



National report on itinerant counselling desk implementation

ZRS Koper – Slovenia



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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 implementation of an itinerant counselling desks in Slovenia, running in the period from October 2022 to June 2023, thanks to the work of local teams of service providers (psychologists and pedagogists) in the following participating schools: **Primary School Oskarja Kogoja Škofije – Škofije** and **Primary School Dravlje – Ljubljana**.

As a way to draft the partnership "lessons learned", this report will firstly present the way in which the "pilot" desks was implemented in Slovenia, 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 counselling desk's model in other contexts, thus ensuring the sus.

2. The REBOOT NOW itinerant counselling 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 at each desk. Namely, a minimum of three professionals (e. g. psychologists, pedagogists, social workers, etc.) 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, social life, 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 the 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 certified experts.

Following these methodological steps, the adapted desks were finally launched in each participating country, starting from October 2022, and guaranteeing a minimum of 8 hours/week in each of the involved schools. In Slovenia the itinerant counselling desks were established in two elementary schools, namely:



Elementary School Oskarja
Kovačiča Škofije

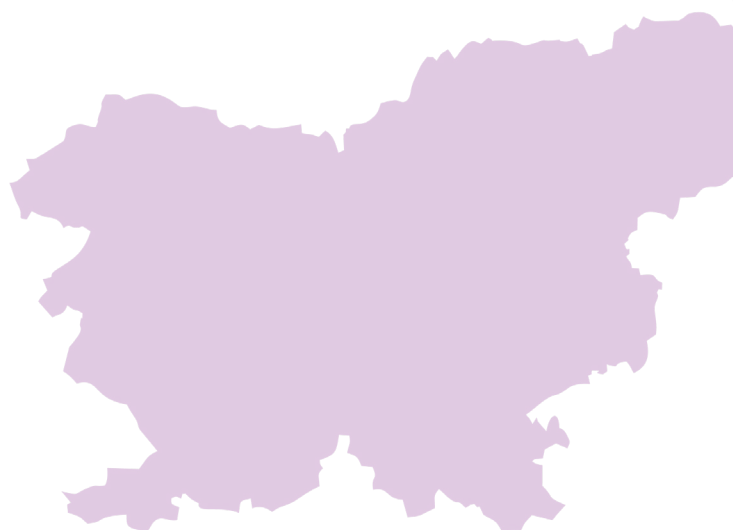
and the:

Elementary School Dravlje



● **Elementary School Oskarja Kovačiča Škofije**, located in the southwestern part of Slovenia in a rather rural environment, attended by a total of 336 children aged 6 to 15 of which the detailed distribution of children in school year 2022/23 is shown in the following table:

Grade	Total	Boys	Girls
1.A	17	9	8
1.B	19	11	8
2.A	19	9	10
2.B	19	10	9
3.A	20	10	10
3.B	21	13	8
4.A	20	11	9
4.B	16	9	7
5.A	20	14	6
5.B	20	13	7
6.A	27	12	15
7.A	24	9	15
7.B	23	6	17
8.A	16	8	8
8.B	15	6	9
9.A	21	14	7
9.B	19	11	8
Total	336	175	161



● **Elementary School Dravlje**, located in Ljubljana, the capital of Slovenia, attended by a total of 384 children between the ages of 6 and 15. The detailed distribution of children in the school year 2022/23 is presented in the following table.

Grade	Total	Boys	Girls
1	44	27	17
2.A	20	9	11
2.B	20	11	9
3.A	20	9	11
3.B	21	9	12
4.A	15	6	9
4.B	20	9	11
5.A	15	8	7
5.B	16	10	6
6.A	20	14	6
6.B	18	12	6
7.A	23	11	12
7.B	26	16	10
8.A	21	12	9
8.B	19	9	10
9.A	24	11	13
9.B	22	11	11
Total	384	206	178



Recognising the importance that the schools involved were giving to the desk establishment, the project team carefully prepared the ignition of the desk by following steps:

- Organising meetings with both principals and school psychologists in order to present the project, its importance and activities;
- Organising national meetings – in June and October 2022 meetings were organised in both participating schools, with the purpose to present the project to school staff and local organisations working on the fields of project's topics and to gather state of the art information regarding the project's topics;
- Implementation of the survey questionnaire with children (baseline data collection) – at the same time the project was briefly presented to the children for the first time;
- Signing protocol of cooperation – in September 2022, a protocol of cooperation among both participating schools, ZRS Koper and supporting partner Ombudsman of The Republic of Slovenia was signed;
- Organising training for the itinerant counselling desk providers – between September and December 2022 a training was implemented;
- Launching a special announcement to parents before launch of the itinerant counselling desk, which was sent by school management;
- Organising initial workshops, with the itinerant counselling desk providers for children to get acquainted with the project topics, itinerant counselling desk itself and to get to know its providers.



Since October 2022 until June 2023, the desk worked in rotation in the 2 schools for 8 hours per week (16 hours in total), it was organised as follows:

Elementary school Oskarja Kovačiča Škofije

Elementary school Dravlje

Mondays from 7.30 to 11:15	Mondays from 12.00 to 15.00
Wednesdays from 11.15 to 14:30	Wednesdays from 8.00 to 10.30
	Fridays from 12.30 to 15.00

The first users were appointed to the service by school staff, namely teachers and school psychologists who recommended certain children and invited them to the itinerant counselling desk. After a few weeks or so, word of mouth spread around the school and children started to make appointments by themselves. According to the project proposal itinerant counselling desk service should be supported by the on-line platform containing booking system. Since rules at both schools do not allow children to have smart phones at school premises, and that some children (in particular younger) do not possess such devices and therefore could be excluded, it was decided not to develop and use the online booking system. Instead, it was decided to use an "oral booking system" which turned out to work very well in both school contexts. Also, additional adaptation that was done in the first phase was that service providers were not rotating in different schools. Namely, according to the outcomes of our discussions with school counselling staff, service providers and other experts at the national events, it was decided that two experts were primarily responsible for each of the 2 schools, and one was helping both of them out in case of absence or in case of group sessions. The main arguments for this decision were following: (1) users develop trust and get used to certain experts; (2) for each expert is easier to keep track of issues that certain user has and (3) for regular user is easier to work with the same expert, otherwise he/she needs to explain the issue over and over again.

Probably our careful planning and well thought out entrance into schools resulted in absence of major obstacles during the establishment and furthermore implementation of the itinerant counselling desk.

At this point it is important to highlight that in the preparation process of the above presented strategy, were also involved members of the Youth Advisory Board. Namely, they were consulted with the draft of the strategy on which they gave their opinion and suggested different ideas on how to get even closer to the users.



2.2 Itinerant counselling desk services in Slovenia – The starting point

To better frame the starting point of the **REBOOT NOW** action, **ZRS Koper** implemented a baseline **data collection** among children from participating schools, as well as **interviews** with the school staff, 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 **188 children** participated in the survey (76 from Elementary School Dravlje, 112 from Elementary school Oskarja Kovačiča Škofije), offering the Slovenian's local team a general picture of children's emotional status during the Covid-19 pandemic, gender-based violence incidence, availability and access to already existing counselling support services at schools, and children's needs related to these topics.

Following results emerged:

School 1 – Elementary School Dravlje (n = 76):

✓ Most respondents of the baseline data collection had **negative feelings** during the COVID-19 pandemic: 34 children were sometimes worried/anxious, 6 were often, and 3 were very often; 19 respondents were often or very often lonely; 22 had often or very often negative thoughts; 20 could not sleep very often or often; 16 had problems with appetite often or very often; 16 were often or very often angry;

✓ 31 children told **about their feelings to their parents/guardians**, followed by **friends** (23) and **siblings** (15). A notable number of respondents (19) did not tell anyone about their feelings regarding pandemic. When asked to explain why they did not tell anyone, the most frequent reasons were: I did not want to burden others, it was not necessary, I was embarrassed, I prefer to keep such things to myself, and I did not want to tell anyone.

✓ Regarding the **appearance of the violence**: sometimes teasing / insulting / bullying / rumours were experienced by 19 children, 4 were often victims of such violence and 3 very often. This is followed by physical attacks, which 10 children experienced sometimes and 2 very often.

✓ That they sometimes found themselves in an **embarrassing situation** because of their gender was reported by 4 children. Often or very often 2 children found themselves in such a situation.

✓ However, 23 children stated that they sometimes **witnessed** teasing / insulting / bullying / rumours, 7 often and 4 very often.

✓ Most of the children interviewed (18) **told their parents/guardians** about the violence they had experienced. This was followed by friends (11), siblings (6), grandparents (5), and counsellors/psychologists (2). In addition, 8 children did not tell anyone what they had experienced.

✓ The great majority of participating children **knew what help was available** to them at school in cases of when they feel sad or concerned (56) and when they face abusive behaviour or violence (70).

✓ According to the **school deputy principal**, there were many difficulties, especially at the beginning of the school closures, due to the sheer lack of ICT devices and digital illiteracy among the children, that school staff had to tackle. At the same time, school staff also had to deal with children's emotional issues, but they report not all children received the help they needed, nor they were aware of all children's needs.

✓ Additionally, according to information obtained during the interview with the assistant principal, there was **a shift in the expression of violence among children** between the pre-pandemic and post-pandemic periods. Namely, before COVID-19 there was more "direct" violence (verbal and physical), but during and after COVID-19 it shifted to cyberspace. The most frequent form of violence in the school environment is now online violence.

School 2 – Elementary school Oskarja Kovačiča Škofije (n = 112):

✓ Most respondents of the baseline data collection (children) had **negative feelings** during the COVID-19 pandemic: 34 children were sometimes worried/anxious, 5 were often, and 2 were very often; 7 respondents were often or very often lonely; 17 had often or very often negative thoughts; 18 could not sleep very often or often; 9 had problems with appetite often or very often; 21 were often or very often angry.

✓ 49 children **told about their feelings to their parents/guardians**, followed by **friends** (29) and **siblings** (21). A notable number of respondents (29) did not tell anyone about their feelings regarding pandemic. When asked to explain why they did not tell anyone, the most frequent reasons were: I did not want to, it did not seem important to me, and it was not serious.

✓ Regarding the **appearance of the violence**: sometimes teasing / insulting / bullying / rumours were experienced by 25 children, 4 were often victims of such violence and 5 very often. This is followed by physical attacks, which 9 children experienced often or very often.

✓ That they sometimes found themselves in an **embarrassing situation** because of their gender was reported by 10 children, very often by 1.

✓ 28 children stated that they sometimes **witnessed** teasing / insulting / bullying / rumours, 14 often and 3 very often.

✓ Most of the children interviewed (20) **told their parents/guardians** about the violence they had experienced. This was followed by siblings (12), friends (11), teachers (5) and counsellor/psychologist (3). In addition, a noticeable (19) number of children didn't tell anyone what they experienced.

✓ The great majority of participating children **knew what help was available** to them at school in cases of when they feel sad or concerned (56) and when they face abusive behaviour or violence (70).

✓ According to the **Head of the already-existing school help desk**, in the school year before the pandemic (2018/2019), 5 difficult cases were treated, related to overeating or weight loss, as well as anxiety about school, but no cases of gender-based violence. While after the pandemic, 8 difficult cases (self-harm, emotional distress, suicidal ideation and family distress) were treated, including 6 cases of violence among children. It was also mentioned that when the children returned to school, form of vandalism occurred among students, as well as cases of online violence became frequent.

On the bottom line, since both schools did not keep records of children's psychological problems, the comparison with the pre-COVID-19 period is impossible. According to the interviews with the school staff, problems that children were facing with are many, and teachers and counselling staff never learn about some of them. In addition, some of the children seek help outside of school, so school staff may or may not know about them.

3. Lessons learned

3.1 Methodology

For the purposes of this report, in Slovenia data collection and feedback collection from itinerant counselling desk providers, users and supervisors was implemented using different methodological tools, namely:

From itinerant counselling desk users	the data were obtained by anonymous questionnaires (Annex 1), distributed to them after each consultation, measuring a range of indicators including degree of satisfaction and quality of the delivery of the service.
From service providers	the data were obtained through the monitoring log file (Annex 2), which was kept and filled in after each session. It contained quantitative and qualitative data (observations by the providers) related to the service users. The other source of service providers' data was two SWOT analysis implemented during the period of help itinerant counselling desk implementation.
From supervisors	the data were obtained by monitoring questionnaire (Annex 3) which was kept and filled in regularly after each session with service providers.

What follows is a presentation of collected data from each involved group.



Desk organisation in Slovenia

Combined data from both schools show that in Slovenia 104,6 counselling hours were implemented. The total amount of individual users included in the service by gender is presented in the table below:

Both elementary schools in Slovenia							
Users	Age			Gender			
	9–11	12–14	15–18	M	F	Oth	N/A
Children	51	48	14	28	85		
Total	113			113			
School staff	5			5			
Parents	2			2			
Total	120			120			

Before presenting the feedback regarding itinerant counselling desk it is important to explain that in both schools majority of the children were attending the service more than once or were even regular users.

At the Elementary **School Dravljje**, during the period November 2022 to June 2023, **98 individual and group sessions were implemented**, for a total of **48 hours of counselling**, reaching **55 individual children and 2 adults**. The average duration of the session was between **30 to 45** minutes. In the 4th and 5th grades (4 groups in total, 20 participants per group on average), were implemented four different workshops in the field of peer violence and acceptance. In the 3rd, 4th, 5th and 7th grade (8 groups in total, 20 participants per group on average) were implemented workshops on understanding of personal space and group dynamics. Through these activities we reached approximately **154 individual children (79 boys and 75 girls)**.

Elementary School Dravljje							
Users	Age			Gender			
	9–11	12–14	15–18	M	F	Oth	N/A
Children	46	9	0	8	47	0	0
Total	55			55			
School staff	/			0			
Parents	2			2			
Total	57			57			

At the Elementary School Oskarja Kovačiča Škofije, during the same period, 80 individual and group sessions were implemented, reaching 58 individual children and 5 members of the school staff. The average duration of the session was between 30 to 45 minutes. Total visits which include single and regular users were 121.

Elementary School Oskarja Kovačiča Škofije							
Users	Age			Gender			
	9–11	12–14	15–18	M	F	Oth	N/A
Children	5	39	14	20	38		
Total	58			58			
School staff	5			5			
Parents	/						
Total	63			63			

Aside from individual counselling, 9 workshops in different groups/classes were implemented, involving approximately 105 individual children (59 boys and 46 girls). Namely, if the teachers and itinerant counselling desk providers felt that the certain classrooms faced issues which impacted the overall social climate, they organised and implemented appropriate workshops in order to improve things.

As already mentioned, a month before the official opening of the itinerant counselling desk, one-hour workshops in grades from 4th to 9th (13 groups in total, 20 participants per group on average) were implemented in both schools. The purpose was to acquaint children with the project topics, with the itinerant counselling desk and its providers.

In April the Wellbeing festival was organised and implemented in both schools. In Elementary School Dravlje 18 classes (whole school), which included approx. 20 children, and in Elementary School Škofije 12 classes (from 4th to 9th grad), which include approx. 22 participants. In both schools were implemented the same activities, namely two hours of workshops about mental health and different forms of violence (physical, psychological, gender based etc.) and two hours of activities about group dynamics and cooperation.

3.2 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.

3.2.1 Users' views

From the Elementary School Dravljje, 40 desk users completed the questionnaire, namely 5 boys and 35 girls.

From the Elementary School Oskarja Kovačiča Škofije, 88 desk users completed the questionnaires, namely 38 boys, 49 girls and one did not answer the gender question.

From the methodological point of view it is necessary to explain that during the evaluation process, we did not distinguish between single and regular users' evaluations. In practice that means that regular users evaluated the service several times.

QUESTIONS	OŠ DRAVLJE (n = 40)	OŠ ŠKOFIJE (n = 88)
What was it like talking to the psychologists and the pedagogist?	39 said that they had a very good feeling talking to the itinerant counselling desk provider, and one said that he/she had a good feeling. They were also asked to explain their answer and the most frequent explanations were the following: because I could express my feelings, the itinerant counselling desk provider is very kind and understanding, she gives me very good and useful advice on how to solve troubles and because it is nice to talk to her.	81 said that they had a very good feeling talking to the itinerant counselling desk provider and 7 said that he/she had a good feeling. When asked to explain their answer, the most frequent explanations were the following: because we talk a lot and I can trust itinerant counselling desk provider, she makes my worries easier, I like it because we talk how I feel, I felt safe with her, itinerant counselling desk provider gives very good advices which make my troubles easier.

Would you like to come back and see the expert you spoke to again?	Majority (38) children said that they would talk again to this itinerant counselling desk provider and 2 don't know if they would.	73 children, who returned the questionnaire said that they would talk again with the service provider, 12 don't know if they would and 3 did not answer this question.
If someone close to you were to have a problem similar to yours, would you recommend making an appointment for the helpdesk?	35 of them would recommend him/her to visit the desk, 3 don't know if they would recommend it and 1 did not answer the question.	79 of them would recommend him/her to visit this itinerant counselling desk, 6 don't know if they would recommend it and 3 did not answer the question.

Overview of the comments left:

OŠ DRAVLJE

The most frequent answers are the following:

I liked everything, I liked that told my feelings and get answers to my questions, I liked to talk to itinerant counselling desk provider, I liked that the itinerant counselling desk provider is relaxed and kind, I liked that helpdesk provider helped us to solve our issues and that she was unbiased, itinerant counselling desk provider is very understanding, I felt very nice during the session.

OŠ ŠKOFIJE

the great majority of returned surveys don't have written anything, those who did say everything was good or I liked everything

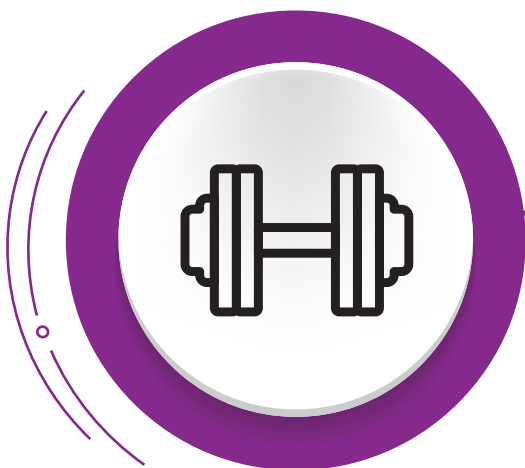


3.2.2 Service providers' views

Service providers were keeping monitoring logs in which their observations regarding treated cases were recorded. Most cases in Elementary School Dravlje were connected to different forms of violence, above all psychological violence (exclusion, insults, spreading rumours, showing disrespect, cyberbullying etc.) and also physical violence. During sessions were also detected cases of low self-esteem and self-respect, self-harming and in one case suicidal behaviour. There were also cases when some children came to the itinerant **counselling desk** because of school-related issues, namely learning difficulties or fear of not performing well enough. During the **itinerant counselling desk sessions** several children expressed their dissatisfaction regarding the school's response to the appearance of violent behaviour among their peers.

Likewise in the Elementary **School Oskarja Kovačiča Škofije** treated cases were different, but they can be divided between the school environment, personal and family matters. Those referring to the school environment included diverse types of violence (peer to peer, on-line violence, disrespectfulness, interpersonal differences, communication issues, etc.). Family matters involved losses, serious diseases, family violence, neglect in a sense of not listening to the child, etc. And personal matters involved stress, schoolwork and not being able to perform on a certain level.

During the implementation of the itinerant counselling desk there was also a SWOT analysis with professionals implementing the service. What follows is a presentation of results combined for both participating schools by four focus areas.



STRENGTHS

- Very good national team;
- Young age of the service providers (younger they are, more they can connect to children);
- Service providers are in schools only for the children, as opposed to school psychologists they don't have any other school-related work;
- Service providers are external personnel (children treat them differently than internal staff);
- Good collaboration between service providers and school staff.

WEAKNESSES

- Service providers are not familiar with children's background as opposed to school staff;
- Service providers are quite young and don't have many (life) experiences;
- Service providers are external personnel and as such can be understood as a threat to school staff;
- Some internal school dynamics and rules are making it difficult to implement the activity (e.g. smartphones are forbidden in school, therefore on-line booking for itinerant counselling desks can't be established).





OPPORTUNITIES

- Collaboration with other institutions e.g. centre for social work, health centre, police, etc.
- Collaborative and kind school staff;
- School psychologist has very good suggestions and advices;
- Supervision meetings were very good and successful.

THREATS

- Only three service providers for two schools are not enough;
- What will happen after the project completion (children will get used to service);
- What will happen with children who are regular users of the itinerant counselling desk service, after the project ends.



As it is evident from the presented data the great majority of itinerant counselling desk users in Slovenia were girls, between 9 and 11 years old. There was not much interest for the service from the boys, parents nor from school staff. But at the bottom line it is important to present the observation from the service providers Namely, they highlighted that is of huge importance for the children and teenagers to have an adult person to talk to and to discuss their fears, emotions, struggles and challenges and that this person is qualified to recognize different risk factors and appropriately addresses them in order to help children to resolve them. As it turned out in our case that person shouldn't be directly connected to the school's environment and is there just for the student's needs.



3.2.3 Supervisors' views

All three **service** providers were provided supervision meetings with an experienced clinical supervisor. Service providers and supervisors decided to organise meetings once per month for 2 hours. Therefore, in the period from December 2022 to June 2023 were implemented a total of 6 meetings which means 12 hours of group supervision. According to the supervisor's report the most frequent topics that appeared at the meetings were:

- ✓ How to act ethically and responsibly (separation between school counselling service and psychosocial assistance), what is confidentiality and when confidentiality can be broken (abuse, violence), how to tell the child what will remain confidential and what will not.
- ✓ How to maintain contact with the child, how to end the counselling, how and when to communicate with the parents, when the situation exceeds the competence of the counsellor and how to refer further.
- ✓ Ways of supporting an adolescent in his/her problems with peers/parents.
- ✓ Ways of reacting when peer violence is sensed in a school environment.
- ✓ What can be done, that more children will visit the itinerant **counselling desk** in school.
- ✓ Other organisational and logistical problems that **service** providers were facing, e.g., communication with school authorities, cooperation with school psychologists, communication with social services or childcare services outside of school, case referrals, etc.

Supervisor's final evaluation of the sessions was that service providers knew how to use supervision as a safe place to explore professional dilemmas, they explored their countertransference towards the child and other school workers, explored the context and looked for solutions. They knew how to seek help and support and were open to a different point of view. From meeting to meeting, they became more self-confident, and their counselling competences noticeably strengthened. They also perfectly combined group and individual work with children. They regularly attended supervisions and acted ethically and responsibly.



3.3 Conclusions

Based on the presented results, it can be concluded that the **itinerant counselling desk** implementation in Slovenia was quite successful. Probably careful planning at the beginning and well thought out entrance into schools resulted in that there were no major obstacles during the establishment and furthermore implementation of the itinerant counselling desk. It is also important to highlight that the intensive involvement of our Young Advisory Board members into activities and possibility that they gave their voice was an important element in **itinerant counselling desk** success. Also, the Ombudsman's role as a supporting partner was very important, at activities connected with the sustainability of the service. After all the collaboration among project members and school staff it was also very important at achieving project goals.

If one disadvantage of the **itinerant counselling desk** implementation should be exposed, it is that the great majority of itinerant counselling desk users in Slovenia were girls, between 9 and 11 years old. There was not much interest in the service from the boys. Reasons behind this finding need to be further explored and discussed.

3.3.1 Barriers and recommended solutions – Systemic barriers

One of the main barriers in implementing itinerant counselling desk activities derived from the school system, which forces teachers to fulfil certain educational goals, therefore they do not want to 'risk' teaching hours for activities related to itinerant counselling desk or other project activities.

3.3.2 Additional barriers to utilisation

In both schools there was a problem with the place, where itinerant counselling desk service was located. Namely, at the Elementary School Dravlje, they had available only one place in the basement next to the lockers of students aged 8 – 11 years old. This later proved to be the reason why older children weren't visiting itinerant counselling desks, namely they were not comfortable being seen in the area dominated with younger children.

At the Elementary School Oskarja Kovačiča Škofije was an issue that the school was being rebuild and they had temporary classrooms build in the sport's hall premisses, therefore the itinerant counselling desk was established in a room shared with counsellor, which was at the moments quite disturbing. But this was solved in April when the school moved into the new building.

Another thing which was observed in schools by service providers and it is worth mentioning is the presence of higher tolerance for different types of violence or maybe not so focused on immediate addressing and solving issues.

3.3.3 Positive outcomes and best practices

✓ The initially presented strategy, which allowed the team to enter the schools with itinerant counselling desks and their providers.

✓ The organisation of workshops in different grades and continuous work on specific problems (for example violence and acceptance of others), namely only continuing work on a specific problem can bring positive results. Unfortunately, in such cases common practice in schools is that one workshop and/or session is implemented with children, which as it is common knowledge can't bring noticeable changes in behaviour.

✓ Continuing work in smaller groups with children who had issues among themselves and together visited itinerant counselling desks with the purpose to solve them.



4. Recommendations

Lessons learned from the project:

Itinerant counselling desk should be located in a carefully designed space in which children are feeling good.

Itinerant counselling desk providers must be external personnel, not part of the school staff. In that way children are more trustful and relaxed.

It is of great importance how itinerant counselling desk is introduced to children, parents and school staff. Namely, among children and parents there is (still) stigma related to those who are

Among service providers and school staff (teachers, psychologists, and principal) there must be good and frequent communication.

Itinerant counselling desk can also serve as a mediation activity, namely children who were angry with each other were also visiting and with the help of the service provider reached an agreement.

In Slovenia there is great need for such a service in elementary schools.

Not all teachers are capable and/or willing to deal and solve violence and mental health issues among their children.

Find out the reasons why a noticeable small number of boys visited the itinerant counselling desk service.

Meetings that service providers had with supervisor were very important and helpful for their performance.

The best advertising for an itinerant counselling desk among children is word of mouth.

Policy recommendations for decision makers in order to improve mental health among children in schools:

- ✓ Increase funding for school-based mental health services.
- ✓ Establish permanent monitoring of mental health among children (regular examination as it is for physical health).
- ✓ Establish a referral mechanism for response services and monitor and collect data on violence in schools.
- ✓ Raising awareness campaigns which will "destigmatize" mental health issues and seeing psychologists.
- ✓ Embedding topics such as mental health and gender-based violence into curricula.
- ✓ Establishing teams with psychologists and teachers in order to create better climate in classrooms.
- ✓ Create an enabling learning environment for positive mental health, well-being and coexistence with collaboration among children, staff, parents and other institutions from the field.
- ✓ Guarantee access to early intervention, services and support in case of mental health and/or GBV issues in schools.
- ✓ Short-term financed projects which turn out to be successful must be immediately supported by long term financing.
- ✓ Services and interventions in schools must be tailored to the children's context and users friendly. In practice this means that they are inclusive and consider the specific needs of children of all genders and abilities, with focused attention to children with mental health conditions, victims of violence and perpetrators.
- ✓ Permanent training for teachers and school staff on positive discipline, classroom management and peaceful conflict resolution.

4.1 Sustainability of the help-desk

A lot of effort was put into the sustainability of the itinerant counselling desk after the project ends. To that end several (lobbying) meetings were held with institutions that could potentially continue the activity and with representatives of the municipality¹, who could fund its implementation. During these efforts, as a signatory of the support letter, the Ombudsman of The Republic of Slovenia was also involved and of great help. At the meetings were presented then available results of the itinerant counselling desk users and arguments why it should be prolonged. The main arguments are:

- Children, parents and school staff are very satisfied with the activity and providers. Even if there is no material evidence, school staff and parents notice an overall change of children's behaviour and overall climate at school. Sessions with service providers are booked 10 days ahead, which indicates interest among children.
- On the national level different experts, institutions and school staff are alerting on mental health and peer violence issues among children and teenagers. During the implementation of the REBOOT NOW project in Slovenia a few incidents in school environments involving attacks with cold weapons. Unfortunately, these events allowed the REBOOT NOW project media presence and made itinerant counselling desk even more important and needed.
- The current number of psychologists employed at schools is very low, but due to the national rules it can't be higher. Consequently, they are overburdened and at the same time they can devote their time only to the children who are in the most need. Therefore, additional help from itinerant counselling desk providers, who can devote their time to all children in need is very welcome and important.

According to our last meeting, the itinerant counselling desk should be maintained at one of the participating schools and established in all other schools in this municipality. The information about the REBOOT NOW project reached one of the other municipalities which shows interest to establish it in all their schools.

1 In Slovenia municipalities are funding additional elementary school activities

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Annex 1

Feedback Questionnaire for itinerant counselling desk users

(after individual or group consultations only)

1. School: _____
2. Age (non-mandatory for adults): _____
3. Gender:
 - a. Male
 - b. Female
 - c. Prefer not to say
 - d. Other

4. How was it talking to the psychologist? (good, ok, bad)



Can you briefly explain why? _____

5. Would you like to come back and see one of the psychologists again? (yes, not sure, no)



6. If someone close to you has a problem similar to yours, would you tel him/her to visit **itinerant counselling desk** service? (yes, not sure, no)



1. Is there anything you would like to share or comment about the **itinerant counselling desk**?
For example, what you liked and what you didn't like.

Annex 2

File monitoring log

Visit No: _____

Date: _____ Time: _____

Duration of the session: _____ minutes User's age: _____

User's gender: boy / girl / prefer not to say / other

First session / Second session / Regular user

1. What was the treated issue or problem? Brief description of the reported problem.
2. Did user feel comfortable (e.g. talk easily, established good relationship, etc.)?
3. Short description of the session:
4. Final evaluation: What are your impressions and feelings about the session?
5. Other experts and institutions involved and referrals made.
6. Conclusions and further arrangements.

Annex 3

Questionnaire for collecting feedback from clinical supervisor

Date: _____ Time: _____

Duration of the session: _____ minutes

1. Please provide remarks on the content and dynamics during the counseling process:

- development of trustful relationship;
- difficulties and difficult feelings for the consultant;
- counseling dynamics;
- collaboration with other stakeholders (if any);
- etc. usual issues for supervision.

2. Please provide remarks on the format and the methodology of the Itinerant **itinerant counselling desk**:

- does the provided counseling space in the school facilitate or hinder the counseling process;
- is the format of the **itinerant counselling desk** suitable for the school context;
- are the intake procedures adequate and comfortable for students, teachers and parents;
- how is collaboration with school authorities and school psychologists;
- other relevant questions to the methodology of work of the **itinerant counselling desks**.

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