Beacon House is a specialist trauma and attachment mental health service, offering assessment and interventions to children, adolescents, families and adults who have suffered developmental trauma.

We offer a vibrant and highly skilled multi-disciplinary clinical team with over 40 practitioners including clinical, counselling and educational psychologists; systemic family psychotherapists; child psychotherapists; drama therapists; art therapists; therapeutic social workers, occupational therapists, adult psychologists and a Consultant Psychiatrist.

We are supported by a dedicated team of five secretaries and have spacious, nurturing, family-friendly therapy rooms in our clinics in Haywards Heath and Chichester, West Sussex. The service is headed up by its Clinical Director, Dr Shoshanah Lyons, and is run by the Service Manager, Jayne Hemming.

HOW TO MAKE A REFERRAL

Referrals for our ASF service can be made by the child’s Local Authority. Once a referral is received by our team, we provide the Local Authority with an estimate of costs for a full Therapeutic Needs Assessment which is then submitted to the ASF. Once funding approval is received, the assessment can begin.

To make a referral:
Call 01444 413 939 or email admin@beaconhouse.org.uk Informal enquiries are very welcome. Visit our website at www.beaconhouse.org.uk
ADPTION SUPPORT FUND – SPECIALIST SERVICES
Beacon House offers a specialist, multi-disciplinary trauma and attachment service for children and teenagers who are adopted or cared for by Special Guardians, and are able to access the Adoption Support Fund (ASF). Under the ASF each child is able to apply for £2,500 for a therapeutic needs assessment and an additional £5000 for psychological treatment, each year.

THERAPEUTIC NEEDS ASSESSMENT

All new families referred to Beacon House are first offered a comprehensive Therapeutic Needs Assessment. Assessments are carried out by specialist psychologists or psychotherapists and the assessment is informed by what is known as the “neuro sequential model”. This means that we aim to assess what the child’s developmental needs are due to the way their early trauma has impacted their brain and body. Please see our accompanying paper called “The repair of early trauma using a bottom up approach” for more information about this way of working.

Our assessment includes:
- A meeting with the parents/carers alone
- A meeting with the child alone
- A family meeting
- Completion of a number of questionnaires
- Reading of previous reports
- A conversation with school or a school observation
- A feedback and treatment planning meeting
- A detailed Therapeutic Needs Assessment report

Our assessments aim to understand and identify:
- The impact of the child’s life experiences on their development and mental health
- The child’s ability to regulate their sensory input, emotions and behaviours
- The child’s ability to form secure attachments
- The child’s ability to be ready for learning in the school environment
- The parents/carers emotional well-being and impact of secondary trauma
- The overall family functioning

The outcomes of our assessments include:
- A detailed “formulation” of how we can understand the problems that the family are facing
- A consideration of priorities for change both at home and at school
- A clear treatment plan for intervention and therapy goals
- A practical plan for implementing the treatment
Adopted children and children cared for by Special Guardians have all suffered attachment trauma and loss, and many have experienced abuse and neglect. The impact of these life experiences is best described as Developmental Trauma. At Beacon House our treatment plans take into account the knowledge that:

- Therapeutic intervention for Developmental Trauma takes time, often 1-3 years.
- Intervention needs to first focus on enabling the child to regulate their senses, emotions and behaviour; before they can form secure attachments. They must be regulated and able to develop secure relationships before they can engage in reflective, cognitive talking therapies. This ‘hierarchy’ of treatments is illustrated below.
- Intervention therefore needs to be phased and based on the right sequence.
- Having breaks between the phases is a useful opportunity for the child to consolidate their progress.
- Any intervention needs to include the parents/carers and the school. The child’s environment needs to be safe and containing and they need to experience adults in their life as attuned and calming.

We offer the following range of interventions, based on what the priority for change is for each child:

We review all our interventions 12 weeks after the start of treatment, and a minimum of every six months after that. The review is an opportunity for the family, therapist, social worker and school to evaluate progress and ongoing concerns, and agree on the continued treatment plan.

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