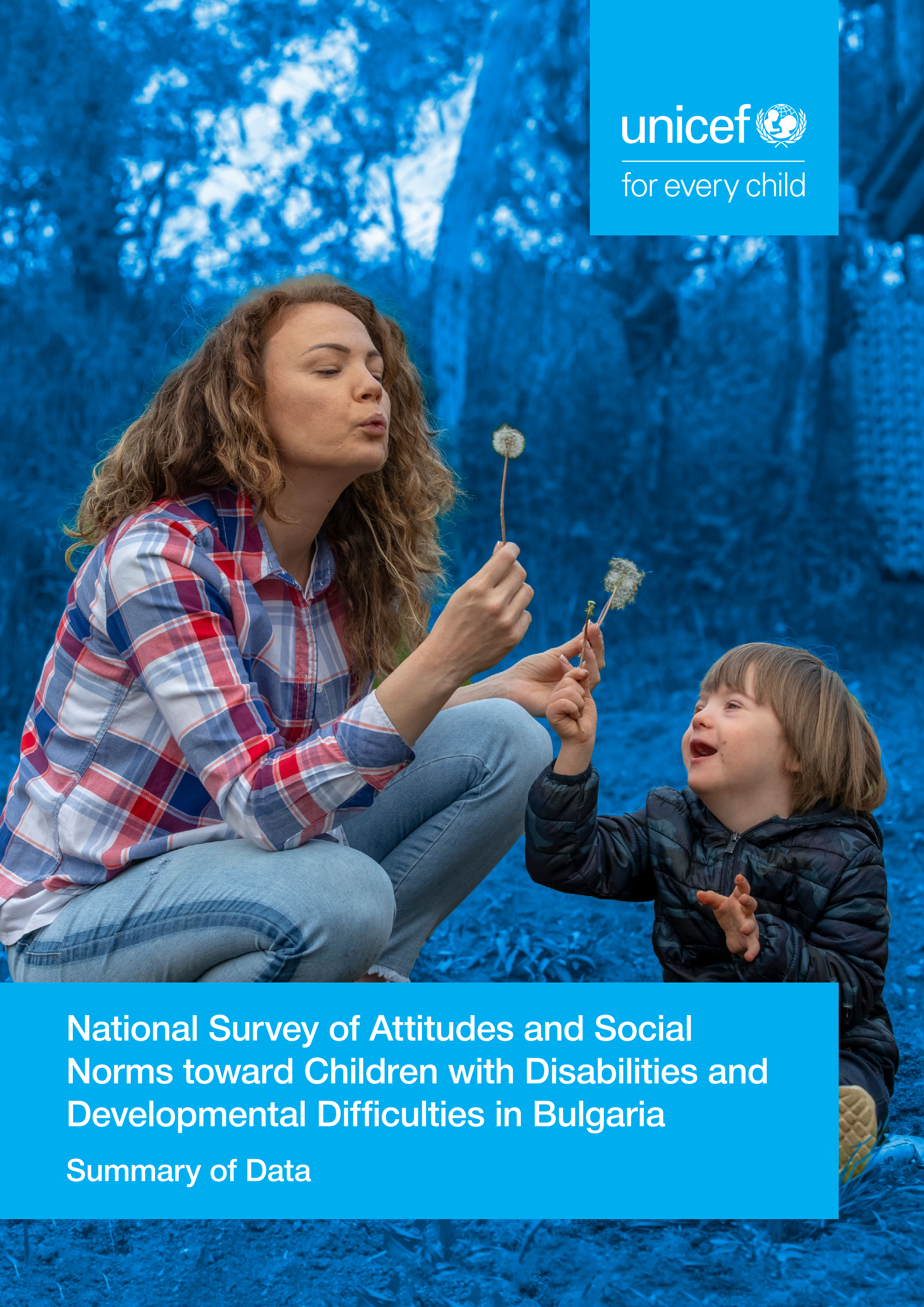

National Survey of Attitudes and Social Norms toward Children with Disabilities and Developmental Difficulties in Bulgaria

Summary of Data

CONTENTS

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I. RESEARCH QUESTIONS AND METHODS

Main research questions:

1. What are the prevailing attitudes and social norms towards children with disabilities up to 6 years of age and their families?

2. How and with what do attitudes and social norms contribute to the exclusion of children with disabilities and developmental difficulties up to 6 years of age in Bulgaria?

3. How can a better awareness of the attitudes and social norms lead to strengthening of the tools and systems of collecting data relating to children with disabilities and developmental difficulties?

Research methods:

- A survey among 246 parents of children with disabilities or developmental difficulties across the country
- A survey among 1010 persons who are parents of children without disabilities; the eligibility criterion for the selection of respondents was raising a child up to 7 years of age
- A survey among 172 health professionals working directly with children with or without disabilities or developmental difficulties
- A survey among 294 specialists providing social services to children
- Focus groups with parents of children with disabilities or developmental difficulties
- Focus groups with parents of children without disabilities or developmental difficulties
- In-depth interviews with children with disabilities or developmental difficulties
- In-depth interviews with children without disabilities or developmental difficulties
- In-depth interviews with experts

The research was conducted by the Global Metrics agency under a pilot methodology of UNICEF's Regional Office for Europe and Central Asia, developed by Drexel University.

II. WHO ARE THE CHILDREN WITH DISABILITIES – HOW IS THE TERM “DISABILITY” DEFINED?

The respondent groups answered the following question: “This question gives descriptions of various children. Which of them would the term “a child with a disability” refer to?” Possible answers: 3 – Yes, I believe that this is a child with a disability; 2 – Maybe; or 1 – No, I do not believe that this is a child with a disability. The table presents the mean scores per group. Mean scores above 2 imply that the relevant respondent group would rather accept that the description refers to a child with a disability.

Description of a child	Parents of children without disabilities	Parents of children with disabilities	Child service professionals	Health professionals	Mean score – all groups
A child with full loss of vision (blind)	2.87	2.72	2.89	2.73	2.80
A child with full loss of hearing (deaf)	2.82	2.68	2.88	2.63	2.75
A child with a missing body part	2.78	2.66	2.77	2.67	2.72
A child with Down syndrome	2.68	2.63	2.81	2.71	2.71
An autistic child	2.64	2.61	2.66	2.55	2.62
A child with intellectual (mental) difficulties	2.53	2.52	2.68	2.52	2.56
A child that finds it difficult to use his or her limbs	2.60	2.44	2.46	2.59	2.52
A child that finds it difficult to move	2.61	2.40	2.55	2.43	2.50
A child with epilepsy	2.23	2.29	2.45	2.04	2.25
A child with a hearing impairment	2.06	2.12	2.43	1.83	2.11
A child with a vision impairment	1.96	2.16	2.34	1.83	2.07
A child with permanent difficulties in learning and understanding	1.86	2.06	1.96	1.78	1.92
A child with permanent difficulties in the interaction with peers	1.79	1.93	1.74	1.8	1.82
A stammering child	1.46	1.60	1.51	1.46	1.51

Among all groups of children described, only three groups (children with permanent learning difficulties, children with permanent difficulties in the interaction with peers and stammering children) carried mean scores below 2 and the respondents tended to hesitate with regard to the first two groups. It was only stammering children that were definitely considered not to be children with disabilities. The respondents most often assessed as a “disability” the cases of full loss of vision or hearing, a missing body part, Down syndrome, and autistic spectrum conditions.

Generally, parents of children with disabilities and health professionals were less prone to describing the various groups of children as children with disabilities than parents of children without disabilities and social care professionals.

As to health professionals, the data reveal that the length of work experience was the most essential factor in differentiating their concepts of a child with a disability. The respondents with work experience of less than 10 years tended to reply “Maybe” more frequently than the mean score of the whole set, i.e. they were least certain when faced with the need to give a “blind” classification. Yet, health professionals with the shortest work experience were most prone to put into the category of children with disabilities the children constrained in the use of their limbs (92.3% compared to 62.4% on average), children with movement constraints (69.2% compared to 53.8% on average), autistic children (76.9% compared to 65.1% on average) and children with visual impairments (38.5% compared to 22% on average). Health professionals with the longest work experience (over 40 years of service) were the other extreme. They were least prone to categorize almost all types of children described in the table as children with disabilities. With regard to some categories, health professionals with a length of service ranging from 30 to 40 years tended to do the same.

Health professionals in outpatient services were most prone to describe the children with the difficulties included on the list as children with disabilities. The exception were the attitudes of health professionals working at hospitals towards children with full loss of vision or hearing.

It is interesting to note that health professionals who have child patients fitting into the descriptions on the list tended to consider them as children with disabilities more often than health professionals who knew such children but not as patients. The discrepancies between the two groups of respondents were particularly big with regard to the following categories: children with permanent difficulties in learning and reasoning; children with permanent difficulties in the interaction with peers; autistic children; children with epilepsy; and children with full loss of hearing.

The respondent groups were most hesitant about children with permanent difficulties in learning and reasoning. Over a half of the social care professionals (52.4%) failed to give a definitive answer. They, like health professionals, perceived the descriptions as matching the description of a child with a disability or not depending on the length of their service. The respondents with work experience above 20 years perceived the existence of a disability in each description much more rarely.

III. ATTITUDES TOWARD CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DIFFICULTIES

Several groups of questions were designed to check the respondents' attitudes to children with disabilities and their characteristics, as well as the personal attitude of each respondent.

Are children with disabilities "defective" or "normal"?

10.5% of **parents of children without disabilities** considered the children with intellectual disabilities as "defective" (7.8% fully agreed and 2.7% partially agreed). Less educated respondents and those aged below 24 years or above 45 years perceived children with intellectual disabilities as "defective" more often than the others. 12.3% of parents fully agreed and 31.5% partially agreed (43.8% of total) that children with physical disabilities were different from "what is normal", those percentages being higher with regard to children with intellectual disabilities (17% and 37.1% respectively). Children with physical disabilities were perceived as different from "what is normal" more often in the capital city, whereas it was more often in the rural areas that children with intellectual disabilities were considered to be different "from what is normal".

Among **parents of children with disabilities**, 2.6% fully agreed and 3.4% partially agreed (6% of total) that children with physical disabilities were "defective", whereas in the case of intellectual disabilities 4.3% fully agreed and 11.3% partially agreed with that statement (a total of 15.6%). Viewed from the prism of the distinction between caregivers of children with disabilities and caregivers of children with developmental difficulties, the statistical distribution reveals that parents of children with disabilities tend to define the children described as "defective" much more often than parents of children with developmental difficulties. Children with intellectual disabilities are perceived as "defective" more frequently in all kinds of communities, except for the capital city. The opinion that children with physical disabilities are "defective" is more common in the rural areas. 21.2% fully agreed and 16.9% partially agreed (a total of 38.1%) that children with physical disabilities were different from "what is normal". 21.4% and 25.6 % (47% of total) respectively thought in the same way about children with intellectual disabilities.

Almost 15.5% of **health professionals** defined children with intellectual difficulties as "defective" (fully or partially), while 13.8% thought the same of children with physical disabilities.

Among **social care professionals**, 2.5% fully agreed and 2.5% partially agreed (5% of total) that children with physical disabilities were "defective". As to children with intellectual disabilities, the percentages were as follows: 4.4% fully agreed and 4.4% partially agreed (a total of 8.8%).

Are children with disabilities a burden to society?

Among **parents of children without disabilities**, 37.7% fully agreed and 24.6% partially agreed (62.3% of total) that families of children with disabilities were not a burden to society.

As to **health professionals**, 56.14% either fully or partially agreed that families of children with disabilities were not a burden to society.

Among **social care professionals**, 49% fully agreed and 17.7% partially agreed (66.7% of total) that families of children with disabilities were not a burden to society.

Are children with disabilities happy to play and can they find friends?

Among **parents of children without disabilities**, 55.3% thought that children with disabilities or developmental difficulties were as happy to play as all other children. 32.2% believed that children with disabilities were able to find new friends.

Parents of children with disabilities agreed to a much greater extent that children with disabilities or developmental difficulties were as happy to play as all other children: 73% fully agreed and 11.5% partially agreed (84.5% of total). They also thought that those children were able to find new friends (44.7% fully agreed and 25.2% partially agreed, or a total of 69.9%).

A total of 83.14% of **health professionals** agreed that children with disabilities or developmental difficulties were as happy to play as all other children, while 68.60% believed that those children could find new friends.

Social care professionals: 76.5% fully agreed and 12.6% partially agreed (89.1% of total) that children with disabilities or developmental difficulties were as happy to play as all other children. 61.6% fully agreed and 19.7% partially agreed (a total of 81.3%) that those children were able to find new friends.

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Characteristics of families of children with disabilities

Among the respondents who were **parents of children without disabilities**, 13.7% fully agreed and 41% partially agreed (54.7% of total) that families of children with disabilities tended to be overprotective of their children, thus isolating them from others. 2.9% fully agreed and 20.5% partially agreed (a total of 23.4%) that families of children with disabilities tried to hide them away. 1.3% fully agreed and 17.1% partially agreed (a total of 18.4%) that families of children with disabilities were ashamed of their situation. Better educated respondents and those with higher incomes were less prone than the others to believe that families of children with disabilities tried to hide the fact or were ashamed of it. Members of the Roma and Turkish ethnic communities agreed more often that the families of children with disabilities were ashamed of the fact or tried to hide it.

Among **health professionals**, 60.47% fully or partially agreed that families of children with disabilities tended to be overprotective of their children, thus isolating them from the rest. 30.99% fully or partially agreed that families of children with disabilities tried to hide them away. 26.16% fully or partially agreed that families of children with disabilities were ashamed of the fact.

Among **social care professionals**, 16.3% fully agreed and 40.1% partially agreed (56.4% of total) that families of children with disabilities tended to be overprotective of their children, thus isolating them from the rest. 35% thought that families of children with disabilities tried to hide them away and the same percentage believed that families were ashamed of that.

Attitudes toward the interaction between own children and children with disabilities

The table below presents the percentage of parents by groups (with and without children with disabilities) who fully or partially agree with the statements given above with regard to the interaction between their own children and children with disabilities. The statements are ranked in the table on the basis of the level of agreement among parents of children without disabilities.

Attitudes toward children with disabilities and developmental difficulties	Parents of children without disabilities	Parents of children with disabilities
I would not mind having a child with a disability/developmental difficulty as a neighbour	91.2%	
I would like my child to defend a bullied child with a disability/ developmental difficulty	90.3%	91.5%
I would not mind if my child invited a child with a disability/ developmental difficulty to our home	87.8%	91%
I would like my child to invite a child with a disability/developmental difficulty to his/her birthday party	84%	87%
I would be happy if a child with a disability/developmental difficulty invited my child to his/her home	82.4%	88.2%
I would be happy if my child had a friend with a disability/ developmental difficulty	81.4%	88.8%
I get upset when I see a child with a disability/developmental difficulty	68.9%	46.8%
I have to be careful what I say when I am with children with disabilities/developmental difficulties	64.4%	57.7%
Children with disabilities/developmental difficulties are as happy as my child	58.6%	
I am scared of being around a child with a disability/developmental difficulty	14.9%	6.5%
I would not let my child to go and play at the home of a child with a disability/developmental difficulty	10.6%	10.6%
I would be ashamed if a child with a disability/developmental difficulty invited my child to his/her birthday party	7.0%	4.9%
I would not talk to a child with a disability/developmental difficulty even if I know the child	5.8%	7%

As well as the differences across the groups presented in the table, there is a statistically significant difference between the respondents' attitudes to children with disabilities, depending on their level of education, ethnic origin and age. Better educated respondents are more open to communication between their child and a child with a disability/developmental difficulty. Respondents who identify themselves as Bulgarians, too, tend to have more positive attitudes to communication than the attitudes of respondents from the Roma ethnic community. Respondents in the 25 to 44 age bracket are more prone to communicating with a child with a disability/developmental difficulty than people in the younger or elder age groups.

The statistical distribution reveals that parents of children with disabilities have more positive attitudes to the communication between their child and another child with a disability in comparison to the attitudes of caregivers of children with developmental difficulties. They are more supportive of both a sporadic communication and a friendship between their children. Parents of children with developmental difficulties tend to have more reservations, pointing out more frequently that they experience negative emotions about their contacts with children with disabilities and feel embarrassed.

Emotions regarding children with disabilities

Pity/feeling sorry is the most common emotion, according to the results of the survey. Among **parents of children with disabilities**, 29% fully agreed and 37% partially agreed (66% of total) with the statement "I feel sorry for families that have children with disabilities because they are victims of unfortunate circumstances". In the other groups, 57.31% of health professionals and 33% of social care professionals agreed with that statement.

The data from focus groups with **parents of children without disabilities** show that children with disabilities are "shunned" and often "isolated" because they are "different" and "weird". The attitudes that children with disabilities are more timid and more dependent/helpless than other children are strong, while children without disabilities are perceived as more independent/stronger than children with disabilities. Parents basically feel pity and empathy – "pity", "compassion", "understanding", "they are not to blame for having been born like this". The frustration of not being able to help children in need leads to self-blame and generates a "sense of guilt".

The table below presents the answers of **parents of children without disabilities** about the extent to which they agreed with statements concerning their own emotions regarding children with disabilities and with developmental difficulties. It was less frequent among the respondents living in the capital city to say that they understood the problems of children with disabilities and tried to behave normally with them. They are more often afraid of looking in their eyes and feel insecure around them but, at the same time, they would cut short their contacts with those children more rarely. The statistical distribution reveals that less educated parents tend to say more often that they feel pity and pain in the communication but, at the same time, they would cut short the contacts with those children more frequently. Men feel more tense in their contacts and interactions with a child with a disability.

Parents of children without disabilities up to 7 years of age who know at least one child with a disability/developmental difficulty	Fully agree	Partially agree	Total percentage of respondents who agree with the statement
I try to behave normally and ignore the disability	64.6%	28.3%	92.9%
I admire their ability to cope	61.8%	27.5%	89.3%
It is painful to see them when they want to do something and they are not able to do it	55.8%	31.5%	87.3%
After frequent contacts, I see that I notice just the personality rather than the disability	52.9%	30.5%	83.4%
I feel that I do not know enough about children with disabilities	23.2%	38.8%	62.0%
I am aware of the problems facing children with disabilities	20.6%	40.9%	61.5%
I feel sorry for them	23.0%	29.2%	52.3%
I feel awkward and I find it difficult to relax	9.7%	24.9%	34.6%
I feel insecure because I do not know how to behave	10.8%	23.1%	33.9%
I tend to cut short contacts as much as possible	5.4%	15.3%	20.7%
I am afraid of looking into the eyes of those children	2.6%	12.0%	14.6%
I cannot help but stare at them	1.7%	7.7%	9.5%

Focus groups with **parents of children with disabilities** reveal that children with disabilities and developmental difficulties are perceived as “fearful (scared)” from the viewpoint of their difficult communication with peers and their frequent self-isolation tendency. Children with disabilities and developmental difficulties also lack self-confidence in playing and communicating with peers. Parents believe that it is the different attitude towards them that makes these children uncommunicative. As regards the attitude to them, the words “pity/feeling sorry” and “compassion/empathy” feature most often in the answers. While pity is what parents consider to be the current attitude of society, it is empathy that they would like to see as a response. Parents do not appreciate the signs of pity and they would rather prefer more understanding and empathy. Parents say that sometimes they feel a condescending attitude on the part of their friends. They report bad attitudes, negativism, intolerance, callousness, haughtiness, and disdain. Sometimes the blame is put on them. They feel that people tend to withdraw from them. What they notice in people around them is pity and often ignorance, carelessness or inaction. Still, they report occasional empathy, friendship and understanding. Parents share their concerns through the associations “anxiety how to help, will he/she recover”, “who will take care of him/her if the parents are not there”, “unpleasant feelings”, “sad”.

The results of the survey among **parents of children with disabilities** show that about one in five respondents said that raising a child with a disability made them feel unhappy and helpless, whereas an impact on their emotional and mental condition was reported by approximately one-third of the respondents. Around 16% of parents agreed (fully or partially) that they had reduced the times they go outside of their home and that they avoid communicating with their child in public places. Less than 7% reported that they had reduced their overall contact with the child. Caregivers of children with developmental difficulties tended to agree to a greater extent with the statements that raising a child with a disability had an adverse impact on their mental and emotional condition. They felt discriminated against more often and reported that they were afraid to disclose the difficulties of their child. On the other hand, parents of children with disabilities admit much more often that raising a child with a disability has affected their self-confidence, that they would rather remain unnoticeable in society and that they felt pressurized as parents.

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IV. ATTITUDES TOWARD THE WAY IN WHICH SOCIETY TREATS (OR SHOULD TREAT) CHILDREN WITH DISABILITIES AND DEVELOPMENTAL DIFFICULTIES

Should society accept children with disabilities, regardless of their capabilities?

The survey among **parents of children without disabilities** revealed that 73.6% fully agreed and 18.8% partially agreed (92.4% of total) that society should accept children with physical disabilities, regardless of their capabilities. There is a somewhat lower level of agreement with regard to children with intellectual disabilities: 72.5% fully agreed and 16.7% partially agreed (a total of 89.2%).

Among **parents of children with disabilities**, 83.1% fully agreed and 10.2% partially agreed (a total of 93.3%) that society should accept children with physical disabilities, whereas regarding children with intellectual disabilities the level of agreement was 75.2% (fully agreed) and 17.9% (partially agreed) or a total of 93.1 percent.

Respondents in the focus groups with **parents of children without disabilities** were unanimous that children with disabilities should feel part of the community and of all children rather than be isolated and perceived mainly through the prism of their difference.

Do children with disabilities suffer because of negative attitudes?

Among **parents of children without disabilities**, 40.1% fully agreed and 40.2% partially agreed (a total of 80.3%) that children with physical disabilities suffered due to negative attitudes towards them, whereas in the case of intellectual disabilities 38.8% fully agreed and 37.9% partially agreed with that statement (a total of 76.7%).

Among **parents of children with disabilities**, 54.3% fully agreed and 25.9% partially agreed (a total of 80.2%) that children with physical disabilities suffered due to negative attitudes towards them, whereas in the case of intellectual disabilities 58.1% fully agreed and 24.8% partially agreed with that statement (a total of 82.9%). There is also a discrepancy in the opinions of the two groups of parents (raising children with disabilities and raising children with difficulties) with regard to the question which children become victims of negative attitudes more often. Parents of children with disabilities believe that these are children with intellectual disabilities, whereas parents of children with developmental difficulties point to children with physical disabilities.

The opinion that children are not treated equally is most common in the capital city of the country and among parents above the age of 45 years.

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Do children with disabilities contribute to diversity in society?

Among **parents of children without disabilities**, 21.2% fully agreed and 29.9% partially agreed (51.1%) that children with physical disabilities contribute to diversity in society. 25.2% fully agreed and 25.4% partially agreed (50.6% of total) with that statement as regards children with intellectual disabilities.

Among **parents of children with disabilities**, 37.3% fully agreed and 22% partially agreed (a total of 59.3%) that children with physical disabilities contribute to diversity in society, whereas regarding children with intellectual disabilities 39.1% fully agreed and 22.6% partially agreed (a total of 61.7%). Caregivers of children with developmental difficulties were much more prone to consider children with physical disabilities as part of diversity in society than caregivers of children with disabilities.

How does society treat families of children with disabilities, in parents' opinion?

The **parents of children without disabilities** involved in the survey were asked whether they agreed with several statements relating to the way in which society treats families of children with disabilities. One of those statements was positive (the attitude of people around them was respectful), while the other statements were negative. The score scale was from 1 to 5, in which 1 meant full disagreement and 5 meant full agreement. The highest mean score (3.46) was given to the positive statement, i.e. that the attitude to parents or carers of children with disabilities was respectful. All negative statements carried mean scores below 3, i.e. most people either did not believe that the statements were true or hesitated (scores between 2 and 3 are indicative of hesitation; the closer the score to 3, the greater the hesitation). The mean scores of the statements concerning the attitude to families of children with disabilities were as follows:

- People shun them (2.73)
- People behave as if they believe they are superior to them (2.50)
- People treat them as if they are not clever (2.46)
- People behave as if they are scared by them (2.44)
- People are less respectful to them (2.43)
- People are less polite to them than to the others (2.40)
- They receive worse service at restaurants/shops (2.17)
- They are verbally insulted (2.17)
- They are bullied or harassed (2.02)

The statistical distribution shows that some groups are more prone to agree with the statements and to recognise these kinds of attitudes in Bulgarian society. These groups include parents in households with more children, parents with higher monthly incomes (over BGN 2000), respondents in elder age groups (above 45 years), people who know adults with disabilities, and people of Turkish ethnic origin. In terms of education, less educated respondents tended to agree more often with the statements that people treated families of children with disabilities as if they did something improper and as if they were superior. They also supported more strongly the statements that they were often insulted verbally, that they were harassed, and that people shunned them. On the other hand, better educated respondents tended more frequently to support the idea that those families were treated respectfully.

The majority (close to 59%) of **the respondents who were parents of children with disabilities** said that usually people around them treated them respectfully. The scores were low with regard to the forms of harassment (2%), insults (3%), poor service at facilities open to the public such as shops and restaurants (3%), or less polite treatment as compared to other people (4%). Approximately 7% of the parents reported forms of discriminatory attitudes, stating that often "people shun them", "they behave as if they are scared" or demonstrate attitudes "as if they (parents of children with disabilities) are not clever". These types of answers were reported more often in the capital city and urban areas than in rural areas; more often by people with primary or lower education than by university graduates; more often among Roma people than among Bulgarians.

The data from **the focus groups with parents of children with disabilities** does not tally with the findings above. They reported that their children faced improper comments and treatment every day. „They spit against bad luck or knock on wood. Nobody likes the sight of you." Parents said that it was an unpleasant practice to make comments, even good-intentioned ones, about the condition of the child in his or her presence, especially when the child was sufficiently grown up to be aware of his or her condition. They also disliked the phrase "such children", often used even by professionals. The parents reported situations in which other parents would not allow their children to play with children with disabilities because they were afraid of imitation and negative influence on the development of their own children. They reported different negative attitudes by kindergarten teachers, doctors, neighbours, or friends.

Another group of questions was used to study a set of statements concerning the various types of difficulties confronting families of children with disabilities. Unlike the preceding set of statements, the level of agreement was much higher among the respondents in that case. The table presents the mean scores for parents of children without disabilities and parents of children with disabilities respectively with regard to the statements relating to families of children with disabilities. As is seen, all statements gain high levels of agreement and the scores of the two groups of parents are similar. The biggest discrepancy between the two groups related to the statement that families of children with disabilities are treated differently in society as a whole: the families themselves think that this is the case much more than parents of children without disabilities.

Statements	Parents of children with disabilities	Parents of children without disabilities
Families of children with disabilities find it difficult to get a job	4.08	4.11
Families of children with disabilities are treated differently in society as a whole	3.96	3.68
Families of children with disabilities find it difficult to make new families/to marry	3.81	3.88
Families of children with disabilities find it difficult to make friends	3.69	3.54
Families of children with disabilities find it difficult to keep friends	3.62	3.59
Families of children with disabilities find it difficult to take care of other family members	3.60	3.74
Families of children with disabilities find it difficult to take care of the siblings in the family	3.56	3.68
Families of children with disabilities are treated differently at work	3.49	3.45
Relatives treat families of children with disabilities differently from other kin	3.30	3.23

According to the **experts (including those at the managerial level)** who were interviewed, children with disabilities and developmental difficulties face both social and physical barriers when they try to access various buildings and institutions and, generally, when they try to move freely in the urban environment. In their opinion, as a result of the ongoing deinstitutionalization process and the targeted efforts to develop and implement inclusive education policies, children with disabilities have become more visible in society. This inevitably brings about a shift in the social attitudes towards more acceptance and targeted work for their inclusion. Experts believe that, in general, people's awareness of some physical and intellectual difficulties has improved over the recent years but further efforts are needed to know the specificities and to lay the emphasis on the capabilities and potential of children with physical and intellectual difficulties.

V. ATTITUDES TOWARDS INSTITUTIONS AND POLICIES

Should children with disabilities be granted equal opportunities, regardless of the costs?

70.4% of the respondents **who are parents of children without disabilities** fully agreed and 22.6% partially agreed (93% of total) that children with physical disabilities should be granted equal opportunities (e.g. in relation to school and play), regardless of the costs. As to children with intellectual disabilities, those who fully agreed accounted for 69% and those who partially agreed accounted for 17.6% (a total of 86.6%).

Among **parents of children with disabilities**, 77.6% fully agreed and 11.2% partially agreed (88.8% in total) that children with physical disabilities should be granted equal opportunities, regardless of the costs. The levels of agreement with regard to children with intellectual disabilities were 73.5% and 18.8% respectively (92.3% of total).

87.4% of **social care professionals** fully agreed and 6.3% partially agreed (93.7% of total) that children with physical disabilities should be granted equal opportunities, regardless of the costs. 80% fully agreed and 8.9% partially agreed (88.9% in total) with that statement as regards children with intellectual disabilities.

Can children with disabilities integrate in society without financial support to their families?

Among **parents of children without disabilities**, 43.9% fully agreed and 33.4% partially agreed (a total of 77.3%) that children with physical disabilities could not fit into society without financial support to their families. The levels of agreement were 42.4% and 28.4% (70.8% of total) respectively with regard to children with intellectual disabilities.

Among **parents of children with disabilities**, 39.8% fully agreed and 34.7% partially agreed (a total of 74.5%) that children with physical disabilities could not integrate in society without financial support to their families, whereas the percentages with regard to children with intellectual disabilities were as follows: 62.4% fully agreed and 12.8% partially agreed (a total of 75.2%).

Data from focus groups

The data from the focus groups with **parents of children with disabilities** and developmental difficulties reveal that they do not feel sufficiently involved in the drafting of policies which have direct impact on them and on their children. Respondents believe that there is insufficient communication with parents by policy makers.

The focus groups with parents of children without disabilities emphasized on discrimination and the *"carelessness"* of institutions and also on the withdrawal of the government from the duty to take care of children with disabilities, on the one hand, and the *"indifference"* of society as a whole, on the other hand. The problems identified there included the ever greater shortage of professionals *("no paediatricians, no psychologists")*, the lack of government care and free childcare facilities at the expense of unaffordable private facilities *("everything is gone private and it costs a lot of money")*. The participants in the discussions were unanimous that the government had the duty to provide each child with developmental difficulties *"the care they need free of charge, such as rehabilitation, psychologists, speech therapists"*.

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VI. ATTITUDES RELATING TO THE EDUCATION SYSTEM AND INCLUSIVE EDUCATION

Where should children with disabilities receive their pre-school education?

45.3% of **parents of children without disabilities** fully agreed and 36.6% partially agreed (81.9% of total) that children with physical disabilities need special educational institutions (e.g. special schools or centres). 49.7% fully agreed and 30.5% partially agreed (80.2% of total) with that statement as regards children with intellectual disabilities. Those living in the capital city and in rural areas tended more frequently to believe that children with physical disabilities needed special schools or support centres, while special educational institutions were believed to be most appropriate for children with intellectual disabilities mainly by respondents from regional centres and rural areas. Less educated parents and those with lower monthly income levels also tended to believe that children with intellectual disabilities should be placed in special educational institutions. No such trends could be identified among those who thought that children with physical disabilities should attend special educational institutions.

Men were much more prone in their answers to isolate children with disabilities from mainstream kindergarten groups, to keep them at home or to refer them to special educational institutions. The opinion that those children should stay home and get their pre-school education there was much more common among people living in rural areas. The respondents from regional centres and small towns were most supportive of the statement that children with disabilities had to be together with the other children in mainstream kindergartens. Those living in the capital city supported the idea of a mainstream kindergarten but the majority of them believed that special groups had to be set up for children with disabilities. When put in a situation in which they had to be personally responsible for the fate of a child, parents basically maintained their initial opinions.

Parents believe that almost half of the general population would put a girl with a physical disability at a daycare centre for children with disabilities, while the share of those who supported the idea among themselves was 38 percent.

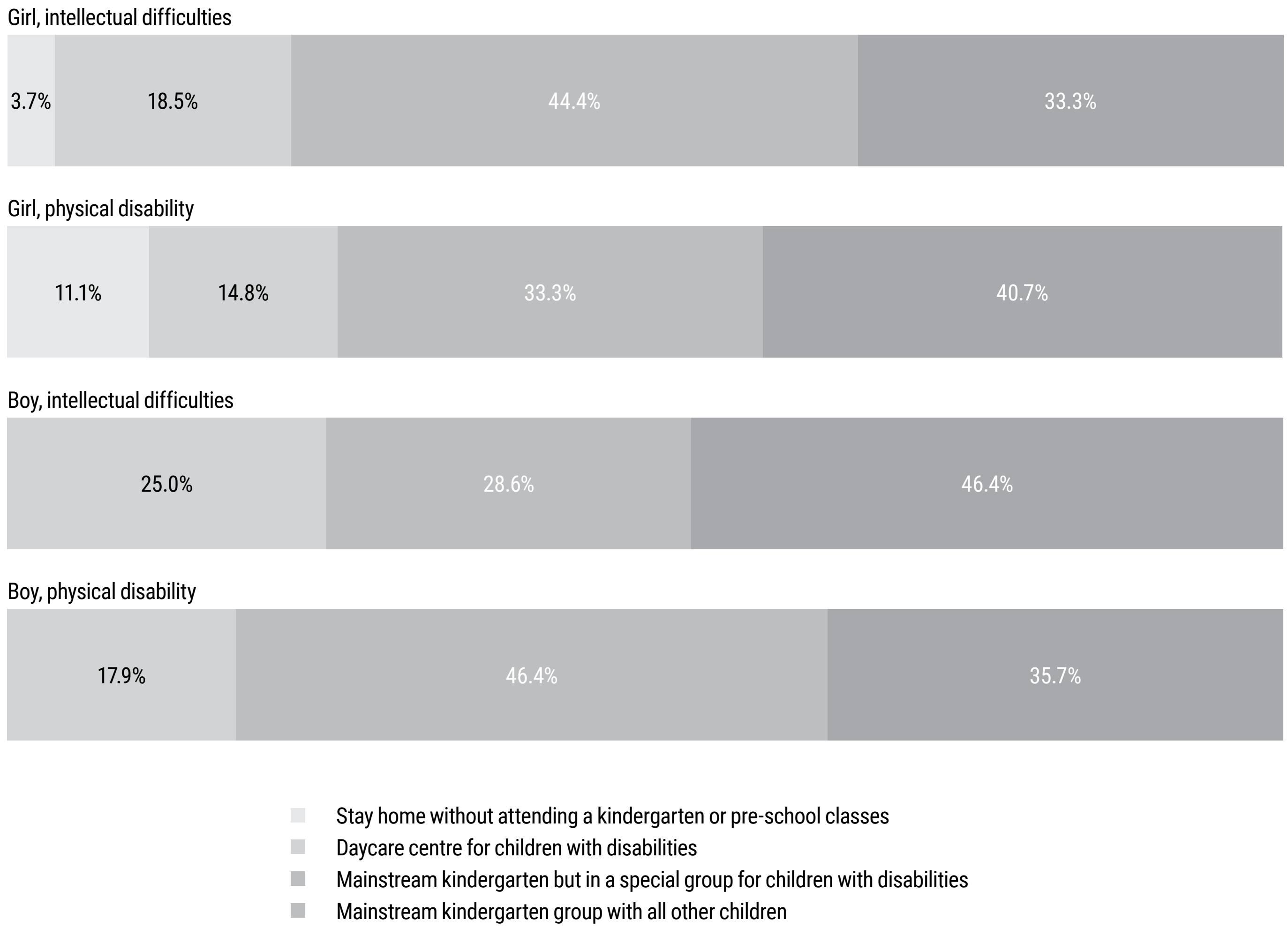
Similarly, in the parents' opinion, 31% of the general population would put a boy with a physical disability at a daycare centre, while the same idea gained the support of 17.7% of the parents.

Parents believe that the problem with the inclusion of children with disabilities aged 3 to 6 years was much more serious five years ago than it is now. The attitudes about the future are definitely positive, with over 60% of the respondents expecting partially improved inclusion of boys with disabilities, going down to 40% with regard to girls with disabilities.

Parents of children with disabilities believe that children with intellectual disabilities are in greater need of special educational institutions than children with physical disabilities. Nevertheless, the scores for both groups of children exceed 3.00 by more than one (1 to 5 scale in which 1 stands for full disagreement and 5 for full agreement), indicating high levels of agreement with this statement. Caregivers of children with disabilities tend to agree more often that children with intellectual disabilities should be referred to special educational institutions. The reverse trend is observed among caregivers of children with developmental difficulties.

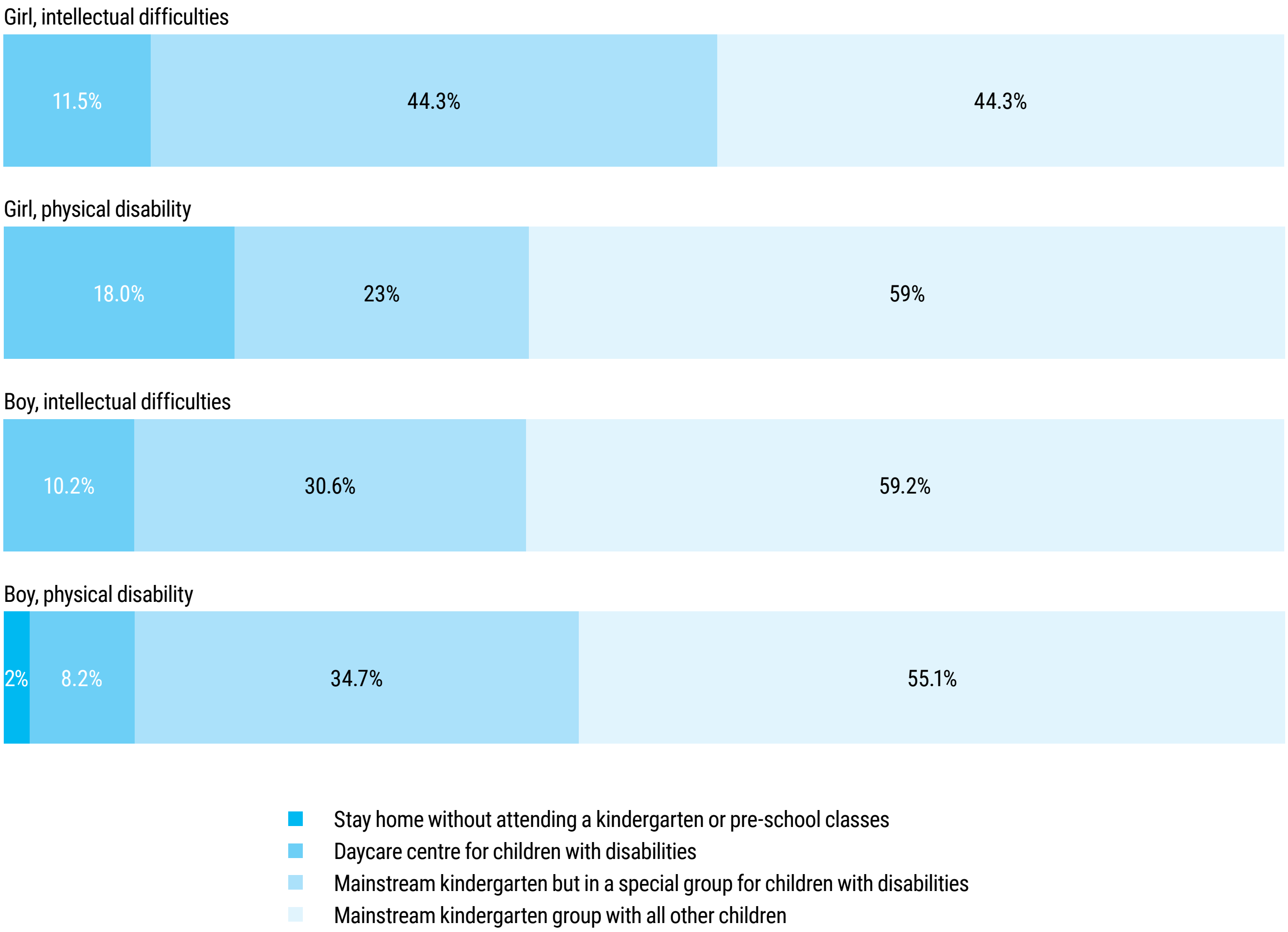
Health professionals are somewhat more prone to separate children with intellectual disabilities in special educational institutions (a total of 83.5% fully or partially agree) than to do so with children with physical disabilities (75% of total). The diagram below presents the answers of health professionals to the questions related to what they would do if they were to personally decide where the child had to receive his or her pre-school education.

Imagine you were responsible for making a decision on the best place for the child to get his or her pre-school education:



Among **social care professionals**, 39% fully agreed and 24.5% agreed to a certain extent (63.5% of total) that children with physical disabilities needed special educational institutions. 48.9% fully agreed and 32.6% partially agreed (a total of 81.5%) with that statement as regards children with intellectual disabilities. The diagram below presents the answers of social care professionals to the questions related to what they would do if they were to decide where the child had to receive his or her pre-school education.

Which option would you personally choose as the best place for the pre-school education of the child?



Attitude towards children with disabilities in the education system

The prevailing opinion among **parents of children without disabilities** is that the attitudes towards children with physical disabilities and intellectual difficulties aged 3 to 6 years is not the same as the attitudes towards their peers. Respondents believe that at the kindergarten they are often excluded or restricted in their overall development and inclusion due to their disability/difficulty.

The **experts** interviewed say that children with developmental difficulties, even when involved in studies and present in the classroom, are often denied successful inclusion in the group. Typically, they are placed to sit in the back or in the corner of the room, they are accompanied by an adult, be it a parent or another person in the capacity of a personal assistant, and if they are calm and quiet, they remain almost unnoticed.

Data from focus groups

From the perspective of **the parents of children without disabilities** who took part in focus groups, the attitudes about the opportunities for children with disabilities to attend mainstream kindergarten groups together with children without developmental difficulties are not unequivocal. Respondents made it very clear that it depended on the degree of disability of the child, on the one hand, and on the availability of a specialist or a resource teacher, on the other hand. *„There are children with mental problems. There is no way to put them together with the rest." (Man, parent of children without disabilities, Sofia)*

According to the focus groups of **parents of children with disabilities**, they often experienced petitions against the inclusion of their children and lack of capacity of meeting their educational needs at educational institutions. Parents reported that there were many rules in the education system, which theoretically guaranteed the implementation of inclusive education as part of the government policy but, in reality, "everything is just on paper". For instance, a child with Down syndrome was not accepted at a kindergarten for fear that the child might infect the other children. A mother from Sevlievo reported that the headmaster of the kindergarten which her child attended talked to her unofficially and pressurized her to hire a private tutor. The tutor was expected to accompany the child and help him in the common activities. The headmaster threatened her that, otherwise, the child would be expelled through a decision of the parents' committee. Another condition in the education system which often violates the rights of children with disabilities and developmental difficulties is the physically inaccessible environment.

Parents of children with disabilities or developmental difficulties see benefits from the inclusion of their children in the education system for the teachers and the other children as well. In this way they can see the issue for themselves and make up their mind on the basis of experience, and the children would develop tolerant behaviour and learn to accept differences. The potential setbacks of enrolling the child in a mainstream kindergarten relate to the possibility for the child to be insulted, neglected, and isolated. The food offered at kindergartens, too, is often below the requirements of the special diets that some children with developmental difficulties need. Parents also point to some general setbacks valid for all children, such as more frequent diseases due to the contact with more people, and the possibility for the child to learn some bad habits from others.

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Attitudes of health professionals and social care professionals towards inclusive education

Health and social care professionals were asked whether they agreed with a series of statements relating to the inclusion of children with disabilities and developmental difficulties in the education system. The table below presents the total percentages of those who agreed (fully or partially) with the various statements. Positive statements (supporting inclusion) are highlighted in green, whereas negative statements are highlighted in red. Generally, professionals see the benefits from the inclusion of pupils with disabilities and developmental difficulties in the mainstream classroom but they are not sure whether this is the better option for them after all. Only one-quarter to one-third of them believe that teachers are sufficiently prepared and have the competences to work with children with disabilities. It is noteworthy that, in most cases, health professionals expressed stronger agreement with both positive and negative statements, whereas social care professionals tended to hesitate more.

Statement	Social care professionals	Health professionals	Mean score for both groups
Children with disabilities/developmental difficulties can study in a mainstream classroom if the curriculum is adapted to their individual needs	77.2%	80.7%	78.95%
The inclusion of pupils with disabilities/developmental difficulties in a mainstream classroom encourages pupils without disabilities/developmental difficulties to accept differences	75.5%	75.1%	75.3%
Pupils with disabilities/developmental difficulties should be provided all opportunities to attend a mainstream classroom, wherever possible	73.1%	71.2%	72.15%
The inclusion of pupils with disabilities/developmental difficulties in the education system will make them more independent	65.0%	72.2%	68.6%
The inclusion of children with disabilities/developmental difficulties is effective because the child receives all the educational support he or she needs at one single place	64.6%	70.4%	68.6%
Most pupils with disabilities/developmental difficulties make everything possible to fulfil their assignments	54.8%	67.6%	61.2%
The inclusion of pupils with disabilities/developmental difficulties is beneficial to pupils without disabilities	63.9%	53.8%	58.85%
The challenge to be in a mainstream classroom rather than a special school group encourages the learning/educational achievements of pupils with disabilities/developmental difficulties	54.8%	60.4%	57.6%
Pupils with disabilities/developmental difficulties are likely to develop their learning skills more quickly in a mainstream classroom than in a special classroom	46.9%	62.1%	54.5%
Pupils with disabilities/developmental difficulties can be educated best in a mainstream classroom	41.5%	59.4%	50.45%
Studying in a special group has an adverse impact on the social and emotional development of pupils with disabilities/developmental difficulties	39.5%	42.4%	40.95%
Pupils with disabilities/developmental difficulties do not take too much from the teacher's time in the mainstream classroom	31.0%	36.1%	33.55%
Teachers in the mainstream classroom have the necessary capabilities of working with pupils with disabilities/developmental difficulties	21.1%	42.9%	32%
Teachers are sufficiently prepared to teach pupils with disabilities/ developmental difficulties in the mainstream classroom	17.3%	32.9%	25.1%
Pupils with disabilities/developmental difficulties are better taught by special teachers/resource teachers than by mainstream teachers	77.6%	78.1%	77.85%
Pupils with disabilities/developmental difficulties often lack the social skills needed for achievement in the mainstream classroom	60.9%	62.4%	61.65%
Pupils with disabilities/developmental difficulties often lack the learning skills needed for achievement in the mainstream classroom	60.9%	55.3%	58.1%
Any additional attention needed by pupils with disabilities/developmental difficulties takes away from the time needed by the other pupils	43.9%	53.6%	48.75%
Children with disabilities/developmental difficulties should be put into a special group at school so as to avoid the risk of being rejected in the mainstream school	39.8%	51.5%	45.65%
Pupils with disabilities/developmental difficulties create too much confusion in the mainstream classroom	34.7%	35.7%	35.2%
The inclusion of pupils with disabilities in the education system has a negative impact on the development of their emotions	21.4%	19.4%	20.4%

VII. ATTITUDES RELATING TO THE HEALTHCARE SYSTEM AND HEALTH SERVICES

Do children with disabilities need separate healthcare services?

Among **parents of children without disabilities**, 51% fully agreed that children with physical disabilities need separate healthcare services, while those who partially agreed accounted for 36.5% (87.5% of total). 48.8% fully agreed and 31% partially agreed (79.8% of total) with that statement as regards children with intellectual disabilities. Parents from smaller communities were more likely to believe that children with disabilities needed special health services and care.

Those who agreed with the statement that children with physical disabilities needed separate healthcare services among **parents of children with disabilities** were as follows: 58.5% fully agreed and 28% partially agreed (a total of 86.5%). 51.3% fully agreed and 33.3% partially agreed (84.6% of total) with that statement as regards children with intellectual disabilities. Parents of children with disabilities were much more firmly convinced than parents of children with developmental difficulties that separate health services were needed for children with intellectual disabilities.

Among **social care professionals**, 41.5% fully agreed and 26.4% partially agreed (67.9% of total) that children with physical disabilities need separate health services. As to children with intellectual disabilities, the percentages were as follows: 27.4% fully agreed and 23% partially agreed (a total of 50.4%).

Data from focus groups

Parents of children with disabilities shared unpleasant experience and impressions of the healthcare system in their focus groups. They reported that their experiences with doctors are frequently negative because they felt more often confused than consulted and guided properly. A mother of a child with Down syndrome said that she had been blamed for her child’s condition by a physician who told her that she was trying to benefit from the situation: *„It is your fault that the child is like that. You only drag him around to expert commissions to gain money. This is not going to work.“*

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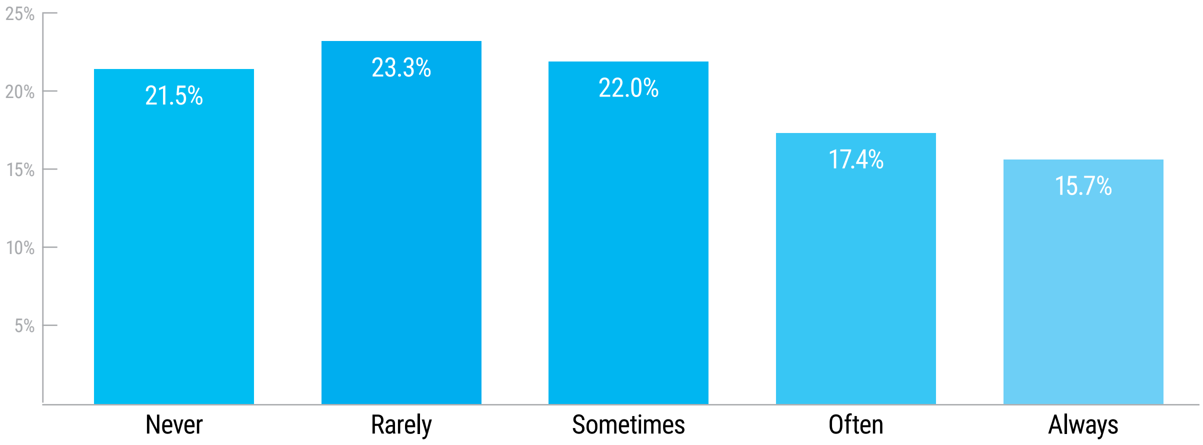
Counselling on childhood development

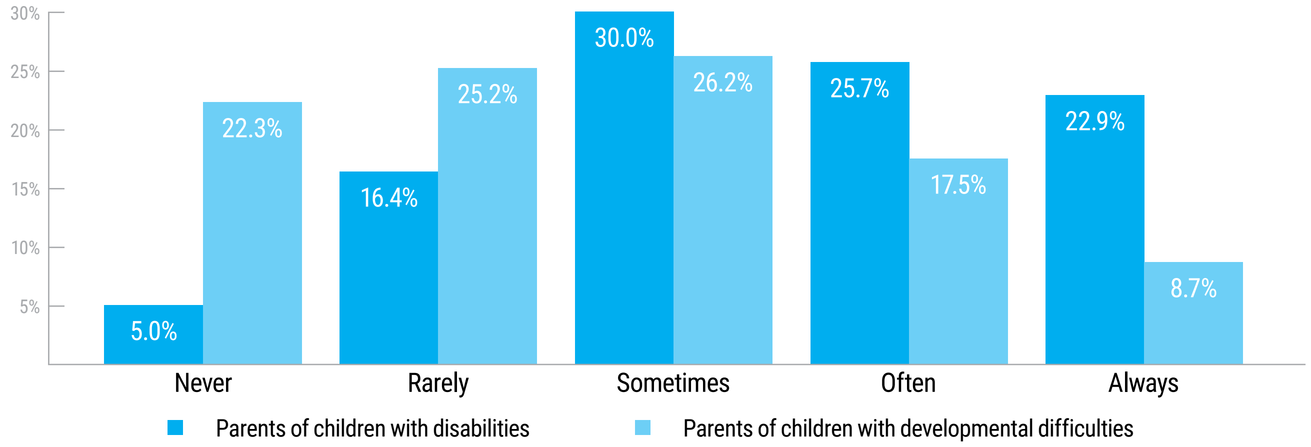
60.1% of parents of children without disabilities reported that their general practitioner/paediatrician had completed a **questionnaire on the child's development** in their presence. Questionnaires on the child's development were completed most frequently in small towns and most rarely in the capital city. The cities in which less than 10% of parents reported witnessing how the paediatrician completed a questionnaire were Stara Zagora, Razgrad, Vratsa and Pleven. 42.4% of parents of children with disabilities reported that they had witnessed how their paediatrician completed a questionnaire on their child's development and 57.6% said that they had not.

Parents were asked about the **frequency of the conversations with the general practitioner/paediatrician concerning their child's development up to the age of 3 years.** The answers of parents of children with and without disabilities are presented in the diagrams below. The cities where paediatricians provided counselling most rarely are Stara Zagora, Pazardjik, Gabrovo, Ruse, Kyustendil, Silistra and the Region of Sofia. Over 65% of the respondents there reported that they were "rarely" or "never" given advice on their child's development up to the age of three years.

How often did your general practitioner/paediatrician talks to you about your child's development, learning or behaviour during the first three years?



How often did your general practitioner/paediatrician talk to you about your child's development during the first three years?



VIII. ATTITUDES RELATING TO LIFE IN/OUTSIDE THE FAMILY ENVIRONMENT

Where should children with disabilities live?

Parents of children without disabilities were asked whether it was better for children to be in special institutions, with specialists taking care of them all the time. 19.3% fully agreed and 30.6% partially agreed (a total of 49.9%) with that statement with regard to children with physical disabilities. As to children with intellectual disabilities, the percentages were as follows: 18% fully agreed and 25,1% partially agreed (a total of 43.1%). Parents were asked another similar question, i.e. whether children with disabilities need special institutions, such as special accommodation facilities. 13.6% fully agreed and 29.8% partially agreed (43.4% of total) with that statement with regard to children with physical disabilities; as to children with intellectual disabilities, 12.7% fully agreed and 26.1% partially agreed (38.8% of total). Less educated persons and those living in rural areas were more prone to believe that children with disabilities should be accommodated at special institutions with specialists taking care of them, or at special housing facilities.

As to the question whether it was better for a child left without parental care to live in a foster family or an institution, 37.9% of the **parents of children without disabilities** fully agreed and 28.4% partially agreed (66.3% of total) that a foster family was the better option. The opposite opinion (that an institution is better than foster care) was shared by a total of 26.1 percent: 8.8% fully agreed and 17.3% partially agreed. However, if the child had the option to stay home, over 80% of the respondents said they would rather leave the child at home, regardless of whether the disabilities were physical or intellectual (with slightly more believing that children with intellectual disabilities should be left at home). Women tended to leave the child at home more frequently than men. The same tendency was observed in the focus groups, too. It is worth noting that people living in smaller communities and people aged between 25 and 44 years were more often of the opinion that boys with disabilities should stay at home.

Parents of children without disabilities believe that an ever growing number of children with disabilities will be raised in their own families, at home. The total percentage of those who believe that the number of abandoned children will increase is less than 10 percent.

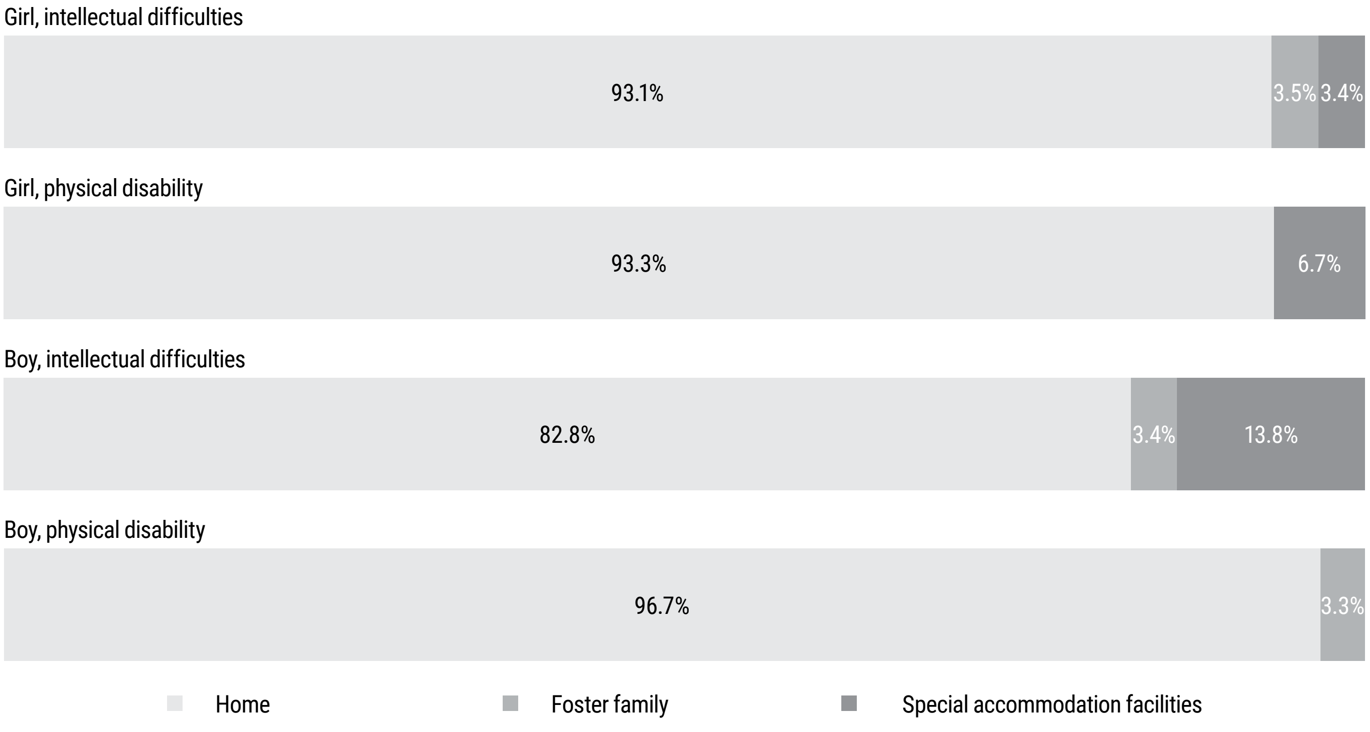
Among **parents of children with disabilities**, 10.2% fully agreed and 22.9% partially agreed (33.1% of total) that it would be better for children with physical disabilities to be accommodated at special institutions where they would receive care all the time. As to children with intellectual disabilities, the percentages were as follows: 12% fully agreed and 31,6% partially agreed (a total of 43.6%). The similar statement that children with physical disabilities need special institutions, such as special accommodation facilities, carried the full agreement of 10.3% and an equal share (10.3%) of partial agreement (20.6% of total). As to children with intellectual disabilities, the percentages were as follows: 9,4% fully agreed and 19,7% partially agreed (a total of 29.1%). The majority of the respondents giving a positive answer were parents of children with more serious developmental challenges.

Most parents (both parents of children with disabilities and parents of children without disabilities) do not believe that the attitudes of the general public are similar to theirs. Parents believe that a large part of the general public finds it necessary for children with disabilities to receive institutional support. It is worth noting that public attitudes tend to exclude boys through isolation from the family environment and accommodation at special institutions more often than girls.

Among **health professionals**, 40% fully or partially agreed that children with intellectual disabilities need special institutions like special accommodation facilities. 49.1% of the respondents held the same opinion about children with physical disabilities. The need for special institutions for children with either intellectual or physical difficulties was supported to the greatest extent by health professionals with work experience of up to 25 years. At the same time, health professionals working at hospitals were most prone to agree with the statement that children with disabilities need special institutions like special accommodation facilities, regardless of the nature of the disability (intellectual or physical).

As to children left without parental care, 63.95% of **health professionals** were of the opinion that it would be better to accommodate them at foster families and 28.07% find institutional care (“special accommodation facilities”) to be the better option. If there was an option for the child to stay home and the professionals were put in a situation to take responsibility for the decision on where the child should live, most of them would keep the child at home. The diagram below presents the results of this question with a breakdown by gender of the child and by type of disability. There is a discrepancy between these results and the opinion of parents of children with disabilities, among whom 18.3% were advised by medical professionals to leave their child at an institution. The discrepancy could result from a change of attitudes over time; however, it shows clearly that some health professionals continue to maintain positive attitudes to institutional care.

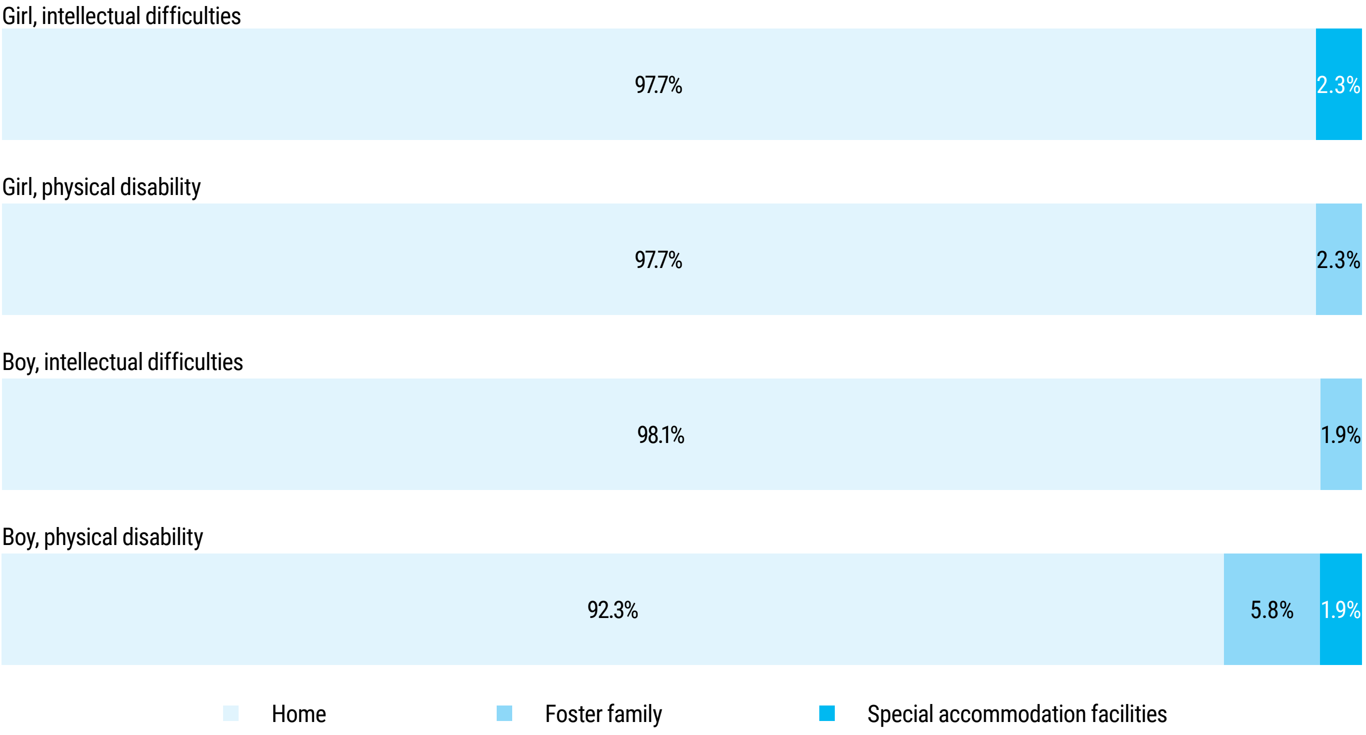
Imagine you were responsible for making a decision on the best place for the child to live:



Among **social care professionals**, 12.6% fully agreed and 19.3% partially agreed (31.9% of total) that it would be better for children with physical disabilities to be accommodated at special institutions where they would receive care all the time. As to children with intellectual disabilities, the percentages were as follows: 19.3% fully agreed and 17% partially agreed (a total of 36.3%). 9.4% fully agreed and 13.2% partially agreed (a total of 22.6%) that children with physical disabilities need special institutions like special accommodation facilities. 8.9% fully agreed and 22.2% partially agreed (31.1% in total) with that statement as regards children with intellectual disabilities.

49,7% of **social care professionals** fully agreed and 21.1% partially agreed (70.8% of total) that it would be better for a child left without parental care to be accommodated at a foster family rather than an institution. The opposite opinion was supported by 17.7% of the respondents (6.5% fully agreed and 11.2% partially agreed). The diagram below presents the opinions of professionals in case the child had an option to stay at home and they were personally responsible for choosing the place where the child would live, with a breakdown by gender and type of disability of the child.

What would be your personal choice of a place for the child to live?



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IX. DIFFERENCES BETWEEN GIRLS AND BOYS

Parents of children without disabilities believe that, generally, girls with disabilities receive equal treatment with their peers more often than boys with disabilities do, regardless of the type of disability. Parents' opinions reveal that they see a need for change mainly with regard to boys with disabilities, with boys with intellectual disabilities being mentioned more often: over 65% of parents firmly believed that it was precisely that group of children that was treated most unequally. Male respondents were much more prone to think that only boys suffered from negative attitudes, while about half of the female respondents claimed that girls with disabilities, too, were not treated in the way in which the other children were. Parents are of the opinion that more decisive intervention is needed for boys with disabilities to ensure the respect for their human rights.

Parents of children without disabilities tend to put boys much more often in a mainstream kindergarten group or at home, while girls are more frequently put into daycare centres or at a mainstream kindergarten but in a special group for children with disabilities. Boys with intellectual disabilities are also put into special groups but they are more frequently put into a mainstream group with the other children (over a half of the parents put them into a mainstream group). Those who believe that a girl with an intellectual disability should be placed in a mainstream kindergarten but in a special group account for the largest share of parents. The same trends are observed with regard to children with physical disabilities, although the percentage difference is smaller. **Parents of children with disabilities** put boys with physical disabilities more frequently in a mainstream kindergarten and they typically exclude girls with intellectual disabilities from pre-school education.

As regards the living in a family environment, respondents living in small towns, parents aged above 25 years and those with income levels above BGN 2000 tend most frequently to leave girls with intellectual difficulties at home. Proponents of the opinion that girls with intellectual disabilities should be accommodated in a foster family or a special facility are mainly men, people aged below 25 years and those living in regional centres.

X. ATTITUDES AMONG CHILDREN AGED 10 TO 14 YEARS WITHOUT DISABILITIES

Children were asked to decide whether certain words referred to children with disabilities or children without disabilities. "Bad" is a word on which there was no unanimity. Still, it was most often indicated as a characteristic of children without developmental difficulties (30.2%). The reason spelled out by the respondents was that sometimes children without disabilities ridiculed and insulted children with developmental difficulties. The adjectives "sad" and "lonely" also were ascribed most often to both groups. However, children tended to more frequently refer to their peers with developmental difficulties with these descriptions. Children with developmental difficulties were considered to be "sad" because, on the one hand, they suffered from a kind of constraint (physical or intellectual) and, on the other hand, the others did not understand them, laughed at them, and harassed them. Similar to that correlation, respondents tended to use the word "happy" in reference to children without developmental difficulties. The words "outgoing" and "hard-working" were also used to describe both groups. Nevertheless, there is a clear tendency of adolescents to ascribe these characteristics to children without disabilities.

Children were asked to give their opinion on where children with disabilities and children without disabilities would play on the playground. Respondents typically positioned children with physical disabilities at places believed to be safer and calmer ("gazebo", "benches", "spider web swing"). Respondents hardly ever placed children with physical disabilities around the various types of climbers indicated on the charts ("climber", "web climber", "climbing wall").

Researchers came to the conclusion from the focus groups that children had no clear idea of the constraints of their peers with intellectual difficulties. The answers reveal that respondents recognise them as more active on the playground than children with physical difficulties (more rarely seen on benches or in the gazebo). They are seen most often to play on slides and swings where the persons accompanying them could help. The places most frequently indicated as places where children do not play together are climbers of all types.

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When asked about the differences between children with disabilities and children without disabilities, respondents assumed that their peers with developmental difficulties might share the same interests, playing preferences, opinions, ways of thinking, and characters.

Respondents were placed in several hypothetical situations of interaction with a child with developmental difficulties. Children were asked whether they would say “hello” to a child with developmental difficulties, whether they would invite them to play with friends, lend them learning materials in class, invite them to their place, or confide a secret to them. The more personal the contact and the closer the distance would become, the more frequent the answer would be to refuse or to attach conditions to the contact. The levels of closeness and admission will depend on whether the companion is perceived as a friend or not. 17.3% of the respondents (9 children) would not invite a child with developmental difficulties to their place, while 11.5% (6 children) would decide depending on whether the child was their friend and whether they had a good time together. Almost one in five respondents admitted that he or she would not confide a secret to a peer with developmental difficulties. The concerns are that a child with difficulties might not understand the essence of the secret and might disclose it to somebody else unknowingly. Close to one quarter of the respondents said that they would be prepared to confide a secret, depending on how close they were and if the child could be trusted. If the child with developmental difficulties demonstrated positive behaviour, and stood quietly and even passively, his or her peers would communicate with him or her, invite the child to play together, and be prepared to help the child overcome the constraints. However, if the difficulty was exhibited in changed perceptions of the situation, inadequate behaviour or aggressive outbreaks, children would not be prepared to be tolerant.

Most adolescents do not have children with disabilities around them and hence they have no experience in communicating with them and no attitudes based on first-hand impressions. The cases in which the respondents report contacts with children with disabilities and developmental difficulties are typically the cases of classmates or other children at school.

The opinions shared in the focus groups point to a tendency of reproducing the general parlance about children with disabilities and developmental difficulties, which becomes more pronounced in parallel with the increase in the age of the respondents.

XI. ATTITUDES AMONG CHILDREN WITH DISABILITIES

Respondents repeatedly stated that they did not get along with their peers well. Children with difficulties are often isolated and even insulted. When asked to think of any differences between children with developmental difficulties and children without disabilities, respondents identified the behaviour/attitude as the main difference. Children without disabilities often behave “badly”, harass children with disabilities and developmental difficulties, insult them, mock and shun them.

They are present in the classroom but they are not genuinely included. They feel lonely and rejected by their peers. They communicate with a small number of people and do not have the courage and ease to interact with their classmates freely.

Like all other children, they, too, want to make friends. They perceive the idea of a stranger joining the class as a welcome opportunity to gain a friend. They are ready to say “hello” to the child, to invite him or her to play together, to lend personal items and share private experiences. But they have more reservations to the idea to let people from outside whom they do not know well yet into their most personal space, i.e. home.

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