



The Lift Model: Maximising Capacity in Employment Services

The idea of LIFT is a way of maximising capacity in a service, by offering a stepped approach, tailored to the individual needs of referrals into the employment service. LIFT is an acronym, standing for *Least Intervention First Time*. So, interventions are appropriate to need, and not unnecessarily complex or causing unnecessary work for a practitioner, whose resources are finite.

The stepped approach is similar to the offering of clinical interventions in an IAPT setting. Commonly, IAPT patients all initially attend a generic stress management group, and for some that will be enough. Review/re-assessment takes place at the end of each intervention, to determine whether it was enough and whether it was effective, or whether there is still an unmet need. If there is, they may then receive a course of CBT, and after that, may still need a specialist therapy.

With regards to employment, there are four tiers:

1) **Providing Information** - for more able patients, this may be enough, and they are able to use the information to manage their own situations effectively. Information can be from the Job Retention Advice & Guidance Handbook - available as a pdf from the resource section of <http://www.jobretention.org.uk>. The handbook can be given out by clinical colleagues, and this sometimes alleviates any need for a referral to be made to the Employment Service at all. The ability to respond to employment issues needs to be the remit of all workers in Mental Health Services, not just employment advisors. The Handbook is a valuable bible of information that can help meet this need. The clinician needs to check back with the client to see whether the handbook helped to solve their problem. If not, and the client feels it would be helpful to speak to an EA, they are progressed to Tier Two, and properly referred to Employment Services.

2) **Telephone Consultation** - this is a diarised (set up) telephone appointment, so the person can ensure they are receiving the call in an appropriate, quiet and confidential environment. If they are still at work, perhaps they can book out a private meeting room, or can arrange to be sitting in their car at the agreed time. The call may last for up to an hour, and there is no expectation that any further intervention will follow. The call is an opportunity for the person to outline and explain their employment issues, and for the EA to outline what good practice should be from an employer, what strategies may help, what the person can legitimately request of their employer, such as asking for a referral to Occupational Health, or asking for reasonable adjustments etc. The EA should try to help the person devise a simple

action plan. There can also be an element of emotional holding in the space of a telephone call, perhaps a recognition of how well the person has coped with a difficult situation etc. We have all become more used to remote working and receiving support remotely. Once again, there will be a need for a review - the EA should ask the person to check back in a few weeks' time to let them know how they got on. If things remain difficult, progress to Tier Three.

3) Face to Face Meeting with a Letter/Report to follow - similar to phone support, but more helpful for people in greater distress or difficulty, a face-to-face meeting will again be an opportunity for the person to unpack their employment issues, to explain their problems and receive some impartial independent support. The crucial difference between tier two and three, however, is that the EA will - on the strength of the topics covered in the meeting - draft a letter or report, which outlines the perceived difficulties, how these are affecting the person's mental health; the functional issues the person is experiencing that may be currently affecting their ability to perform effectively in their role; recommendations for workplace adjustments; advice on the EA's sense of whether the person is likely to be covered by the Equality Act (2010) and therefore entitled to reasonable adjustments; signposting to appropriate resources for the employer - such as the HSE website for stress risk assessments, or MHFA Line Manager's Guide. This letter can be sent back to the person themselves as a summary of the meeting and points discussed, should the client not be sure at this stage about wanting to disclose to their employer. But they have it at hand, should they later change their minds. Should the client already be happy for contact to be made, the letter can alternatively be addressed to the most appropriate person at the person's employment and sent directly. It may be helpful to offer them an opportunity to call the EA upon receipt, should they wish to discuss any of the contents.

4) Set of up to Six Sessions of Employment Support - can include a direct meeting with the employer to offer support; a workplace visit; possibly accompanying the person to other appointments such as OH, a Union Rep etc. Tier Four clients are typically complex cases, perhaps involving bullying, disciplinarys, or where the person is seriously unwell, and will need significant ongoing support to return to or remain in work.

Clients do not need to progress sequentially through each stage to reach the next: at times it is immediately clear that the person requires tier four style intervention. However, having the awareness that lighter touches may be equally if not more effective for other referrals, means that resources are not apportioned unnecessarily, which generates the space in an EA's caseload to offer in-depth support when it really is needed.

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