for Best Practice

- [SSAB Self-neglect Guides](#)
- [SSAB MARM Guidance](#)
- [Spot the Signs and Speak Out – SSAB Spot the signs of abuse campaign](#)
- [Southampton City Council Advocacy Guidance](#)