Beacon House is a team of forty professional and skilled chartered psychologists, psychotherapists and occupational therapists with extensive experience in the field of mental health, attachment and sensory regulation. We provide a wide range of mental health assessments and effective therapies for children and young people, families and adults who are experiencing mental health difficulties, emotional and behavioural problems and relationship conflict.

As a service, we have a specialism in repairing the effects of trauma and attachment disruption; and have particular expertise in working with Children Looked After, adopted children and those living with Special Guardians. Our integrated child and adult therapy service means that we can address the needs of every member of the family as required.

Our specialist Occupational Therapy team is additionally able to provide assessment and treatment in our bespoke OT treatment room (Cuckfield), for children who are experiencing a range of developmental problems, sensory and emotional dysregulation and co-ordination problems.

We offer an innovative and powerful Occupational Therapy approach for attachment trauma, known as Sensory Attachment Intervention which often helps to stabilise very dysregulated children.
Beacon House Services - Children Looked After (Cont)

We provide services across West Sussex, with clinics in Cuckfield and in Chichester. Our clinics are welcoming, calm spaces with very comfortable and spacious therapy rooms.

We offer outreach and on-site services where requested. More information is available on our website [www.beaconhouse.org.uk](http://www.beaconhouse.org.uk).

Follow our active social media sites on Twitter and Facebook to read about our latest events and bitesize therapeutic ideas for professionals and parents.

FOLLOW US 📣
@BeaconHouseTeam
Beacon House Services - Children Looked After (Cont)

Service Structure

Dr Shoshanah Lyons
Clinical Director

Oliver Bowles
Financial Director

Jayne Hemming
Service Manager

Occupational Therapy
Team Secretary

Clinical Leadership

Lyn Marsh
Team Secretary
Local Authority referrals

Operational Leadership

Rebecca Robertson
and Ann Cooksley
Referral Co-ordinators

Karen Greaney
Accounts Administrator

Dr Shoshanah Lyons
Team Lead for Child and Family Services - Cuckfield

Lyn Marsh
Team Lead for Adult and YOS Services - County wide

Dr Laura France
Team Lead for Child and Family Services - Chichester

Dr Kathryn Whyte
Team Lead for Child and Family Services - County wide

Ruth Stephens
Team Lead for Occupational Therapy Services - County wide

Child & Family Therapy Team
- Cuckfield

Adult Therapy Team
- County Wide

Child & Family Therapy Team
- Chichester

Occupational Therapy Team
- County Wide

Phone: 01444 413 939
Email: admin@beaconhouse.org.uk
Website: www.beaconhouse.org.uk
At Beacon House, we offer assessment and treatment based on the understanding that most young people in the care system present with Developmental Trauma, rather than standalone mental health or attachment disorders. We are informed by an approach called the Neuro-Sequential Model of Therapy; a model based on current neuroscience and psychological research which looks at how to repair early trauma and disrupted care.

Our article “The Repair of Early Trauma, a Bottom Up Approach” explains this model more fully; and our complimentary article “Developmental Trauma Close Up” explains the impact of early trauma on children in the care system. Both articles can be downloaded and read here: http://beaconhouse.org.uk/useful-resources/

Referrers might also be interested in watching our accompanying animations which you are welcome to share with colleagues and families you are working with. You can find them under the 'Animations' section of our resources page: http://beaconhouse.org.uk/useful-resources/
This approach guides us to work in developmental phases with young people and their network.

First the young person needs to master the ability to regulate their sensory and emotional experiences; and disarm their fight/flight/freeze response to reduce instances of risky behaviours such as self-harm, sexual vulnerability, absconding, aggression etc. This can only be done if safety within the Children’s Home/foster home and their school is established with targeted team interventions; alongside sensory/body based treatment directly with the young person. Working with children who have experienced trauma can be de-stabilising for adults also and so work in this phase might also include support for regulation of the foster or residential carers. This phase of intervention focusses on working with the primitive brain.

The second foundation is working with the limbic brain, to promote the young person’s attachment security with their carers and peers; and with key adults at school if they are in education. Young people can only do this work if they have gained some personal mastery in the first phase described above.

The third foundation is working with the cortical brain, to help the young person make sense of their life experiences, improve their relationships and process their trauma more fully. Young people move between the phases, but overall, our interventions tend to start at the bottom and work up. Starting ‘too high’ (e.g. going straight into 1:1 therapy before they are ready) will mean that the intervention is not effective as there is not enough stability internally or externally for the young person. We try to avoid this, as it sets the young person up to “fail” therapy.
Referral For Assessment

We welcome referrals from Local Authorities and Children’s Homes for assessment of therapeutic need; and for treatment. Experience has taught us that without a robust psychological formulation (i.e. explanation of the problems) the right therapy might not be offered, or it might be offered in an unhelpful order. We therefore offer a full Clinical Psychology assessment to determine the treatment plan, or a brief psychological consultation if the referrer is already clear what treatment is needed. The latter is agreed usually if there has already been a comprehensive therapeutic assessment prior to referral to us. Please see Appendix A for the scope and fees for our Therapeutic Needs Assessments and Consultation. At Beacon House we are able to offer multi-disciplinary assessments – drawing on the expertise of our clinical and educational psychologists and our occupational therapists. Please see Appendix B for the scope and fees of EP and OT assessments of need.

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Referral For Treatment

Beacon House offers a large range of interventions, dependent on the young person's psychological functioning; readiness for therapy and the needs of the support system around them. The diagram below shows the range of interventions we can offer, which includes occupational therapy, individual therapy, family therapy and systemic work with the care team around the child. Individual therapy alone is rarely sufficient for traumatised children and adolescents, and a multi-disciplinary sequential intervention is often needed.
Referral For Treatment (cont)

The goals of therapy vary, however typical therapeutic aims include:

1. Stabilise the child’s home and school placement

2. Strengthen the resilience and cohesiveness of the team around the child

3. Support the young person to regulate his/her emotions and behaviours, including the reduction of high risk behaviours

4. Support the carers to regulate their own emotional and parenting responses to the young person’s challenging behaviours

5. Promote secure attachment between the carers and the child

6. When indicated, offer the child the opportunity to process traumatic memories, whether held in the conscious memory or only in the body; and work with any specific symptoms such as low mood.

7. Help the child to develop a full and coherent story of their life.

8. Support the child to develop a range of essential ‘living skills’ such as social communication, problem solving, planning and inhibiting behaviours that do them harm.
Training, consultation and supervision

Beacon House is able to offer a range of impactful, practical and insightful training courses to foster carers and Children’s Homes. For examples please see the Training and Events page on our website http://beaconhouse.org.uk/training/ Training

Themes include:

• Becoming an attachment and trauma aware children’s home/foster carer

• Understanding Developmental Trauma

• Therapeutic care approaches for Children Looked After

• NVR (a specialist approach for violent teens)

• Autism in the context of Children Looked After

• Sensory strategies and sensory diets – helping young people achieve ‘just the right state’

We also offer reflective supervision groups and child-focussed workshops on a 4-6 weekly basis, or as a standalone session. These are offered either by a Clinical Psychologist or a Psychotherapist
To Make A Referral

To refer a young person to Beacon House please:

1. Complete our referral form

2. Email it to admin@beaconhouse.org.uk

3. We will then either allocate immediately if the needs are clear, or telephone you for an initial discussion.

Payment Terms

- All work is delivered at £120 per hour.

- Invoices are emailed to the Local Authority or Children’s Home once a month.

- Payment is required within 28 days of date of invoice.

- We run a two-week cancellation policy. Any cancellations within two weeks of the appointment is charged.

- Additional, unexpected meetings or liaison are charged at £120 per hour; £60 per hour for travel and .45 per mile for petrol.

Dr Shoshanah Lyons
Clinical Psychologist and Clinical Director
Beacon House Therapeutic Services and Trauma Team

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Website: www.beaconhouse.org.uk
APPENDIX A

Therapeutic Needs Assessments: Scope and Fees

Full Clinical Psychology Assessment

Aims can include:

• To assess the young person's mental health presentation, including risk of harm to self and others.
• To take a trauma history and evaluate the impact of the young person’s adverse life experiences on their psychological functioning, including PTSD, dissociation and developmental trauma.
• To identify the young person’s attachment pattern and how they function within relationships, and in the face of perceived threat.
• To evaluate whether they are functioning primarily in their primitive, limbic or cortical brain; and therefore where the intervention should start, based on the neuro-sequential model of therapy.
• If requested, we can screen for developmental disorders, such as ADHD or Autism, and make recommendations for further diagnostic assessment.
• To screen for sensory processing difficulties.
• To assess the young person’s readiness for therapy, and more specifically, which interventions are most likely to create change.
• To assess the networks’ need for structured support to enable the young person to reach their potential.

Possible outcomes:

• A robust and practical psychological formulation – explaining what the problems are; what factors contributed to their development; and what in the environment and the young person’s relationships is helping or hindering progress.
• Identification of further specialist assessment required, for example, diagnostic, psychiatric, occupational therapy, or educational psychology assessment.
• An analysis of risk – and recommendation for a bespoke safety plan.
• Recommendations for a full treatment plan and the sequence in which treatments should be offered.
APPENDIX A
Therapeutic Needs Assessments: Scope and Fees (Cont)

Costs and breakdown of assessment
• Reading of background documentation (1 hour)
• Initial consultation with the network (1.5 hours)
• Interview with birth parent/primary family member if relevant (1 hour)
• Direct assessment of the young person (2 hours)
• Observation within the child’s home/school (1 hour)
• Scoring of psychometric measures (1 hour)
• Report writing (6 hours)
• Feedback and treatment planning discussion (optional, 1.5 hours) At £120 per hour, the total cost of a Specialist Clinical Psychologist Assessment is £1620. Travel @ £60 per hour and .45 per mile is charged in addition.

Brief Clinical Psychology Consultation
Our consultation can be offered if a previous full assessment has been carried out. Consultations can also be helpful as a standalone intervention for advising a young person’s carers and professional network on issues related to risk management; further assessment and therapeutic approaches to care.

Aims can include:
• Developing a preliminary psychological formulation to explain why the problems have developed; what the problems are and possible ways forward.
• Guidance on risk management strategies within a wider care plan.
• Advice for stabilization of a placement, including parenting/carer strategies and interventions within school.
• Initial advice on therapeutic need.

Costs and breakdown of a consultation
• Reading of background reports (1 hour)
• Meeting with the professional network (2 hours)
• Consultation report (2 hours) At £120 per hour, the total cost of a consultation is £600, plus travel @ £60 per hour and .45 per mile.
APPENDIX B
Educational Psychology and Occupational Therapy Assessment: Scope and Fees

Full Educational Psychology Assessment

Aims:
- To assess the young person’s current functioning within their learning environment; to include their capacity to regulate their emotions and behaviours when learning; their ability to concentrate and process information; and their executive functioning.
- To consider how their life experiences, including their trauma history, impacts their capacity to settle to learn.
- To evaluate how their attachment strategy, or other developmental difficulties, impact their relationships within a learning context.
- To screen for sensory processing difficulties.
- To assess the young person’s readiness for targeted interventions for learning, emotions and behaviour.

Possible outcomes:
- To develop shared approaches across home and education to meeting the needs of the young person, with a focus on attachment and trauma needs.
- To provide a summary of the young person’s cognitive, executive functioning and memory capacities and a clear support plan which enables the young person to reach their learning potential.
- To develop an understanding and plan for intervention in relation to how psychological processes are played out within relationships and systems e.g. splitting/projection/containment in order to facilitate open communication across the network.
- To build confidence and empower carers and school staff to continue to work together beyond our involvement.
- To offer a comprehensive intervention plan including strategies to be delivered in the school context; and at home to support learning.
APPENDIX B
Educational Psychology and Occupational Therapy Assessment: Scope and Fees (Cont)

Costs and breakdown of assessment
• Reading of background documentation (1 hour)
• Initial consultation with the network (1.5 hours)
• Interview with birth parent/primary family member if relevant (1 hour)
• Direct assessment & observation of the young person (2 hours)
• Scoring of psychometric measures (1 hour)
• Report writing (6 hours)
• Feedback and treatment planning discussion (optional, 1.5 hours) At £120 per hour, the total cost of a Specialist Educational Psychology Assessment is £1620. Travel @ £60 per hour and .45 per mile is charged in addition.

Occupational Therapy Assessment – Sensory Attachment Intervention

• To establish how the child or young person’s sensory systems respond to stimuli; for example whether they have any sensory sensitivities/sensory seeking behaviours
• To establish what impact the child’s past trauma may have had on their sensory systems
• To assess how the child copes with stress in the present; and look at whether they are functioning at an autonomic response to incoming sensory stimuli (fight, flight or freeze); and establish whether or not they are functioning using higher brain processing skills.
• To establish the child/young person’s sensory processing in relation to their ability to carry out basic self-care skills.
• To establish the child/young person’s sensory processing in relation to their ability to move in a coordinated way, engage with play and function in the classroom (ability to focus and engagement in their environment)
APPENDIX B
Educational Psychology and Occupational Therapy Assessment: Scope and Fees (Cont)

Possible Outcomes:
• To provide a summary of the child/young person’s sensory, motor coordination, stress patterns and daily living skills functioning
• To help carers and child’s understanding of the triggers to dysregulation and how co-regulation can work to reduce stress levels by shared joy and pleasure and appropriate sensory strategies
• To provide therapy intervention which is aimed at increasing a child’s capacity for sensory, motor and functional daily living skills.
• To explore and put in place attachment informed sensory strategies and approaches across home and education to meet the needs of the child/young person.

Costs and breakdown of assessment:
• Reading of background documentation (1 hour)
• Initial telephone consultation with the parent/carer (.5 hours)
• Interview with birth parent/primary family member if relevant (1 hour)
• Direct assessment & observation of the young person (2 hours)
• Video Analysis (1 hour)
• Report writing and scoring tests (6 hours)
• Feedback and treatment planning discussion (optional, 1.5 hours) At £120 per hour, the total cost of a Sensory Attachment Assessment is £1620. Travel @ £60 per hour and .45 per mile is charged in addition.