

FLYNNE'S BARN COUNSELLING & FAMILY SUPPORT SERVICE

EVALUATION REPORT

July 2025

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Background

Flynn's Barn supports young people affected by cancer. The significant impacts of a cancer diagnosis on young people's mental health are well documented, e.g. [Hughes et al. \(2024\)](#); [Dartington Service \(2024\)](#); [Clic Sargent \(2017\)](#); [Teenage Cancer Trust \(2016\)](#). Access to specialist mental health services is often difficult and can involve long waiting times, adding stress during an already challenging time. In response to this, Flynn's Barn provides telephone and online counselling for young people who are living with cancer, as well as telephone and online support for family members.

The primary aim of the counselling is to support and improve the mental health of young people who are living with cancer. This is offered to young people up to the age of 25, who have a cancer diagnosis, or an associated condition treated by oncology services, or who have a close relative/friend who has a cancer diagnosis. The objective of the sessions is to enable them to talk about the ways in which their mental health is being affected and find positive ways of coping. The 30-50 minute sessions are delivered by qualified counsellors/psychotherapists (BACP/UKCP registration or equivalent), and consist of an assessment followed by 10 sessions (with scope to re-contract/extend where appropriate). Sessions are generally weekly but can take place twice weekly, fortnightly, or at a frequency agreed between the young person and the counsellor.

The family support element of the service aims to strengthen family support systems for families with a young person who is living with cancer, or an associated condition treated by oncology services. Both family therapy and more informal support (e.g. signposting, advice) are available.

The service also aims to build a peer network of young people living with cancer who can make links and support each other.

The Flynn's Barn counselling service receives referrals from young people, families or professionals/organisations from across the UK. In recognition of the current pressures on mental health services, the Flynn's Barn counselling service aims to respond to young people and families promptly and without long waiting times. There are currently three psychological therapists working for the service.

Purpose of evaluation

This evaluation is being conducted to understand the ways in which the Flynn's Barn counselling service has impacted on the lives of those who have engaged with it. It focuses on 151 referrals to the service

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which occurred between 5/11/20 and 11/7/25. At the time of the evaluation, 134 of the cases were closed and 17 were ongoing.

The information analysed for this evaluation includes:

- Data on the length of time clients wait to receive services after being referred (service responsiveness).
- Counselling outcomes, based on psychometric data
- Client feedback on the counselling experience

Service responsiveness²

More than two thirds of those referred to the counselling service were contacted within two days, and in 93% of cases contact was made within one week. In 123 cases the referral was followed by an assessment/introductory meeting, with more than half (85) taking place within two weeks of the initial contact being made.

Of the 123 clients who were assessed, 13 did not go on to engage with the counselling service further. In some cases they were referred to, or chose to engage with, other services (including private or local counselling, Flynne's Barn residential services, or their GP). Of the 110 who did make use of the counselling service, some did so fairly readily after their assessment (25 within one week and 86 within one month), whilst others waited several months to engage (e.g. because they wanted to get childcare in place before beginning).

At the time this report was written, a total of 96 clients had engaged with and completed the counselling process. In five cases only one appointment was held (e.g. because the client was referred elsewhere). Of those who took part in ongoing counselling, the average duration was 91 days (ranging from 4-659 days). The vast majority completed counselling within one year. The number of sessions clients took part in ranged from two to 24, with an average of eight.

Counselling outcomes

The CORE-10³ is used for assessment of those referred to the counselling service, and is also used completed at the end of the counselling, where possible, to assess change.

The CORE outcome tool is designed to support monitoring of change and outcomes in routine practice in psychotherapy, counselling and any other work attempting to promote psychological recovery, health and wellbeing. The CORE-10 is a 10-item measure asking how a person has felt over the past week. The items cover anxiety, depression, trauma, physical problems, functioning and risk to self. The total score indicates a persons' level of psychological distress. The CORE-10 can be used with people 17 years and over. There is also a Young Person's CORE (YP-CORE), which is a 10-item measure designed for use with the 11-18 years age range.

Higher scores on the CORE-10 indicate greater levels of global psychological distress, encompassing symptoms of anxiety and depression. Individuals with high psychological distress may experience difficulties managing their mental health, which can affect their ability to function in work, relationships, and social situations. Higher distress levels are associated with lower quality of life and increased risk of mental health deterioration⁴.

² The details of days between referral and first contact; first contact and assessment; assessment and first appointment; and the period of the counselling itself can be found in Annex 1.

³ CORE stands for "Clinical Outcomes in Routine Evaluation". Further information can be found at <https://www.corc.uk.net/outcome-measures-guidance/directory-of-outcome-measures/core-measurement-tools-core-10/>

⁴ <https://novopsych.com/assessments/outcome-monitoring/clinical-outcomes-in-routine-evaluation-10-core-10/>

Assessment scores (baseline) are available for 112 clients, and end-of-counselling (endline) data is available for 45 of these. In most cases the data is based on the CORE-10, but in five cases the YP-CORE was used.

Summary of baseline data⁵

Figure 1 summarises the overall score for the 112 clients who completed the CORE during assessment. The categories are from the CORE-10 website, based on Connell & Barkham (2007)⁶.

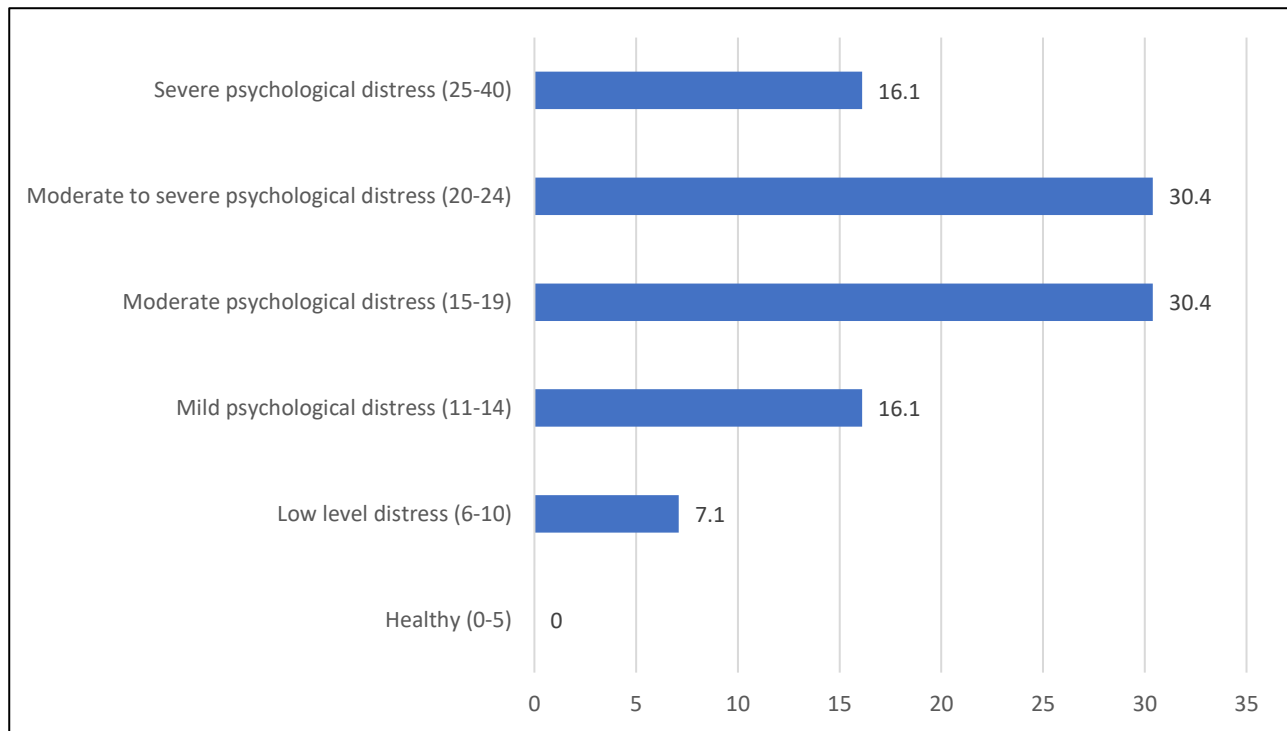


Figure 1. Summary of CORE-10 scores at assessment (% 112 clients in each category)

Scores of 11 and above are indicative of clinically significant psychological distress, and scores of 13 and above likely indicate of depression⁷. Figure 1 shows that almost all (93%) of the clients showed signs of clinically significant psychological distress at the time of assessment; and almost half (46.5%) reported extremely high levels of distress (a score of 20 or more).

Responses to individual items are summarised below to indicate the issues of greatest concern to this population.

⁵ See Annex 2 for details of the data presented in figures in this section.

⁶ Connell, J., & Barkham, M. (2007). CORE-10 User Manual, Version 1.1. CORE System Trust & CORE Information Management Systems Ltd.

⁷ Connell, J., & Barkham, M. (2007). CORE-10 User Manual, Version 1.1. CORE System Trust & CORE Information Management Systems Ltd

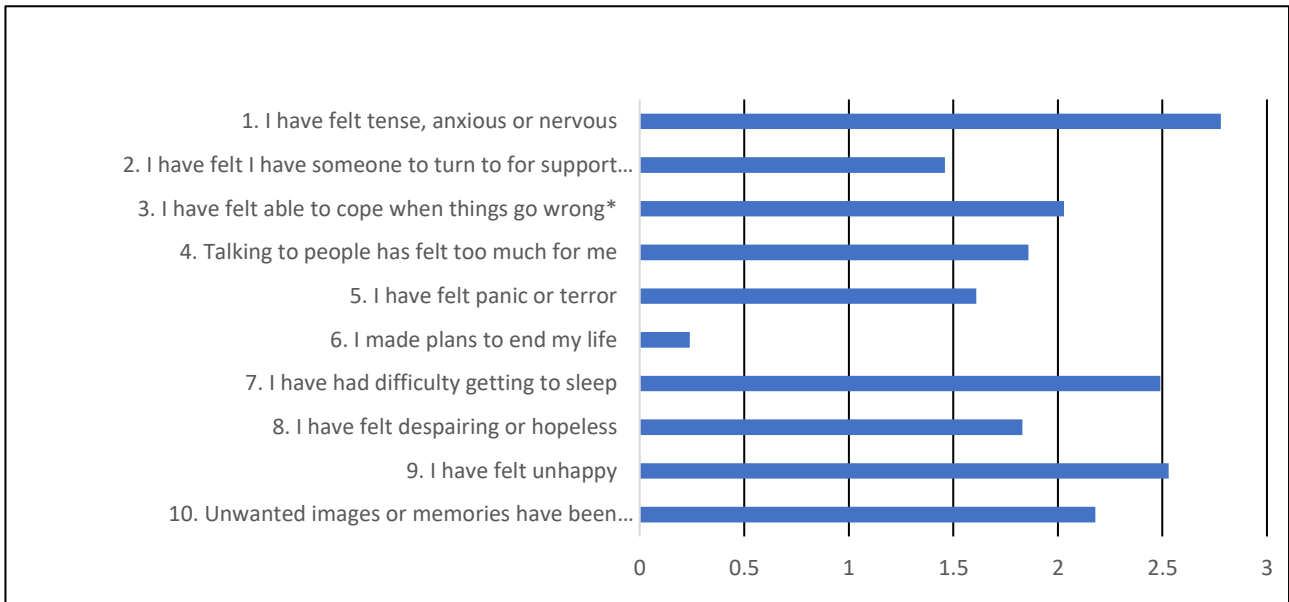


Figure 2. Mean score⁸ on individual items at assessment (N=112)

The forms of distress which were most prominent amongst this group of clients were feeling tense, anxious or nervous; feeling unhappy; having difficulty sleeping; and distress caused by unwanted images or memories.

Comparison of baseline and endline data

The analysis reported in this section is based only on data from the 45 clients who completed both baseline and endline data. It should be noted that there was no significant difference in baseline total score between those clients who completed the CORE-10 at the end of the counselling and those who did not⁹.

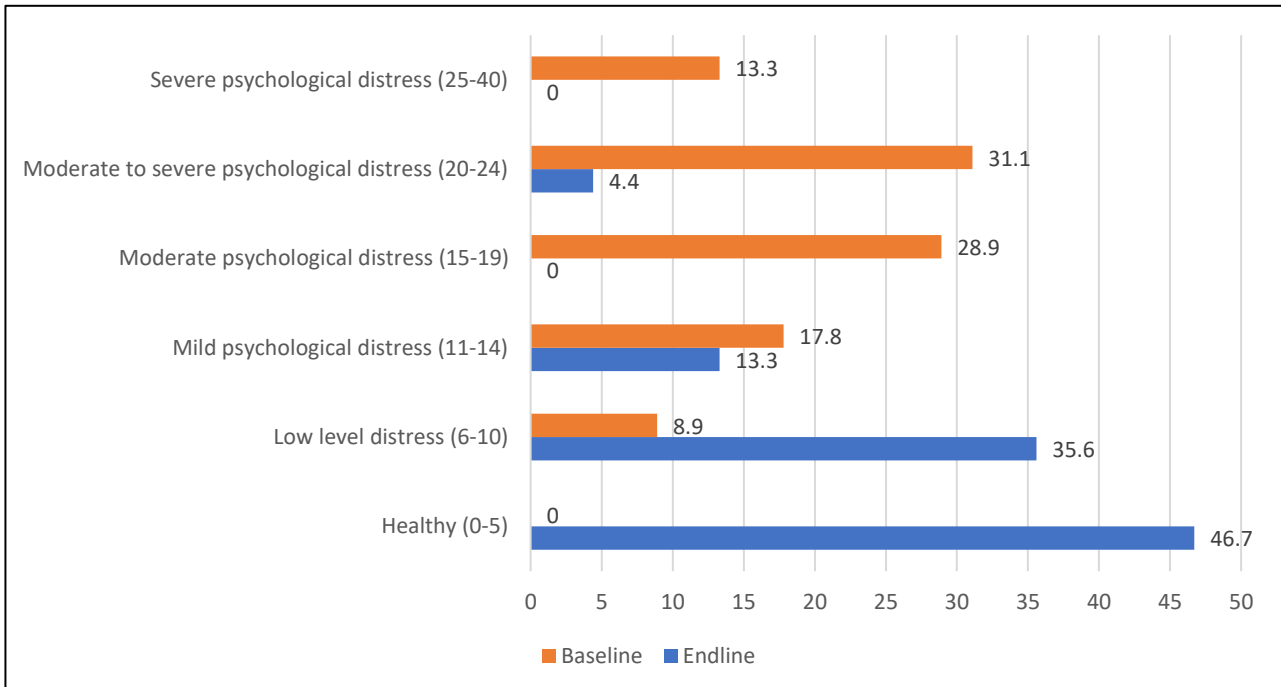


Figure 3. Comparison of baseline and endline CORE-10 total scores (% 45 clients in each category)

⁸ The mean indicates the average score. Scores range 0-4 with a higher score indicating greater agreement with the statement, except for items 2 and 3 where the reverse is true (a lower score indicates greater agreement).

⁹ Mean score for the 67 clients who completed baseline only = 19.51 (sd=5.8); mean score for 45 who completed baseline and endline = 18.24 (sd=5.6). Statistical analysis showed no significant difference (t(110)=1.14, p=.80).

The mean total distress score at baseline was 18.24 (sd=5.6) for these 45 clients, and at endline it was 7.07 (sd=4.8). This indicates a significant reduction in distress over the course of the counselling¹⁰.

When using the CORE-10 to track symptoms over time, a significant change is defined as an increase or decrease of 6 or more points. This criterion is based on the Reliable Change Index. Such changes indicate reliable and significant improvement or deterioration in symptoms¹¹. Analysis of the scores of the 45 Flynne’s Barn clients who completed the CORE-10 at the beginning and end of the counselling showed that in 36 cases the CORE-10 scores decreased by 6 or more points over that period. This indicates that in 80% of these cases there was a significant improvement in symptoms of psychological distress.

Finally, Figure 4 illustrates the changes in responses to individual items over the counselling period.

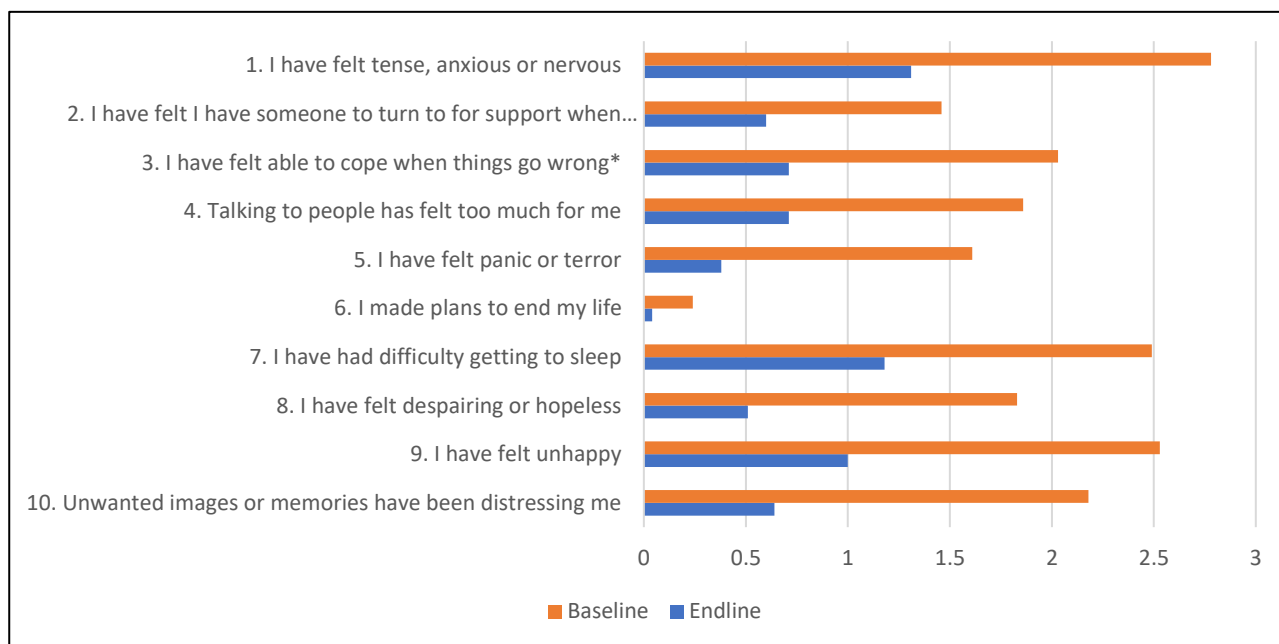


Figure 4. *Mean score on individual items at baseline and endline (N=45).*

It can be seen that all signs of distress had decreased, on average, for these 45 clients. Those which appeared to be most persistent were feeling tense, anxious or nervous, and sleep difficulties, but even these signs of distress had improved considerably.

Client feedback on counselling

Clients who complete counselling are invited to complete an anonymous survey to give feedback on their experience. At the time of writing, 27 clients had done so (between April 2022 and July 2025).

Description of respondents

The ages and genders of the respondents is summarised in Table X. No respondents identified as non-binary, transgender or another gender identity.

¹⁰ $t(44)=11.03, p<.001$

¹¹ Barkham, M., Bewick, B., Mullin, T., Gilbody, S., Connell, J., Cahill, J., Mellor-Clark, J., Richards, D., Unsworth, G. & Evans, C. (2013). The CORE-10: A short measure of psychological distress for routine use in the psychological therapies. *Counselling and Psychotherapy Research*, 1–11. <https://doi.org/10.1080/14733145.2012.729069>

	16-24	25-34	35+	TOTAL
Female	15	5	2	22
Male	3	2	0	5
TOTAL	18	7	2	27

Table 1. Age and gender of respondents

Twenty-four respondents identified as White, with two identifying as Asian/Asian British and one as Mixed/Multiple Ethnic Group. The majority did not describe holding specific religious beliefs, but one specified Islam, one Hinduism and one Christianity. Six of the respondents indicated that they had a disability; these included mobility issues, visual impairment, dyspraxia and autism spectrum conditions. Twenty respondents identified as heterosexual; four as bisexual; two as gay/lesbian and one chose not to answer this question.

Feedback on the counselling service¹²

Respondents were invited to rate the counselling they received at Flynnne's Barn on a five-point scale ranging from 'Very good' to 'Very bad'. All 27 respondents rated it as 'Very good'.

They were invited to describe in their own words what they liked about the counselling, and 26 chose to do so.

Client-focused

The service was said to meet respondents' needs in various ways, including flexibility around when and how often they had sessions and feeling like a safe space in which to explore whatever issues the client chose to. Since clients brought different types of issues to the counselling, the flexibility to adapt session timing and focus was important. Some wanted quick and regular check-ins, whilst others took the opportunity to explore more deep-seated patterns of behaviour and relationships.

I liked that I could book sessions as and when I needed them (for example, I could change weekly sessions into monthly sessions). This helped me make the most of my sessions, so I could test my newly learnt coping strategies in my life whilst knowing I had a counselling session coming up.

The service was very flexible to meet my needs. My counsellor was very professional, understanding and supportive.

The sessions were really helpful and through them I developed skills to cope with the circumstances I was in. The sessions were great at helping me understand my emotions as well as being an outlet to talk and receive additional support. The fact it was free was also amazing, as I would not have been able to afford private counselling.

Skilled counsellors

The skills of the counsellors played a key role in clients feeling that their individual needs were recognised and met. Respondents consistently noted how counsellors created a relaxed space in which they were able to explore issues safely, with no sense of judgement. In addition, they noted the counsellors' skills in exploring the issues raised and supporting the client to find coping strategies and ways of managing issues which were concerning them.

I loved how easy it was to talk to [the counsellor] and she was always friendly throughout. I felt that I had a safe space to talk and never felt any judgement ... From start to finish I felt I was able to open up freely and say how I truly felt and I really do appreciate the help from Flynnne's Barn.

I loved the support that I've received. I've always felt so listened too and never judged. It's been amazing, I can't thank enough.

I really liked how [the counsellor] made me feel when I was talking about what was on my mind. He always made my feelings feel valid and never made me feel silly for thinking in that way. He never

¹² Quotations included in this section are only from those respondents who gave permission for their comments to be used on the Flynnne's Barn website or promotional material.

ever forgot a single thing I talked about and always reflected back on previous sessions which I found extremely helpful. What I found most helpful was how [the counsellor] would highlight potential reasonings for my thoughts that I would never have thought of if it weren't for him. He always let me have control on how I wanted to use the space, and it varied from session to session, however he always took great interest in what I was talking about even if I thought I was talking complete nonsense. I have been to counselling before but I have never felt like I've been able to open up, I felt I built a very strong therapeutic relationship with [the counsellor] and I truly will miss my sessions with him.

Very kind and respectful, very good listener and will take the time for any questions or worries that you have, first time doing this so was a good experience.

Positive change in thoughts, feelings and coping

Counselling outcomes described by respondents included enabling them to process issues and emotions raised by their diagnosis, and identifying strategies to cope with the challenges they were facing.

[The counselling] helped me really understand how I was feeling about [my diagnosis] and also allowed me to feel the emotions just for an hour. This is one coping mechanism that I have learned through this process on how not to push my emotions away and try to face them head on.

Over all I believe this has been very beneficial to my me and my day-to-day life. Now going forward I can face my emotions head on and also put boundaries in place that protect me, and I have realised that sometimes you need to take a step back to be able to take two forward.

The sessions were really helpful and through them I developed skills to cope with the circumstances I was in. The sessions were great at helping me understand my emotions.

I felt open to talking about my feelings and I got told methods and tips that could help me when I was struggling that I still use now.

[My counsellor] has well and truly changed my outlook on certain triggers from my time in treatment and how I can better myself and dealing with triggers and thoughts going forward and I am eternally grateful to him for that.

Other outcomes include feeling more confident and generally feeling better and more able to move forward.

I felt much more confident following sessions and ready to move on in life.

I have noticed how much I have grown from my sessions as well as feeling so much better within myself.

I was in a really bad place and didn't know how to get out. But with the help of [my counsellor] I'm happy and can live my life. I haven't gotten rid of my problems but I have learned how to deal with them. I want to say a massive thank you!

Other issues

Respondents were also given the opportunity to identify anything that could have been improved about the counselling service. Most (26) did not identify any areas for improvement; the only issue raised by one respondent was that they would have liked more of a 'deep dive' into coping mechanisms and how these can help reduce anxiety.

Overall, respondents expressed great gratitude for the counselling service they engaged with through Flynn's Barn.

I can honestly say that my sessions have helped me process things so so much ... This is an amazing charity and the work you do is so valuable and important.

Counselling at Flynn's Barn is supportive, caring and always there for me. Their service felt like a light in the world during tough times.

Conclusions

The overall aim of the Flynne's Barn counselling service is to support and improve the mental health of young people who are living with cancer. This evaluation identified strong evidence that this is being achieved. The psychometric data shows clearly that those clients who complete the CORE-10 at the end of their counselling as well as at assessment (which unfortunately is not the majority) report a significant improvement in their mental health and wellbeing. This is supported by the surveys completed by some clients at the end of their engagement with Flynne's Barn. All gave positive feedback and were able to identify concrete ways in which the counselling had helped them to process and manage their emotions, and find ways to cope with the challenges associated with their illness and treatment. This was attributed both to the skills of the counsellors and to the way that the service is organised, in that sessions are offered in a flexible way depending on the client's needs.

The Flynne's Barn counselling service aims to provide timely responses to referrals, and this evaluation found that this aim was being achieved. Referrals are responded to speedily, and potential clients offered an introductory meeting/assessment within one month in most cases. This is important given that access to specialist mental health services can often involve long waiting times, at a period in young people's lives when they are experiencing acute stress. The service provided by Flynne's Barn is high-quality and well-tailored to the needs of this specific population.

Annex 1. Service responsiveness

Days between referral and first contact

More than two thirds of those referred to the counselling service were contacted within two days. Figure 1 shows that 28 clients were contacted the same day as the referral was made, and 63 the following day. 93% of clients were contacted within one week.

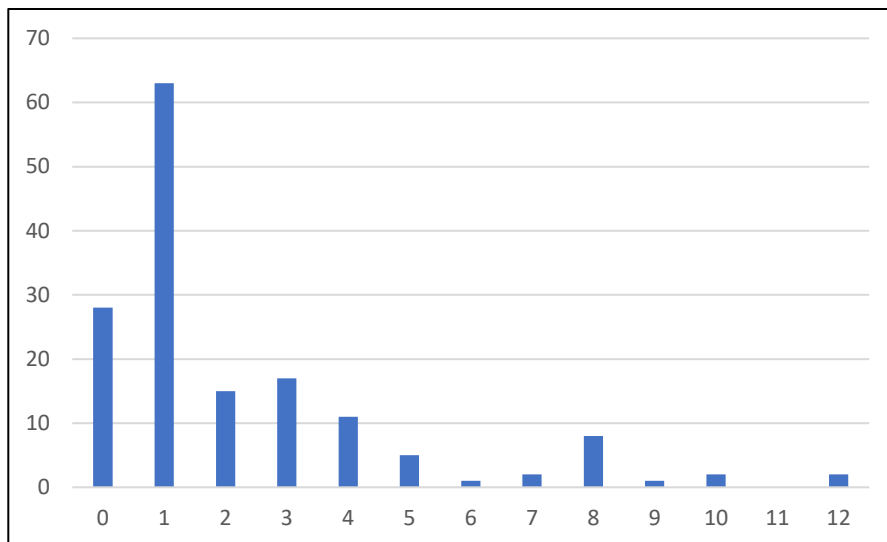


Figure 1. *Days between referral and first contact*

Days between first contact and assessment

In 28 cases the person referred was not assessed. For example, the young person's health had deteriorated, or they had decided against the referral. Of the 123 clients who were assessed, the assessment took place within a week for 37 and within two weeks for 85. The range of time periods between the first contact and assessment is shown in Figure 2. Of those whose assessments took place one month or more after first contact, the time period ranged from 35-162 days. These delays were usually related to ongoing medical treatment or involved working with referrers to support and encourage clients to engage.

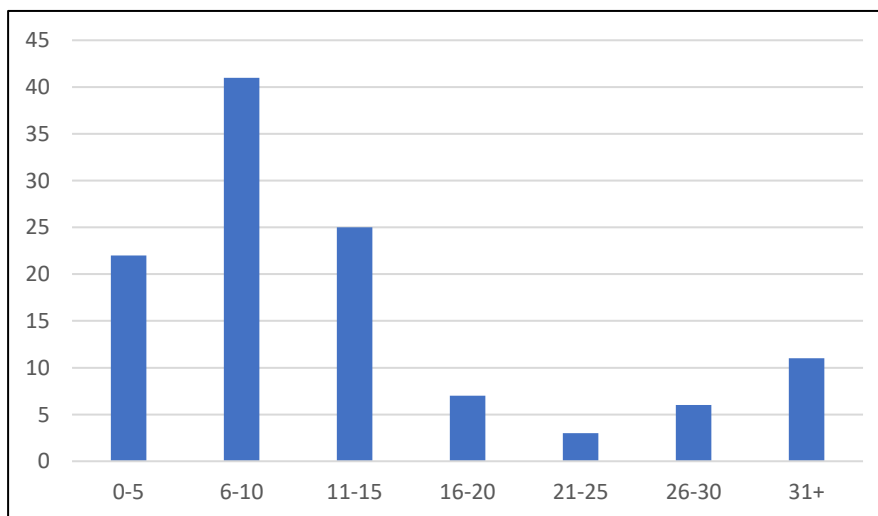


Figure 2. *Days between first contact and assessment*

Days between assessment and first appointment (where appropriate)

Of the 123 clients who were assessed, 13 did not go on to engage with the counselling service further. In some cases they were referred to, or chose to engage with, other services (including private or local counselling, Flynne's Barn residential services, or their GP). The remaining 110 clients did make use of the counselling service. Some did so fairly readily after their assessment (25 within one week and 86 within one month), whilst others waited several months to engage (e.g. because they wanted to complete a stage of treatment or recovery from treatment, or needed longer to prepare psychologically for engaging in counselling).

The range of time periods between the assessment and first counselling appointment is shown in Figure 3. Of those whose first appointment was held one month or more after the assessment, most took place within 70 days of first contact, with two much longer (161 and 377 days).

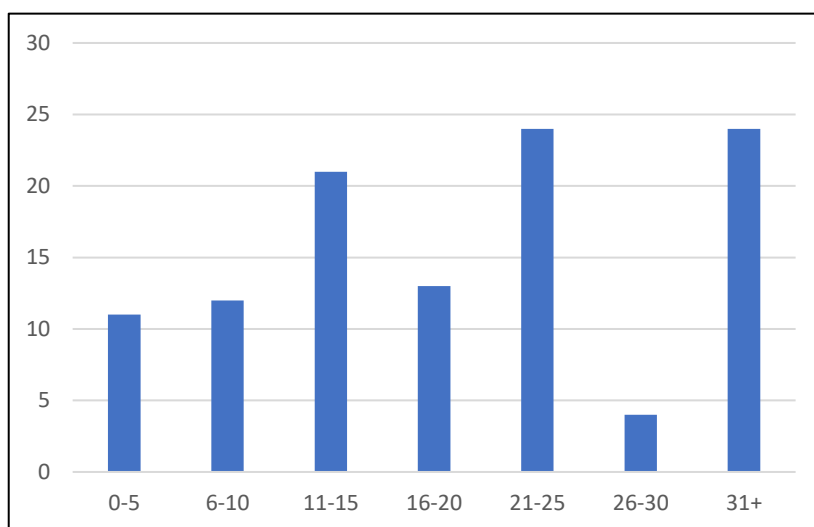


Figure 3. *Days between assessment and first appointment*

Duration of counselling (where appropriate)

In 17 cases, counselling was ongoing at the time this report was written. Some clients engaged in counselling without being assessed because they were re-referred to the service after engaging previously. Therefore, the numbers of clients who engaged in counselling are not directly aligned with those with whom an assessment was conducted. A total of 96 clients had engaged with and completed their counselling at the time this report was written. In five cases only one appointment was held (e.g. because the client was referred elsewhere). Of those who took part in ongoing counselling, the average duration was 91 days (ranging from 4-659 days). The vast majority completed their counselling within one year, and the range of counselling periods is illustrated in Figure 4. In four cases, counselling took more than one year (382-659 days).

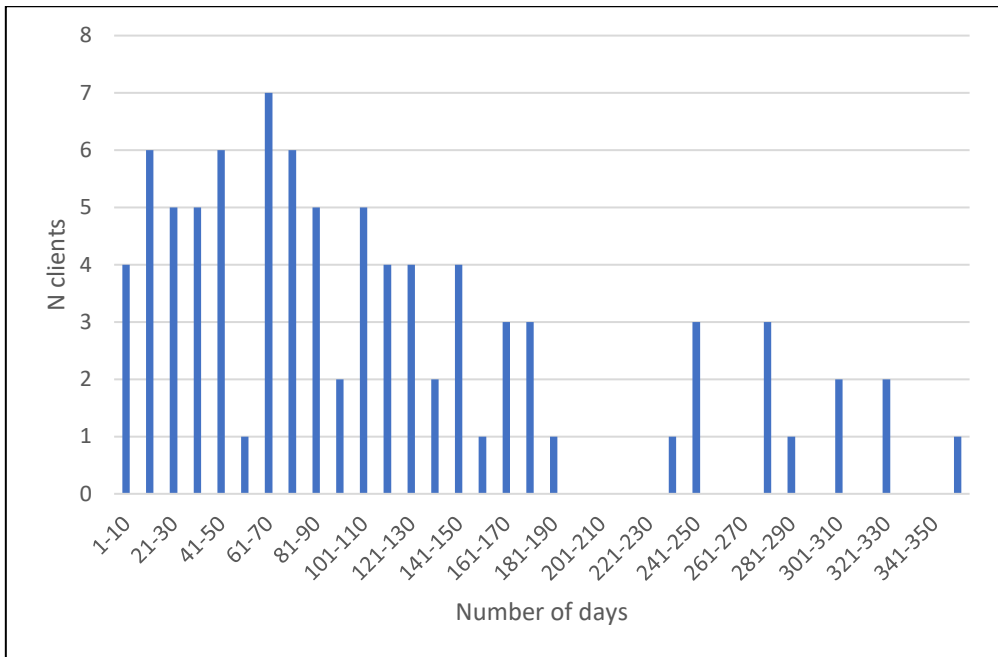


Figure 4. Counselling period

Figure 5 shows the number of sessions clients took part in (based on the 96 who had completed counselling at the time of the evaluation). The average number of sessions was eight, with a very small number receiving 20 or more sessions.

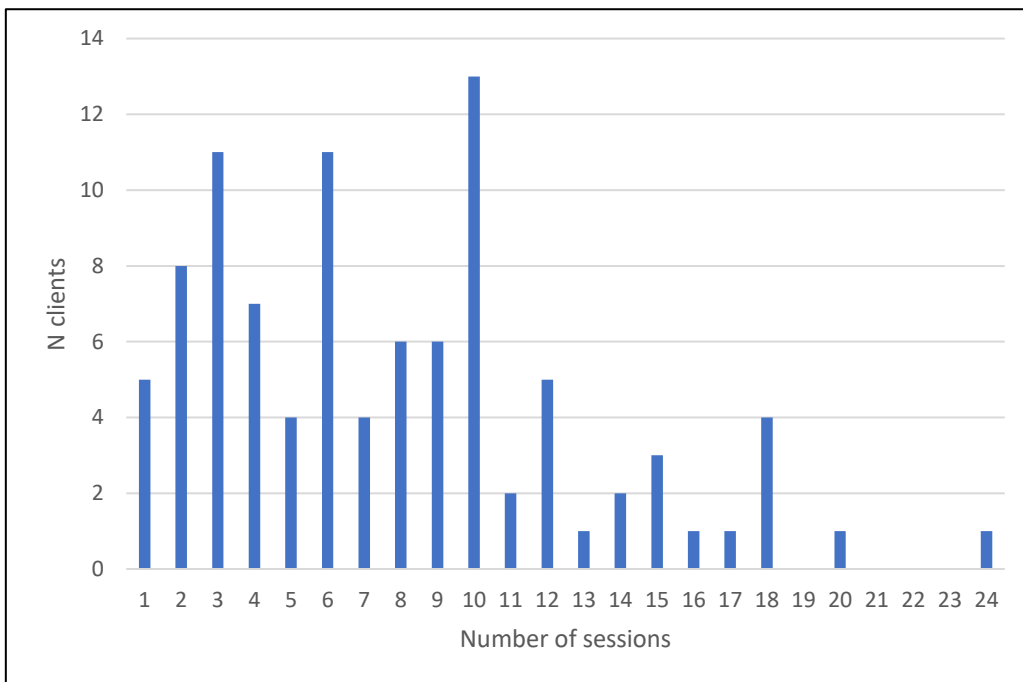


Figure 5. Number of counselling sessions

Annex 2. Summary of CORE-10 data

Table 1. Summary of CORE-10 scores at assessment (N=112)

CORE score	Interpretation	# clients (%)
0-5	Healthy	0
6-10	Low level distress	8 (7.1)
11-14	Mild psychological distress	18 (16.1)
15-19	Moderate psychological distress	34 (30.4)
20-24	Moderate to severe psychological distress	34 (30.4)
25-40	Severe psychological distress	18 (16.1)

Table 2. Comparison of baseline and endline CORE-10 total scores (N=45)

CORE score	Interpretation	Baseline # clients (%)	Endline # clients (%)
0-5	Healthy	0	21 (46.7)
6-10	Low level distress	4 (8.9)	16 (35.6)
11-14	Mild psychological distress	8 (17.8)	6 (13.3)
15-19	Moderate psychological distress	13 (28.9)	0
20-24	Moderate to severe psychological distress	14 (31.1)	2 (4.4)
25-40	Severe psychological distress	6 (13.3)	0

Responses to individual items are summarised below (mean score and standard deviation¹³) to indicate the issues of greatest concern to this population at assessment, and how these changed by the end of the counselling.

Table 3. Summary of responses to individual CORE-10 items at assessment (N=45)

Over the last week ...	Mean score (standard deviation) at assessment	Mean score (standard deviation) at end
1. I have felt tense, anxious or nervous	2.78 (0.9)	1.31 (0.9)
2. I have felt I have someone to turn to for support when needed*	1.46 (1.1)	0.60 (1.0)
3. I have felt able to cope when things go wrong*	2.03 (0.9)	0.71 (0.8)
4. Talking to people has felt too much for me	1.86 (1.1)	0.71 (0.9)
5. I have felt panic or terror	1.61 (1.3)	0.38 (0.7)
6. I made plans to end my life	0.24 (0.7)	0.04 (0.2)
7. I have had difficulty getting to sleep	2.49 (1.3)	1.18 (1.1)
8. I have felt despairing or hopeless	1.83 (1.2)	0.51 (0.8)
9. I have felt unhappy	2.53 (0.9)	1.00 (1.0)
10. Unwanted images or memories have been distressing me	2.18 (1.3)	0.64 (0.8)

¹³ The mean indicates the average score. Scores range 0-4 with a higher score indicating greater agreement with the statement, except for items 2 and 3 where the reverse is true (a lower score indicates greater agreement). The standard deviation indicates the range of responses across the 112 clients, with a larger SD indicating greater variation within clients' responses.