



# Lessons Learned and Policy Recommendation

National Report on the pilot introduction of  
Itinerant Counselling Desk in schools

Bulgaria



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# 1. Introduction

This "**Lessons Learnt and Policy Recommendations**" report for school counselling desks has been developed in the framework of the "**REBOOT NOW – Prevention of Gender-Based Violence in Schools after Lockdown**", project no. 101049567, co-funded by the CERV programme of the European Commission. REBOOT NOW aims at supporting young people who have psychologically suffered because of the pandemic and may have fallen victims and/or witnesses of violence, while raising awareness on teen-dating violence.

More specifically,  
the project aims to:

**Support** recovery of young people from difficulties that have arisen from measures against Covid-19 pandemic, in particular through positive actions that support their well-being and mental health.

**Prevent and combat** gender-based violence among young people by supporting their psychological well-being through an evidence-based replicable service, with their active engagement.

**Create** an itinerant counselling desk for the psychological recovery of students, school staff and families.

**Build capacity** of school staff and families in the prevention and identification of cases of teen dating violence and gender-based violence among young people.



The **project consortium** consists of six organizations from five countries **CESIE** (Italy), **KMOP** (Greece), **"Hope For Children" CRC Policy Center** (Cyprus), **ZRS Koper** (Slovenia), **ANIMUS Association Foundation** (Bulgaria) and **Fondazione Hallgarten-Franchetti Centro Studi Villa Montesca** (Italy).

This report presents the national implementation of an **itinerant counselling desks** in Bulgaria, which was running in the period from **November 2022 to June 2023**, thanks to the work of **"Animus Association" Foundation (Animus)** with a local team of service providers (psychologists and social workers) in four first-grade secondary schools (1st Secondary School "Pencho Slaveikov", 7th Secondary School "Sveti Sedmochislenitsi", 29th Secondary School "Kuzman Shapkarev" and 202nd Primary School "Hristo Botev" ). The Desk is implemented as an innovative, pilot service for community work as part of the Community Support Centre for children victims of violence "ProtectionsZone", managed by Animus.

Particularly, as a way to draft Animus' "lessons learnt", this report will firstly present the different ways in which the "pilot" desk was implemented in Sofia, adding some elements of evaluation based on the different levels of assessment which were created over the course of the project for the users' feedback, service providers and supervisors' view. Secondly, on the basis of the different experiences collected, the report will draft some recommendations for policy makers and other stakeholders willing to apply the REBOOT NOW itinerant counseling desk's model in other contexts, thus ensuring the sustainability of the project.

## 2. The REBOOT NOW itinerant counseling desk

### 2.1 Idea and rationale

The COVID-19 pandemic started in 2020 has worsened social issues across the EU. Children in particular have suffered from disruptions in schooling, social isolation, prolonged periods in closed family settings and inaccessibility of support service (such as victim/mental health support), and have been affected in many ways: online and family violence, psychological distress, disrupted eating, sleep and hygiene habits, changes in behaviour and lack of interest in schoolwork and in relationships, to name a few. Already-struggling young people from marginalized backgrounds (migrants, refugees, ethnic and religious minorities, people with disabilities, LGBTQIA+ youth etc.) were even at higher risk of psychologically suffering from the pandemic. In particular, because of the little to no social interactions during the COVID-19 period, except with the closer family or communication mediated by digital tools, "COVID-era teenagers" saw their social and emotional skills affected, in the key moment when first relationships with peers, even intimate ones, would begin.

Deriving from this, the REBOOT NOW project started from the idea to address these emerging challenges from the COVID-19 pandemic concerning children's wellbeing, mental health and safety in general, but particularly their increased exposure to gender-based violence (GBV) and the foreseeable difficulty to create safe/healthy relationships. In order to strengthen existing psychological support mechanisms in participant countries, the project has focused on the objective of preventing and addressing teen-dating violence by developing a practical and **concrete pilot intervention** in a form of itinerant counselling desks with online access point in elementary and secondary schools. Specifically, the REBOOT NOW itinerant counselling desks has targeted:



**Children aged 10-14**, including children from marginalized backgrounds as they have been disproportionately affected by COVID-19 pandemic and related measures taken by governments. The choice to focus on children in early adolescence was made because in this critical age they initiate their first intimate relationships, thus raising awareness on gender equality may be more effective.



**School staff and educating community**, who can support young people in building healthy relationships far from GBV and restoring their wellbeing/sociality, while promptly responding to violence cases when occurring.



**Families and caregivers**, who have been put under pressure in multiple ways by Covid-19 measures and will thus particularly benefit from chances to cooperate with schools and to be supported in their parental role.

Before creating the national itinerant desks, in all partner countries representatives from the schools selected (including school directors, teachers and educators, representatives of students and families), public entities supporting the project and relevant stakeholders operating in the field of education or social services were invited to attend some "**national meetings**", aimed at analyzing each country context, building a common understanding around the need of supporting children's wellbeing and mental health in schools, with a particular attention to GBV, and at agreeing on the specificities that each desk would have been in each country. The result of these meetings was the signature of **6 Protocols of Cooperation**, gathering together all the parties involved at national level and defining the functioning, specific procedures and policies, including Child Safeguarding policies, as well as sustainability ideas for each itinerant desk.

In parallel, always to better frame the starting point of the REBOOT NOW action, partner organizations implemented also a **baseline data collection** among children from the participating schools, with the aim of gathering data about the feelings and emotions experienced during the pandemic, the needs they were facing, as well as the availability and eventual access to existing help services, in schools or outside, where these were already available. A specific **Comparative Baseline Data Collection** report was published in January 2023, analyzing all results collected in the implementing countries – available at this [link](#).



Also, part of the ignition phase was constituted by the recruitment of the "service providers", the professional figures who were employed in each desk. Namely, a minimum of three professionals (psychologists, pedagogists, social workers) per country were recruited and received a one-week training, at national level, on methodologies and tools for responding to the increased need of a psychological support caused by the pandemic; restoring children's wellbeing and sociality, and promptly preventing and responding in case violence occurs; as well as on the management and monitoring of the online and offline desks. Likewise, the training was specifically aimed at creating local adaptations to the REBOOT NOW desk model, designed by the partnership at EU-level, together with the professionals who would work on them. In addition, all national desks implemented a service of supervision for their service providers, operated by other psychologists.



## Desk organization in Bulgaria

The aim of the itinerant counselling desk is to fill a significant gap in the care of children's mental health and emotional well-being in Bulgarian schools. As the service is innovative and pilot, four schools with different profiles were selected to observe different environmental factors that support or hinder the work of the itinerant counselling desk, namely:

### First Secondary School (1SS)

**First Secondary School (1SS)**, located in the city center of Sofia. It is one of the largest schools and has 1080 children from 1st to 12th grade. There are 2 to 4 classes in each grade of about 25 children. There are more girls than boys. Migrant children also study in the school. The school has only one school psychologist who has been working there for 13 years.

### Seventh Secondary School (7SS)

**Seventh Secondary School (7SS)**, located in the city center of Sofia. It is one of the largest schools and has 1330 children from 1st to 12th grade. There are more girls than boys as there are classes with only 3–4 boys. The school has 19 children with special educational needs. The school has a team of 3 psychologists, a speech therapist and a resource teacher that provide different forms of emotional support to children.

### Twenty Ninth Secondary School (29SS)

**Twenty Ninth Secondary School (29SS)**, located outside the center of Sofia and has 300 children from 1st to 12th grade. The school has children of different ethnic backgrounds. The school has a psychologist who deals with children with special educational needs, but is also available to advise children and parents on various issues.

### 202nd Primary School (202PS)

**202nd Primary School (202PS)**, small school in the village of Pasarel in the Sofia region. There are 50 children studying there. They have one psychologist who performs various functions. The school is included in the project because of its high motivation. Working there will help us to get an idea of how suitable the Itinerant counselling itinerant counselling deskHelp-desk model is for schools in rural regions where psychological support is limited.





In Bulgaria, Animus did significant preparatory work before the launch of the itinerant counselling desk. Once a team of four psychologists was created and trained (one-week intensive training and weekly follow up seminars), several meetings were held in each school with the directors and school psychologists, giving the team the opportunity to feel the atmosphere in each school. Also, meetings were held with all school psychologists already working in the selected schools, to discuss as between colleagues what were the current needs and problems in school and what were the opportunities for psycho-emotional support for children.

Thus, since November 2023, **spaces** for the itinerant counselling desk in each school were organized, labels for the itinerant counselling desk and boxes for anonymous feedback were prepared, and work schedules were specified. The Itinerant itinerant counselling desk was available for individual counselling sessions **four hours per week** in each school. The team was ready to provide more hours in case there were more requests. The timetable of the itinerant counselling desk was aligned with the school timetable in each school. Two of the schools work on a two-shift system. Individual counselling hours were provided immediately after school hours. Group work, when requested by teachers, took place in addition to these hours during the school day.

A special effort was made to let potential users of the Desk (students, parents and teachers) know about it. Information **posters** were placed in each school, **leaflets** were distributed, and **Facebook pages** were created for the Desk (for each school). All materials contain a QR code or link that takes potential users to the project website and the on-line booking system. The team of psychologists was invited to visit all the classes and introduce themselves to the students. Counsellors were able to join parent meetings and introduce parents to the Desk and how to access it. They also attended the teachers' councils meetings where they motivated teachers to refer children to the service but also to approach the psychologists for group interventions in class and use them to consult on various issues.

Last but not least, a **Declaration of Informed Consent** was prepared for parents to allow their children to use the service. It was explained to parents that it was possible for students to visit the Desk spontaneously or referred by a teacher or school psychologist. After the first meeting, parents would be informed (not braking to confidentiality) and would give their consent for their child to continue seeing the psychologist.

**The Itinerant Counselling Desk was launched in all four Bulgarian schools in November 2022.**

## 2.2 The starting point

To better frame the starting point of the REBOOT NOW action, Animus implemented a **baseline data collection** among children from participating schools, about **the feelings and emotions experienced during the pandemic, the needs they were facing**, as well as the **availability** and **eventual access to existing help services**, in schools or outside, when available. A total of **266 children** participated in the survey (65 from 1st School, 106 from 7th School, 85 from 29th School and 10 from 202nd School), offering the Bulgarian local team a general picture of **children and adults' emotional status** during the Covid-19 pandemic, **gender-based violence** incidence, availability and access to **already existing counselling support services at school**, and **children's needs** related to these topics.

Particularly,  
it emerged that:



Most of the children from the selected schools in Bulgaria have had **negative experiences** due to the pandemic lock down. They experienced anger (**55%**), negative thoughts (**65%**), loneliness (50%) and anxiety (**49%**).

Most children (**36%**) say they have witnessed **different forms of violence** or **gender-based violence at school**. Between **13%** and **19%** of all children had experienced sometimes, often or very often bullying, or gender-based violence.

Very few of them had **approached a teacher (7%)** and even fewer had approached a **psychologist (3%)**. Just over 50% of children do not know who can help them at school if they are sad or concerned or victims of violence. **Over 80%** do not know existing services that can provide help and support to children/youth that may experience incidents of violence or abuse.

The data showed that there was a serious need to **increase knowledge about psychological support in schools**, which would enable more children and families to access psychological support and take care of their mental health.



### 3. Lessons learned

#### 3.1 Methodology for monitoring and evaluation

In order to monitor the work of the itinerant counselling desk, as well as to measure and compare the results in all countries in the project, a **Monitoring and Evaluation Protocol** was developed. It includes the following tools:

- ✓ **Anonymous feedback forms** for individual sessions and group activities provided by beneficiaries (Feedback Questionnaire for desk users and Event evaluation forms for group activities)
- ✓ **File monitoring log** filled in by service providers
- ✓ **SWOT analysis** with service providers
- ✓ **Feedback** from supervisor

The data showed below in the next section are taken from these forms, which are however confidential and would not be attached to this report.



### 3.2 Itinerant counselling desk users

**In total, 150 people benefitted from the REBOOT NOW project in Bulgaria.**

**46 children** benefited from the itinerant counselling desk. 19 of them were boys and 27 were girls.

The table below shows the number of children from each school.

School (No. of students in the school)	Boys	Girls	Other	Total
<b>1 School (1080 students)</b>	1	2		<b>3</b>
<b>7 School (1330 students)</b>		4		<b>4</b>
<b>29 School (300 students)</b>	4	4		<b>8</b>
<b>202 School (50 students)</b>	14	17		<b>31</b>
<b>Total</b>	<b>19</b>	<b>27</b>		<b>46</b>

Additionally, **88 parents** benefited from the itinerant counselling desk, of which 70 parents contacted the itinerant counselling desk for individual counselling, 18 were involved in a workshop. More mothers (68) used the service than fathers (20).

The table below shows the number of parents from each school.

School (No. of students in the school)	Men	Women	Other	Total
<b>1 School (1080 students)</b>		2		<b>2</b>
<b>7 School (1330 students)</b>	10	32		<b>42</b>
<b>29 School (300 students)</b>	1	1		<b>2</b>
<b>202 School (50 students)</b>	9	33		<b>42</b>
<b>Total</b>	<b>20</b>	<b>68</b>		<b>88</b>

**16 teachers** approached the itinerant counselling desk as well.

The table below shows the number of teachers from each school.

School (No. of students in the school)	Men	Women	Other	Total
<b>1 School (1080 students)</b>		4		<b>4</b>
<b>7 School (1330 students)</b>		5		<b>5</b>
<b>29 School (300 students)</b>		3		<b>3</b>
<b>202 School (50 students)</b>		4		<b>4</b>
<b>Total</b>		<b>16</b>		<b>16</b>

For each school, the total users are as follows:

1st Secondary School								
Users	Age			Gender				Total
	9–11	12–14	15–18	M	F	Other	N/A	
Children		2	1	1	2			3
School staff	4				4			4
Parents	2				2			2
Total	9							

7th Secondary School								
Users	Age			Gender				Total
	9–11	12–14	15–18	M	F	Other	N/A	
Children			4		4			4
School staff	5				5			5
Parents	42			10	32			42
Total	51							

29th Secondary School								
Users	Age			Gender				Total
	9–11	12–14	15–18	M	F	Other	N/A	
Children	1	3	3	3	4			7
School staff	3				3			3
Parents	2			1	1			2
Total	13							

202nd Primary School								
Users	Age			Gender				Total
	9–11	12–14	15–18	M	F	Other	N/A	
Children	14	17		14	17			31
School staff	4				4			4
Parents	42			9	33			42
Total	77							

The itinerant counselling desk offered individual counselling sessions and group work in class. The main mode of work in most schools was individual counselling. In 202 Primary School the preferred form of work was group work as the school and the community are very small and there was a fear of stigma due to seeing a psychologist individually.

A distinction should be made between a **one-time visit out of curiosity** and a **one-time visit due to the fulfilment of the request** within a single consultation. There was only one visit out of curiosity. Parents are more likely to use one-time consultations and make more quickly decisions about a particular problem. Children are more likely to stay for more sessions. All beneficiaries approached the itinerant counselling desk with specific requests and not because of curiosity about what it was like to see a psychologist.

Each individual and group session lasted **40 minutes** as is the length of one school hour. This was necessary in order to match the work of the itinerant counselling desk with the school timetable.

The following activities were implemented aside from the individual counselling itinerant counselling desks:

✓ **2 workshops for parents on parenting during early adolescence in 7th Secondary School.**

The workshop focused on age crises and conflicts with parents, behaviour problems, first experimentation with alcohol and drugs, first sexual encounters, dependence on devices and online risks, mood swings, anxiety, stress, isolation, etc.

✓ **In 202 Primary School regular group work with students was implemented on how to recognize emotions in ourselves and in others and how to manage them;**

healthy coping strategies in different life situations; skills for effective communication and coping in conflict situations; building self-esteem through identifying strengths; getting to know our body and how it responds to different emotions; what is a crisis situation; using internal and external coping resources; what is school bullying and how to recognize it; what is physical and verbal aggression and how to counter it; definition of mental health, etc.

✓ **In 202 Primary School, 4 group sessions with parents were organized**

on supportive and positive parenting.

### 3.3 Interpretation of the collected data

The following section contains the analysis of the feedback received by users and services providers from the activities detailed above.

#### 3.3.1 Users' views

##### INDIVIDUAL CONSULTATIONS

**41 users completed the questionnaire.** Users were asked to fill in an anonymous feedback form and to leave it in a box at the door of the itinerant counselling desk. They were given a free choice whether to do it and when to do it. Most of them did it at the end of the contact after the fourth session.



The data per school is as follows:

1st Secondary School				
	Good	OK	Bad	Total
How was it talking to the psychologist?	3			3
	Yes	Not Sure	No	Total
Would you like to come back and see one of the psychologists again?	3			3
Would you tell someone close to you to visit the service?	3			3

7th Secondary School				
	Good	OK	Bad	Total
How was it talking to the psychologist?	8	1		9
	Yes	Not Sure	No	Total
Would you like to come back and see one of the psychologists again?	9			9
Would you tell someone close to you to visit the service?	9			9

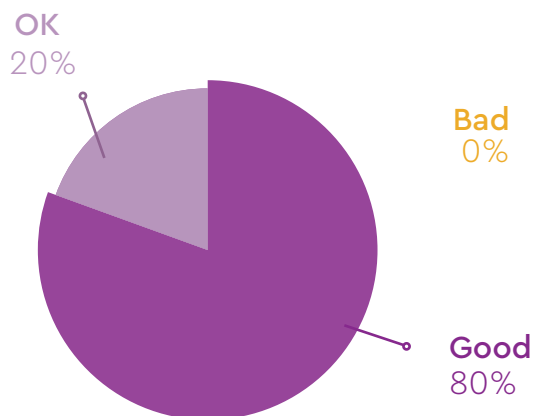
29th Secondary School				
	Good	OK	Bad	Total
How was it talking to the psychologist?	5			5
	Yes	Not Sure	No	Total
Would you like to come back and see one of the psychologists again?	4	1		5
Would you tell someone close to you to visit the service?	4	1		5

202nd Primary School				
	Good	OK	Bad	Total
How was it talking to the psychologist?	17	7		24
	Yes	Not Sure	No	Total
Would you like to come back and see one of the psychologists again?	14	7		24
Would you tell someone close to you to visit the service?	17	3		24

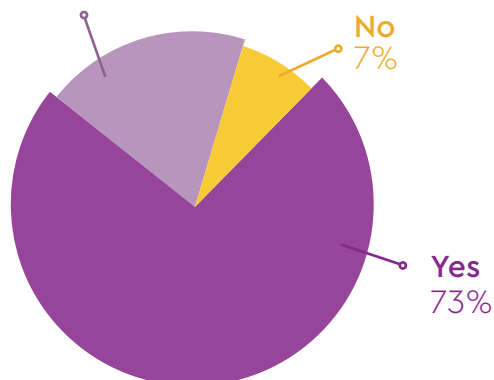
Per all involved schools as total, the data is as follows:

### How was it talking to the psychologist?

When asked “How was it talking to a psychologist?” **80%** of users said they felt good. They explain that they felt understood, they were able to share their story, they found out what their problem was, they found other solutions and perspectives to their problems, they felt that there was someone to listen to them, they received advice, etc. **20%** have an undefined opinion. They said that it was difficult to talk, they did not like some questions.



Not sure  
20%

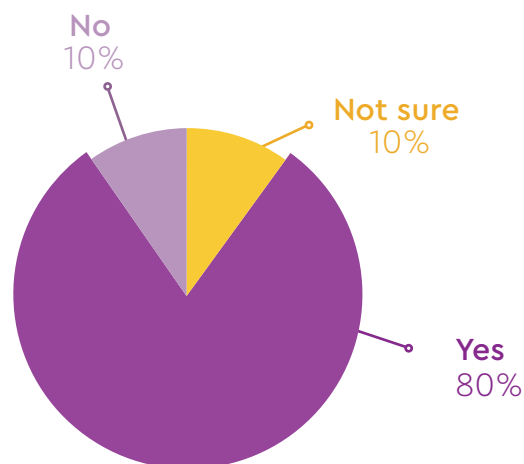


### Would you like to come back and see one of the psychologists again?

The majority of respondents (**73%**) said they would see a psychologist from the Help-desk again. **20%** were unsure and **7%** would not seek psychological help again. The latter was indicated by few of the youngest service users aged 10-11.

### If someone close to you has a problem similar to yours, would you tell him/her to visit helpdesk service?

**80%** of respondents would recommend the service to a close person, indicating a high level of satisfaction and trust. Only **10%** were unsure. **10%** would not recommend it. These were the few youngest users aged 10-11 who did not seem to feel ready for psychological counseling in an individual format.



When asked if there anything they would like to share or comment about the helpdesk, beneficiaries responded with the following (information is summarised):

-Thanks for the quickly organized meeting

-Gratitude for appropriate advice

-Satisfaction that such a service exists at school

-It is very good that the service is autonomous as this ensures neutrality and confidentiality

- Felt understood and relieved

- They like that they can seek assistance at any time

- They like that they can express their opinions freely

- Some have just wanted to see what is to visit a psychologist and are surprised that it is not scary







### 3.3.2 Service providers' views

**The following typology of cases observed were identified from the monitoring logs:**

Students	<p>Students had the opportunity to benefit from short-term counselling for about 4 sessions. Some of the children visited the itinerant counselling desk once to get more information about its work. Most often, students were referred by school psychologists or teachers because of misbehaviour, relationship problems and because of risky behaviour. In the course of the counselling sessions, major themes emerged related to changing relationships with parents in adolescence, loneliness, and risky coping mechanisms. Other children were counselled regarding issues related to their relationships with peers and family, social pressures, romantic relationships, loneliness, and emotional neglect. Psychologists from the itinerant counselling desk also worked on several high-risk cases of teenagers with suicidal thoughts and depressive symptoms as a result of experiencing losses of significant others. Work on three cases continued at the Community Support Centre for children victims of violence "ProtectionsZone", managed by "Animus Association".</p>
Parents	<p>Parents asked questions related to their child's experiences at school, their lack of motivation in the learning process, relationships with classmates, but also difficulties in family relationships and how to communicate with "difficult" parents. Parents were consulted in relation to their children's problematic adaptation to a new class, developmental issues, children's reluctance to attend school, and concerns around academic performance. Themes related to conflicts between parents emerged in depth. In 202nd Primary School Parents received counselling on basic parental such as their ability to give constructive feedback to their children without using aggression; how to talk to their children about different "taboo" topics such as sexuality and death, etc.; how to understand, accept the differences and difficulties their children have; where and how to seek psychological support, speech therapy, pedagogical and social help.</p>
Teachers	<p>Teachers approached the itinerant counselling desk with questions related to student relationships in the classroom, cases of school bullying, challenges in teacher-student relationships. Teachers were also consulted about specific children with problematic behaviors. Some of the issues that worried teachers were related to fatigue and burnout due to overwork or personal problems in their families.</p>

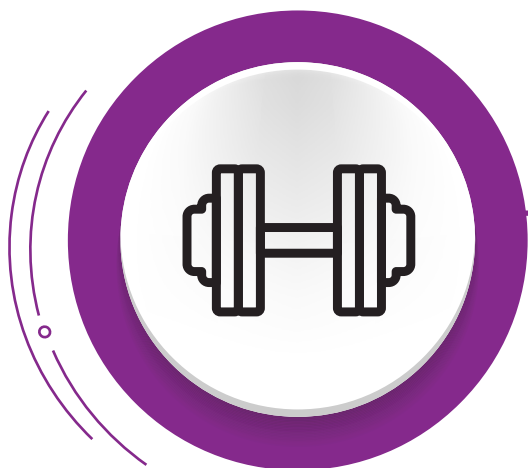
According to psychologists, the itinerant counselling desk facilitated the access to psychological support for students where their confidentiality was guaranteed. Children felt more comfortable talking to someone who did not belong to the school system. They felt at ease when they talked to a friendly adult because at home their parents were too busy to pay attention to their emotional issues. The itinerant counselling desk was recognized by the students as a place where they can freely share concerns related to their classmates, parents and teachers. Students shared that they were embarrassed to talk about these topics with the school psychologists, because they accepted them as part of the school system.

Parents recognized the itinerant counselling desk as a place where they can get support on issues related mainly to children's academic difficulties, such as attention issues, lack of motivation to go to school, decreased performance, and also how to support their child in the learning process. Other parents sought support for specific situations related to problematic behaviors. Parents were consulted on how to improve communication with their children and how to talk with them about "taboo" topics (such as death and sex). Parents also shared their experiences of guilt, anger and helplessness and felt supported in their parenting role. Majority of the parents were reluctant to engage in long-term elaboration of the situations they shared.

The itinerant counselling desk provided also safe space, which generally does not exist in schools, for teachers where they can talk about their insecurities and fears related to their professional role. They could safely share with an external expert, their problems both in the classroom and in their families. Most teachers shared that they were embarrassed to talk to someone from school about their professional problems, because they can appear incompetent or their personal problems may reach colleagues or the school director. The itinerant counselling desk was a good alternative for teachers to receive psychological support on professional and personal difficulties.

Students, teachers, and parents felt comfortable during their sessions provided by the itinerant counselling desk. At the beginning, some of the children were concerned about the presence of a video camera in one of the schools or the uncomfortable conditions at another. As the work progressed, they gradually calmed down and developed a trusting relationship with the consultants. Beneficiaries benefited from the provided space to express their difficulties and their emotions and had the opportunity to think together with the psychologists about how and what they could change. Some of the clients of the itinerant counselling desk wanted to continue the communication on topics other than those they had initially. This could be considered as positive feedback. Few of the students who were assessed at high risk were referred to Animus services for longer psychological work.

Taking into account the different **types of activities** proposed in the 2 schools in Palermo, Italy and the **typologies of cases** which emerged from the desk's users, the following SWOT analysis can be drafted on service's providers experience providing interesting insight for learning:



## STRENGTHS

The itinerant counselling desk is built on the practice and experience of Animus Association in providing services to children and families at risk.

Psychologists working for the itinerant counselling desk are among of the best professionals in the field.

Team is motivated to implement their knowledge in a different context.

Regular supervision is available.

Strong team work.

Regular training workshops for the team on various topics such as: 'Therapeutic space for recreating the child in the parent's mind'; 'Family and school' 'Suicidal behavior', 'Eating disorders', etc.

## WEAKNESSES

Difficulty fitting the itinerant counselling desk schedule within work with other clients at Animus.

Rapid adaptation to a new way of working where there is no prior case discussion.

On most cases there is a lack of preliminary information.

Difficulties and technical problems with the booking system.

Work overload.

Disappointment that in some of the schools the sessions are not booked and the psychologists sit and wait alone in the room. Feelings of uselessness and that psychological work is not valued.

Working in a new format and with new type of clients brings different subjective experiences for the consultants such as tension, stress, confusion.







## OPPORTUNITIES

Opportunity to change attitudes towards mental health among students.

Providing accessible professional service at schools.

Supportive school authorities in some schools

Getting to know new colleagues – school psychologist. Understanding more about their work.

Good communication with new school psychologists.

Building sustainable partnerships with some of the schools

More people (parents and teachers from all schools) learn about Animus and the services that we provide.

More children (students from all schools) learn about Animus and the services that we provide.

Strengthen the professional image of Animus.

Help more people to understand what the psychological counselling is and decrease stigma about psychologists

## THREATS

Resistance to let external experts to work in the school.

The itinerant counselling desk is not a priority in the agenda of the schools

Resistance of schools to be involved in new activities, especially those related to mental health.

Some parents have fears and prejudices about activities implemented by NGOs.

The word "gender" in the name of the platform creates negative reactions by some parents as it has strongly negative connotation in Bulgaria. School directors and teachers are also very cautious about it, as they would like to avoid conflicts with parents.

More adults (parents and teachers) than children are interested in the service.

At the same time, they do not understand well the work of the itinerant counselling desk. Some parents insist children to meet psychologist by force. Other parents do not agree their children seeing a psychologist regardless of their needs.

Teachers refer students to the itinerant counselling desk as punishment of misbehavior.

No time for group work with students as their curriculum is fully booked.

Schools are overcrowded and do not have suitable space to provide to the itinerant counselling desk.

Risk of competition or overlapping with school psychologists.

Too high expectations towards the itinerant counselling desk. Mostly expectations were for a rapid effect on improving school discipline and academic performance.



### 3.3.3 Supervisors' views

Group supervisions were organized on a weekly base. Each supervision lasted 90 minutes and experts had the possibility to supervise their clinical work and group interventions, but also issues related to the organization of the service.

The following issues related to the implementation of the service were supervised:



#### **Provision of the service:**

- Work with suicidal adolescent
- Communication with the child protection system
- Deviant behavior in adolescents
- Teachers' difficulties to organize the learning process, to establish classroom rules, to motivate students
- Communication with parents



#### **Methodological problems:**

- Brief therapy in 4 sessions
- Organizing anonymous feedback



#### **Organizational and logistical problems:**

- Dealing with confidentiality in school context
- Unsuitable premises for the itinerant counselling desk
- Mistrust and lack of co-operation from school authorities;
- Limited access to school classes

### **Conclusions and recommendations related to the supervision**

Supervision is a professional standard in psychological counselling. As far as the service is innovative, much of the efforts were dedicated to establishing it in a school setting. For this reason, supervision was not just about working directly with clients. Methodological and logistical issues that had influence on clinical work were an important part of it.

Supervision is very important when a new counseling service is created in an out-of-clinic context. Thanks to the supervision, professional standards were ensured as much as possible. Best solutions were identified on how to overcome obstacles to meet professional requirements.







### 3.4 Conclusions

#### 3.4.1 What we have learnt – Barriers and recommended solutions

The Itinerant counselling desk is an innovative and very relevant service for Bulgarian schools. It builds on the existing psychological support and complements the work of school psychologists. The service is particularly useful for schools where there is not enough psychological support. These are, on the one hand, schools with many students (over 1000) or schools in more isolated regions where there is a lack of competent psychological staff.

**Supportive school authorities who consider emotional well-being of students as a priority.** The success of the itinerant counselling desk depends very much on school authorities and their attitudes to children's mental health. Where these issues do not receive enough attention, the itinerant counselling desk had difficulties to gain a proper place in school life and to be well promoted to children, teachers and parents. All school directors say emotional wellbeing of students is important issue, but not all of them are concerned about the emotional needs of children at this age and not all take responsibility and invest effort in this area. In order for the itinerant counselling desk to work well full support, excellent communication and co-ordination with school authorities are needed.

**Promotion of the service among all possible users – students, parents and teachers.** This should be done systematically by using different communication channels. Good promotion of the itinerant counselling desk among different groups of potential users was ensured through the dissemination of posters, leaflets, information on the schools' electronic systems, and meetings with teachers and parents councils, which had proved to be a key factor in ensuring access to the service. The presence of the itinerant counselling desk in the school should be announced on a regular base. For children, the most effective communication channels are interactive events, such as the Mental Health Festival, which involve them emotionally in discussions on mental health issues. For parents, participation in parent-teachers' meetings is very helpful, because they can ask questions and receive the information they need. For teachers, it is important that the itinerant counselling desk is visible and available and responds quickly to their requests.

Last but not least, **collaboration with school psychologists** is very important, as a lot of the referrals come from them.

### 3.4.2 Systemic barriers

We identified the following systemic constraints:

- ✓ Care about the mental health and wellbeing of students is not a priority in the Bulgarian educational system.
- ✓ Schools consider they do not need the Itinerant counselling desk. They consider the work of school psychologists sufficient even though they are engaged in various activities and have very limited time for psychological work – counselling and group interventions.
- ✓ Schools are too busy with various extra activities and are not always welcoming the Itinerant counselling desk.
- ✓ Schools are overcrowded and unable to offer suitable spaces for individual counselling that meets the criteria of confidentiality and quietness or proper spaces for group work outside the classroom. We had to make compromises in this respect and worked within the possible provided conditions.
- ✓ Lack of budget for more psychological work in schools.

### 3.4.3 Additional barriers to utilization

- ✓ School authorities are very cautious about letting external experts in school.
- ✓ Gender terminology and all issues related to gender and sex education make parents and teachers extremely suspicious
- ✓ Students are not able to identify or neglect emotional issues; their emotional culture is quite low; they are ignorant about the help they can expect from a psychologist.
- ✓ There are negative attitudes, shame and fears among students regarding psychological help.



### 3.4.4 Positive outcomes and best practices

✓ The Itinerant counselling desk was established in 4 schools as innovative service contributing to the mental health and the emotional wellbeing of students after the COVID crisis.

✓ For the period November 2022 – June 2023 46 students, 88 parents and 16 teachers were supported through individual and group sessions.

✓ The preliminary base-line survey with 266 students showed their difficulties during and after the COVID epidemic, their experiences of school bullying including gender-based violence, and their lack of competence regarding psychological support. It served as evidence for the need of additional psychological support at schools.

✓ The Well-being festival, promoted the itinerant counselling desk among students in an interesting and entertaining way. It was the most appropriate communication channel targeting students. 610 students were reached by the messages of the festival.

✓ Youth Advisory Board members served as ambassadors of the itinerant counselling desk in each school.

✓ Participation in parents-teachers' meetings was an opportunity for parents to overcome their prejudices, to receive more information and to meet in person the experts from the itinerant counselling desk.

✓ The itinerant counselling desk was flexible and offered different forms of support in different schools. Individual counseling sessions were preferred in the schools in Sofia and group work was preferred in the school in the small community near Sofia.

✓ The itinerant counselling desk filled a gap in supporting teachers in schools by providing emotional support which generally does not exist for them.



## 4. Recommendations

### 4.1 Policy recommendations

Based on the Bulgarian experience lived by the REBOOT NOW staff and service providers, we are drafting here 12 policy recommendations for institutions and decision-makers to improve the situation of children mental health and psychological wellbeing starting from schools:

The Itinerant counselling desk can be easily offered by the Community Support Centers as an accessible social service/community work in schools where there are not enough or no qualified school psychologists.

Conduct preliminary survey exploring key issues related to students' mental health and emotional well-being, students' needs for psychological support and the opportunities available in the school to provide it. The survey will serve as evidence on the need of additional psychological support at schools.

Spend time with the school directors and the school psychologists to explain how the school will benefit from the Itinerant itinerant counselling desk and how it will support children, parents and teachers. Answer their questions and reassure them that not much effort is required on their part, other than to provide a space for the Desk, promote it in school and ensure access of students to the service.

Sign a Protocol for cooperation outlining the obligations of both parties in order to ensure professional principles and standards in the work of the Itinerant itinerant counselling desk and its compliance with relevant legislation.

Offer an easy anonymous online booking system.



Promote the itinerant counselling desk among all groups of potential beneficiaries – students, teachers and parents, in a targeted way.

For students – visit the class hours, offer various short interactive activities on topics such as mental health, gender-based violence, etc. that will engage students and introduce them to the work of the Hel-desk. Explain how to make an appointment. Assure students that you respect confidentiality. Explain when and under which circumstances parents will be informed by the psychologist.

For parents – join the parent-teacher meetings. Answer any questions. Explain why it is important for children to have free access to the office. Reassure parents that they will learn about all the important things affecting their children. Explain that they can also be consulted about issues relating to their children or their role as parents. Explain to parents how they will give their consent for their children to use the Desk

For the teachers – join the teachers' meetings and inform make all teachers in the school about the services provided by the itinerant counselling desk. Explain how they can refer children to it. Explain when teachers can meet to a psychologist to discuss their professional work. Give ideas for different topics on which you can implement group activities with the whole class. Point out problems on which you can do group interventions.

Engage young people, students and teachers, to advise you on the work of the itinerant counselling desk and be its ambassadors in school (Youth Advisory Board).

Clearly delineate the boundaries of your competence so that you do not overlap with the work of school psychologists. Agree which cases they will refer to the Desk. Maintain good professional co-operation with the school psychologists. A good example for this is to organize a joint clinical and/or reding seminar every 1-2 months.

Take care of the itinerant counselling desk space. It should meet confidentiality requirements, and be suitable to private conversation and sharing. Classrooms are not comfortable for this purpose. While in school, the itinerant counselling desk should be distinct from the school environment.

More than one school year is needed to establish the itinerant counselling desk as a sustainable practice in schools and for users to get used to it being there.

There is a need for constant promotion of the Itinerant counselling desk through all possible different channels like the school's online system, through participation in parents and teachers' meetings and class hours, through the organization of extracurricular events.

12. Ensure you have a good network of community partners and services to which you can refer difficult cases that need more intensive and long-term work.

## 4.2 Sustainability of the itinerant counselling desk

The sustainable functioning of the Itinerant counselling desk after the completion of the project will be ensured in several ways:

✓ Thanks to the well-established collaboration between Animus Association and the selected schools, the itinerant counselling desk can continue to operate in them as a form of community work – a mobile outreach service. The services for children and parents provided by Animus Association are funded by the Sofia Municipality. The Itinerant counselling desk will be proposed for funding as part of the regular services provided by Animus.

✓ The Itinerant counselling desk is an easy and accessible practice, especially for places where there are not enough psychologists working with children and families. It can be implemented by the Community Support Centers. Currently, such a mobile services exists only for children with disabilities. Based on the good practice of the Itinerant counselling desk, these services could be easily extended and become accessible to all children.



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