



BARRIERS TO ACCESS
SOCIAL ASSISTANCE AND
SPECIAL SOCIAL SERVICES
IN KAZAKHSTAN

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Barriers to access social assistance and special social services in Kazakhstan

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Table of contents

Acknowledgements	8
Abbreviations	9
Executive summary	10
1. Introduction	16
1.1. Background to the research	16
1.2. Research objective and questions	19
1.3. Barriers to social assistance and special social services in Kazakhstan: Insights from literature	20
1.4. Aim and structure of the report	23
2. Methodology	25
2.1. Overview	25
2.2. Quantitative method	25
2.3. Qualitative method	30
Findings Part 1: Barriers to access social assistance	34
1. Limited awareness of social assistance	34
1.1 Understanding of eligibility	34
1.2 Recommendations	37
2. Information gaps in the application process	39
2.1 General lack of information about the assistance	40
2.2 Lack of information about the (income) eligibility criteria	42
2.3 Recommendations	43
3. Documentation required for applying	44
3.1 Confusion and lack of guidance about what documents to provide	45
3.2 Difficulties in obtaining unemployment certification	47
3.3 Requirements to submit documents on marital status and alimony payments	51
3.4 Recommendations	53
4. Restrictive eligibility rules and means testing	55
4.1 Other categorical transfers are included as household income for the purposes of assessing eligibility	55
4.2 Part-time, irregular earnings are included in the income assessment	57
4.3 Livestock and cars are barriers to receiving poverty targeted assistance	58
4.4 Recommendations	59
Findings Part 2: Barriers to access special social services	61
1. Information gaps	66
1.1 Limited information about the application process	67

1.2 Limited information and understanding about the role of social workers.....	67
1.3 Recommendations.....	68
2. Difficulties with the application process.....	69
2.1 Overall complexity and time burden of application procedures.....	70
2.2 Difficulties with the medical diagnosis procedure.....	71
2.3 Difficulties in attending certification committees.....	72
2.4 Recommendations.....	74
3. Patchiness of service availability.....	75
3.1 Limited options and lack of explanation for referral.....	75
3.2 Lack of specialists.....	76
3.3 Delays in receiving certain services and equipment.....	78
3.4 Specific barriers to access sanatoriums for children.....	79
3.5 Recommendations.....	80
4. Distance and lack of transport.....	81
4.1 Children in rural settlements are isolated from correction and rehabilitation services.....	82
4.2 Social workers are assigned to children over a wide geographical area and are not provided with transport.....	82
4.3 Transport is not provided to access special social services:.....	83
4.4 Recommendations.....	84
5. Stigma.....	87
5.1 The family is ashamed to register their child as disabled or to receive allowances:.....	87
5.2 Embarrassment by children to receive special social services.....	88
5.3 Hostility of society when people access special social services.....	88
5.4 Recommendations.....	89
Findings Part 3:	
Expectations and reported requirements for social services and assistance.....	90
6. Conclusions and Recommendations.....	92
6.1 Conclusions.....	92
6.2 Policy recommendations.....	94
References.....	96
Annexes.....	97
Annex A: Consultations during the inception period.....	97
Annex B: Selection of raions for qualitative research.....	98
Annex C: Semi-structured interview guides.....	101
Annex D: Informed consent statements.....	108
Annex E: Statistical annex.....	109

Tables

Table 1. Sampling frame and screening.....	26
Table 2. Final sample size and response rate.....	27
Table 3. Profile of respondents.....	28
Table 4. Profile of households.....	29
Table 5. Identifying low-income households.....	31
Table 6. An overview of the qualitative research approach.....	32
Table 7. Awareness of social assistance, by type of assistance and region.....	34
Table 8. Perceived eligibility for social assistance.....	35
Table 9. Application rate and outcome for those who know about social assistance.....	39
Table 10. Reasons for not applying for social assistance among those self-identifying as being eligible.....	40
Table 11. Information gaps that prevented application for social assistance.....	40
Table 12. Reasons for rejection from social assistance.....	42
Table 13. Specific reasons for rejection from social assistance on the grounds of ineligibility.....	43
Table 14. Documentation problems that prevented applications.....	45
Table 15. Length of time spent on parts of the application process.....	45
Table 16. State agency to which social assistance application was submitted.....	47
Table 17. State agency to which social assistance application was submitted, by region.....	48
Table 18. Percentage who applied for social assistance, by single mother household status.....	53
Table 19. Monthly amount of non-social-insurance-related categorical benefits for children.....	56
Table 20. Need for special social services identified in the household.....	62
Table 21. Perceived eligibility and rate of application for special social services.....	63
Table 22. Reasons for not applying for special social services, among those who consider themselves eligible.....	63
Table 23. Success rate of applications for special social services.....	64
Table 24. Rate of successfully applying.....	64
Table 25. Specific information gaps preventing application to special social services.....	66
Table 26. Length of time spent on each part of the application process, by category of service.....	71
Table 27. Proximity to required special social service, by region.....	81
Table 28. Distance and transport-related reasons for non-application to specialised social services.....	81
Table 29. Expectations of specialised social service provision.....	91
Table 30. Awareness of social assistance, by region and wealth quintile.....	109

Table 31. Reason for non-application to social services, by single-mother household status and region.....	110
Table 32. Profile of household, by whether or not they applied for special social services, out of those who identified the need for them.....	111
Table 33. Experience of the application process for special social services.....	112

Figures

Figure 1. Number of beneficiaries of TSA over time.....	17
Figure 2. Number of beneficiaries of SCA over time.....	18
Figure 3. True percentage eligible for TSA versus percentage perceiving themselves to be eligible.....	36
Figure 4. True percentage eligible for SCA versus percentage perceiving themselves to be eligible.....	37
Figure 5. Number of days spent on entire application process, by category of special social services.....	70
Figure 6. Awareness of social assistance, by wealth quintile, Kyzylorda region.....	109
Figure 7. Awareness of social assistance, by wealth quintile, Mangystau region.....	109
Figure 8. Awareness of social assistance, by wealth quintile, Astana city.....	110

Boxes

Box 1: Relevant laws and standards for providing services to particular vulnerable groups.....	19
Box 2: Bottlenecks experienced by social assistance applicants.....	20
Box 3: Bottlenecks experienced by children with disabilities.....	23
Box 4: Rules for effective communication.....	31
Box 5: Bureaucratic framework for accessing poverty targeted social assistance.....	38
Box 6: Documentation required to apply for poverty targeted social assistance.....	41
Box 7: Imputing farm and informal income.....	44
Box 8: Income disregards in international experience.....	59
Box 9: Specific services under the categories of special social services.....	60
Box 10: An overview of the application process for special social services for children with disabilities.....	61
Box 11: Challenges in recruiting and retaining qualified social workers.....	69
Box 12: The contracting and procurement process for invataxi services and covering their recurrent costs.....	77

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Abbreviations

HBS	Household Budget Survey
ICC	Information and Computing Centre
IWI	International Wealth Index
KGT	Kazakh Tenge
MIA	Ministry of Internal Affairs
MLSP	Ministry of Labour and Social Protection
MoES	Ministry of Education and Skills
MSEC	Medical Social Expertise Committee
OPM	Oxford Policy Management
PMPC	Psychological-Medical-Pedagogical Consultation
TSA	Targeted Social Assistance
SCA	State Child Assistance

Executive summary

In the last two decades, Kazakhstan has seen significant progress in improving the economic and social conditions of the population. One notable achievement is a nearly ten-fold decrease in poverty between 1998 and 2011. However, there remains fragmented coverage of low-income and vulnerable groups by social assistance and special social services in the country¹. This research investigates the barriers which low-income and vulnerable families with children face in accessing poverty-targeted social assistance (Targeted Social Assistance, TSA and the State Child Allowance, SCA²) and special social services. It focuses on children living in households, rather than those residing in institutions and, with respect to special social services, primarily covers children with disabilities and those with limited capacities. The research is undertaken prior to the nationwide roll-out of reforms to social assistance which is scheduled from January 2018³.

The research combines quantitative and qualitative research methods in three regions; Astana city, Kyzylorda oblast and Mangystau

oblast. The quantitative component comprises a household survey which randomly sampled between 1100 and 1700 households with children in each of the three oblasts. In total, the sample size is 3,982 respondents (representing 47,195 households). This survey is representative of households with children in the lowest income raions of Mangystau and Kyzylorda oblasts and the lowest-income clusters in Astana. The qualitative component comprises semi-structured interviews with 24 recipients of social assistance, 33 low-income⁴ households not receiving poverty-targeted social assistance and 30 users of special social service. In addition, we consulted key informants from government, members of technical assessment committees as well as from NGOs implementing special social services, where relevant.

The research identifies seven sets of factors that influence how low income and vulnerable families with children to access poverty-targeted social assistance and special social services and that colour their application experience.

¹ Under the Law of Special Social Services (2008 and revised in 2015), the Government of Kazakhstan commits to providing special social services to families living in eleven types of special situation.

² Housing Allowance is also a poverty-targeted social assistance transfer however it is not included in this study.

³ Under these reforms, the SCA and benefit for mothers of many children will be stopped. The TSA will also be revised. This new, enhanced, TSA will have a higher income eligibility threshold than the current TSA. Income eligibility for this TSA will be equal to 50% of a new subsistence minimum; with this revised subsistence minimum being 9.1% higher in real terms than it is currently (Carrara et al. 2017).

⁴ Low income families were identified on the basis of a series of proxies including the household head being engaged in agriculture or the informal economy; the household head having a chronic illness or disability; the household having many children and the dwelling being in a neighbourhood far away from the centre of the settlement. Low income is therefore a broader category than poverty, as defined by the Government of Kazakhstan in terms of the subsistence minimum.

Finding 1:

Limited awareness of poverty-targeted social assistance

Limited awareness about social assistance is a key finding of this research, the extent of which was not sufficiently apparent in the existing literature. Only 24% of respondents to the survey have heard of TSA and 29% have heard of the SCA. There are regional differences, with 41% having heard of TSA in Astana, 33% in Kyzylorda oblast and just 15% having heard of TSA in Mangystau oblast. This indicates a low level of awareness in general of the specific forms of social assistance that the government is providing. Concerningly, in Mangystau oblast, low-income households, who need the assistance most, are by far the least likely to be aware that it exists.

Regional differences in awareness can partly be explained through understanding how people find-out about social assistance – this is predominantly by word-of-mouth, including from current beneficiaries. In remote areas, as the settlements visited in Mangystau oblast, it is likely that these informal awareness-mechanisms are less effective.

Finding 2:

Lack of information

Among those who were in general aware of social assistance and identify themselves as eligible for poverty targeted social assistance in the household survey, 67% had applied for TSA and 80% for SCA. More than half of these respondents report that a lack of information was one of their reasons for not having applied. When asked to be more specific about what information they were missing, two-thirds lack any information about the assistance. Almost one third specifically note a lack of information about the eligibility criteria, and a small proportion (14-23%) specifically identify a lack of knowledge about the application procedure.

Among those identifying a need for special social services, the large majority consider themselves eligible and yet only

a very small minority of these households, from 10-15% depending on the category of service, had attempted to apply. As is the case for social assistance, the main barrier to applying is lack of information about part of the process, with two-thirds of respondents indicating a total lack of information. For some categories of service there also appears to be more confusion over the application process (36% identified this for socio-psychological services) and the eligibility criteria (particularly for socio-medical and socio-psychological services).

Qualitative respondents describe three areas in which there was a barrier to them receiving the right information. The first is that potential beneficiaries do not receive any information from officials about social assistance, either because they ask and information is withheld or because they are too intimidated to ask for information in the first place.

A second area where there is an information gap is the documents needed to apply. This includes applicants not knowing what documents to collect or which state agencies to contact for their first application. Ultimately this does not prove an absolute barrier to our interview respondents accessing social assistance, rather that the process only becomes clear to them after a lot of confusion and mistakes. A similar story emerges with special social services, where qualitative interviewees highlight confusion among those who had applied over the application process and the documents which are required.

A third area of limited information, or confusion, is on the role of social workers. In the qualitative fieldwork, interviewees generally report satisfaction with their social workers. They describe social workers performing a range of tasks such as assisting mothers with documentation collecting, accompanying them to the MSEC and PMPC, bringing diapers, and communicating new information to them. However, several interviewees are

unclear about the role of their social worker and express disappointment that they did not interact with the child. Specifically, the confusion was around whether their role is to support the parents through providing information and help with submitting documentation, or whether it is a caregiving role for the child.

A common theme to the evidence on a lack of information is that people are generally being informed of their entitlements and how to apply through word-of-mouth or even by overhearing something by coincidence.

Finding 3: The application processes

The complexity of the application process affects take-up, since it reduces people's willingness to apply. In the quantitative survey, 10-13% of those who did not apply for social assistance (but who believed themselves to be eligible for it) were put off applying because they could not collect the necessary documentation. Meanwhile, among respondents who had applied but were rejected, not providing the correct documents was the reason for 12% of all rejections. A similar finding emerged for special social services; approximately 10% of households that did not apply, despite considering themselves eligible, because of the time burden of the application. The survey found that people spent between 32 and 120 days on the application process and made up to six trips to the place of application in the course of this.

Of those who state that being unable to obtain the correct documentation put them off applying for social assistance, the document that they struggle to provide was the unemployment certification. There are two main reasons why some people find it difficult to obtain this documentation: (i) the long distance to employment centres (which are located in district centres); and (ii) inadequate design of the employment policy conditionality. In particular, the employment conditionality offers limited incentives to take up the required jobs in public works and offers no employment support. Furthermore, it does not take into

account the needs of mothers with young children, who are supposed to find employment when their child turns three years old, however, this is rarely achievable due to a lack of flexible jobs and kindergarten places.

When it comes to special social services, even when respondents are ultimately able to access the service, they still report inconvenience, particularly time and monetary costs to applicants and delayed access to services. The burden also falls more heavily on women, who are generally the primary caregiver to children.

Specific aspects of the application process which are proving either inconvenient, or a time burden, for applicants of special social services include; (i) the medical diagnosis procedure, which can require an unfeasibly long stay in hospital for the child and which must be repeated every two years – some parents perceived it as unnecessary in cases where the child was severely disabled; and (ii) attending certification committees (the MSEC, managed through the health sector, and PMPC, managed by the education sector) in person and with the child. This was physically very difficult for some and also, for the MSEC, perceived as unnecessary when medical diagnosis had already been obtained.

Finding 4: Restrictive eligibility for poverty- targeted social assistance

The existing rigid eligibility rules restrict access of genuinely poor households to social assistance. In the household survey, 70% of applicants for social assistance had had an application rejected and 95% of these rejections were because the applicant's income exceeded the income eligibility criteria. Generally, the eligibility threshold for poverty targeted benefits is extremely low. Rejected applicants also feel that the inclusion of some types of income and assets in the calculation is unfair and inappropriate. For example, disability allowance and scholarships for children no longer living in the house are included in the means test and often make household ineligible for social assistance. Furthermore, beneficiaries feel that the imputation of earnings from

occasional work can often over-estimate their income.

What also matters is that respondents are poorly informed of what would be counted in their income. Because of this they are wasting time collating documents and applying for social assistance when they are clearly ineligible on the basis of how income eligibility is calculated. One of the key information gaps is around the fact that other categorical transfers – including for disability, educational stipends and for children in the first year of life are all included as income.

Finding 5: Patchiness of service availability

In a country the size of Kazakhstan, people's proximity to a provider of special social services varies widely. Nonetheless, the majority of respondents to the survey who identified having a need for special social services report that the service they needed was in the same village or town: 56% in Mangystau oblast and Kyzylorda oblast and 61% say this in Astana city. However, despite this, 30% of those who did not apply cited a distance-related factor among their reasons.

It is unrealistic to expect all special social services to be available in each geographic area. This makes the question of transport all the more important. Interviewees from rural settlements in Kyzylorda and Mangystau oblasts report difficulties in travelling to special social services in the regional and district centres. Because transport is not provided for children and their caregivers, families face several difficulties in accessing the services. This includes that paying for transport from rural settlements is a drain on household resources. It is also difficult to take children with disabilities on public transport.

While the invataxi service is supposed to overcome the issue of transport barriers, the qualitative research highlighted problems with the service. This included a non-existent service, unreliable service, and inconvenience in having to book the invataxi far in advance. Supply-side deficiencies in the invataxi

service include the failure to attract providers through a competitive tendering process (Astana) and a shortage of budget for petrol (Mangystau oblast).

A related problem is a shortage of equipment and specialists in some areas. This is a direct barrier to some children receiving the special social services that they need, even in cases where they have applied and passed the certification process. Some respondents reported long delays in accessing services and receive basic equipment, such as diapers, a wheelchair, or orthopedic shoes, even after these had been prescribed. A lack of specialists is reported in relation to qualified social workers, massage therapists and trained teachers to home-school children with disabilities. There is a particular problem in recruiting and retaining highly skilled applicants for social work due to low pay and the multi-disciplinary nature of their work. Social workers are also not provided with transport, yet their working area can cover several rural settlements.

There are also specific barriers for accessing sanatoria for children due to the lack of accommodation for parents. Some parents clearly feel that they could not leave their child without parental support for long periods of time and that this meant sanatorium treatment, though prescribed, was not an option.

Finding 6: Social stigma

The final finding on barriers to special social services is that some parents feel stigmatised for their child's disability. This stigma towards children with disabilities has, in some cases, been internalised such that some parents are reluctant to acknowledge, or even refuse to acknowledge, that their child has a disability. There are several reports of child disability only being recognised when the child started school, due to the embarrassment of the parents to acknowledge the disability and seek support for their child. Some users of special social services also feel that there is a hostility from society when their children

access special social services. However, stigma stemming from being a beneficiary of social assistance is not widely reported as a barrier to access.

Finding 7:

User experience

In addition to barriers to access social assistance and services, our research enables us to assess the quality of user experience. In particular, when assessing access to services, an important consideration is not only if people can access benefits or not, but also if their application process is effortless and does not incur additional burden, financial or other.

The certification requirement in Kazakhstan imposes a significant cost on beneficiaries. This pertains to the need to travel long distance (e.g. to employment centre to obtain unemployment certificate), travel expenses and effort. The burden of obtaining the required documents is particularly pronounced for women. More specifically, it is women who need to obtain alimony and divorce certificates, which is time and effort consuming.

The overall complexity of the application process for special social services causes inconvenience, time and monetary costs to applicants, with the lengthy application process delaying access to social services. This is particularly pronounced when attending MSEC and PMPC appointments for registering and recertifying disability.

Four main policy recommendation areas emerge from this research:

Reassess the design of poverty-targeted social assistance

This includes reassessing whether it is appropriate to include categorical social assistance transfers, such as the disability allowance, in the income calculation. This means having a frank discussion about the policy objectives of different types of social assistance – for instance, are categorical social assistance transfers to cover the additional

costs of certain conditions or times in a person's life cycle (such as when they have a young child); or are they to improve living standards overall? If the former, then it makes little sense to include them in the income eligibility criteria and they must be disregarded when calculating income.

There must be clear and transparent rules for including part-time, irregular earnings in the means test and these must be clearly communicated to applicants. These rules should determine when and how income from occasional labour should be included in the overall income calculation. These rules must be clearly communicated to the applicants. Similarly, the imputation of income from livestock and agriculture must be also based on up-to-date data on prices, local conditions and rely on robust methodologies.

Another area for reform is around the link between employment conditionality and social assistance. It is important to coordinate social assistance and employment activation policies so as their objectives are mutually complementary. In particular, the employment conditionality must be redesigned to take into account financial incentives necessary for people to be willing to take up jobs, especially in rural areas, and as well as availability of suitable jobs more generally. Furthermore, it must be further adjusted to reflect gender-specific patterns of working and vulnerabilities linked to women's care giving roles. A possibility here could be to offer exemptions for employment certification in the case of single-parent families.

Improve implementation procedures and practices

People's awareness and understanding can be enhanced via information campaign and targeted awareness raising through schools, health services and by the police. Combined with targeted outreach, there needs to be single-point information referral stations for on-demand application inquiries. Overall, more information should be provided both with regard to social assistance and special social services, at the start

of the application, including on; (i) eligibility criteria; (ii) about which documents people will need in order to apply and how they can be acquired; and (iii) where to apply.

The research also documents existing good practices, including the use of social workers and mobile social centres to collate documents. The services of mobile social centres and social protection agencies for collecting and receiving documents prove to be very positive and can be replicated and institutionalised across the country. It is important to strengthen social work functions and designate social workers to support applicants by providing information and facilitating collection of required documents. Finally, it is important to simplify the application process and make it easy and simple for applicants to obtain the required documents.

Institutional capacity building

This is required to ensure that service quality is maintained and that people can access both social assistance and special social services. Financial resources need to be directed towards supporting special social services to ensure ample availability across the country. This of course cannot happen overnight and needs to be an incremental process. Substantial investment and effort are needed in the long-term to recruit and retain qualified personnel and provide infrastructure in rural areas. Accessibility can be improved by designating resources to cover

transport costs for carers and expanding the network and availability of invataxi services.

Public education on stigmatising behaviour and attitudes

The findings of this research point to a lack of public awareness of disability and an acceptance of negative attitudes towards disabled people and their families. Social workers can be instrumental in identifying children with disabilities who may not be acknowledged as having a disability by their parents due to the existing societal stigma. More broadly, public education is necessary to change the societal attitudes and help make disability better understood.

In summary, the research identifies a series of barriers to access social assistance and special social services that relate to: restrictive eligibility rules for TSA and SCA (low income threshold; inclusion of unearned income; income imputation rules and practices); low take-up (with people having limited awareness and information about what is available; the application process and documentation requirements deterring people from applying, as does stigma towards children with disabilities); and inadequate service availability and accessibility. It provides recommendations on how these different barriers can be overcome; so supporting the expansion of access to, and coverage of, low income and vulnerable families with children.

1. Introduction

This study uses a mixed methods approach to identify the barriers which low-income households with children face in accessing social assistance and special social services. For the purpose of this report, we focus on two poverty-targeted social assistance programmes – Targeted Social Assistance (TSA) and the State Child Allowance (SCA). The term special social services refers

to social services for individuals with a categorical vulnerability, the most common of which is persons with disabilities. We focus here on families with children in any of the vulnerabilities that would make them eligible for social services under the Law on Special Social Services, although in practice the biggest category was children with disabilities.

1.1. Background to the research

In the last decade, Kazakhstan has seen significant progress in improving the economic and social conditions of the population. Some notable achievements include a nearly ten-fold decrease in poverty and five-fold decrease in maternal mortality between 1998 and 2011 (Republic of Kazakhstan, 2013). According to official statistics, the proportion of the population living below the national poverty line⁵ fell from 38.3% in 1997 to 12.7% in 2007 and 2.7% in 2015. Meanwhile, the proportion of people living below the national extreme poverty line⁶ fell from 12.7% in 1997 to 0.1% in 2015. Analysis of household survey data from between 2001 and 2009 attributes declines in poverty during this period to pro-poor economic growth and redistribution; with redistribution playing a more important role from 2006. In particular, the effects of a stimulus package resulted in significant wage rises during the second part of this period (Kudebayeva and Barrientos, 2017).

However, many people remain vulnerable to social and economic risks. Despite Kazakhstan having a broad and mature social protection system (comprising both social assistance and social services), analysis of the 2009 and 2015 HBS reveals the fragmented coverage of poor and vulnerable groups by social assistance and social services in the country. For those who are covered, the social assistance support offered is frequently inadequate to ensure their basic needs and to reduce their vulnerability (Babajanian et al. 2015; Carraro et al. 2017; OECD 2017). Meanwhile, prior to the 2015 revised Law on Special Social Services the focus of efforts to provide special social services for children was on children with disabilities (An, 2014) and for providing alternative care for children in institutional care (Roelen and Gassmann, 2012). With the 2015 revised Law, though, the government commits to develop the country's social protection system and move towards an integrated model for the provision of support.

⁵ Termed the subsistence minimum – a cost of basic needs poverty line – calculated on the basis of a food basket and an allowance for non-food requirements.

⁶ Living at a level less than 40% of the subsistence minimum

The purpose of this research is to identify barriers and bottlenecks for low income families to access existing targeted social assistance and special social services as well as to develop an understanding of the additional requirements for support among poor and vulnerable families with children. In doing this, this study will provide recommendations to the Government of Kazakhstan in moving towards its vision of an integrated system to provide cohesive support, in terms of both social assistance and social services, for poor and vulnerable families with children.

In order to answer these research questions, a mixed methods approach is used, comprising two parts: (i) a quantitative survey at household level with a sample representative of poor families and families in difficult life situations; and (ii) qualitative interviews with social programme administrators and service providers as well as beneficiaries. The research

has been undertaken in three regions: Astana city, Kyzylorda oblast and Mangystau oblast.

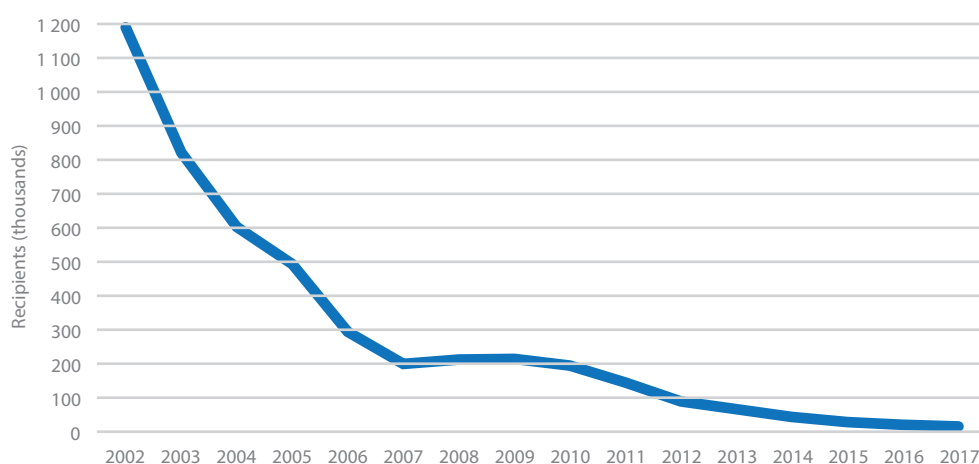
Social transfers in context

There are three categories of social transfers which cover families with children:

- Poverty-targeted social assistance for low-income groups;
- Categorical social assistance for vulnerable groups facing social and economic risks;
- State benefits relating to child-rearing, including universal child benefit and transfers for mothers of many children.

The focus of this report is the first category of poverty-targeted social assistance. Within this category there are three transfers: targeted social assistance (TSA), the state child allowance for children under 18 (SCA), and the housing allowance.

Figure 1. Number of beneficiaries of TSA over time



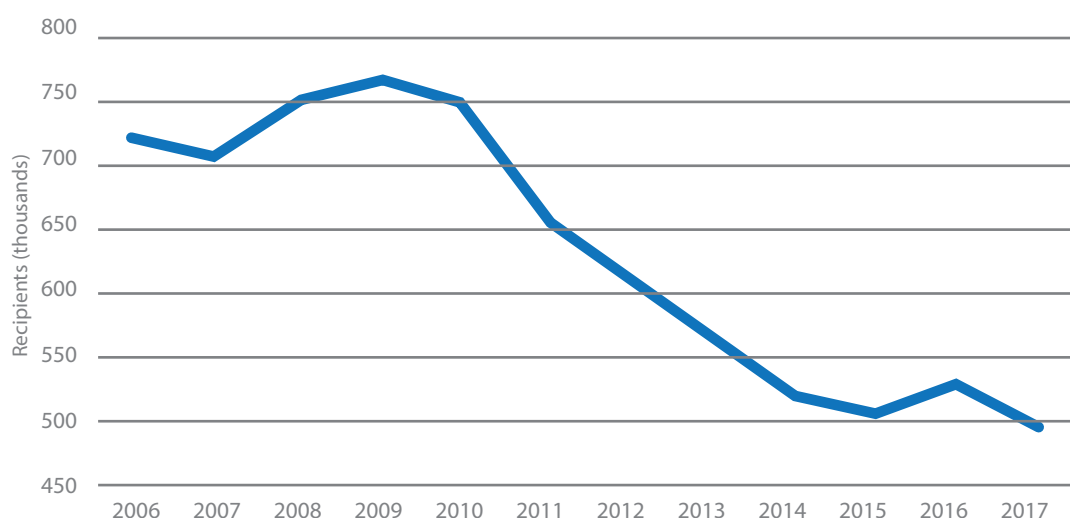
TSA is currently available to households whose monthly per capita income falls below 40% of the subsistence minimum. In 2017 there were around 20,100 beneficiaries of this support, down from 1.2 million in 2002 (Figure 1). The number of beneficiaries which is reported is the number of household members in a beneficiary household, rather than the number of households.

Households with children under 18 years old living on less than 60% of the subsistence

minimum are currently eligible to receive the state child assistance (SCA). The allowance is granted for each child in the household and currently there are around 500,000 beneficiary children of this support (belonging to approximately 170,000 households). As with the TSA, the number of beneficiaries of the mean-tested child benefit has declined over recent years as poverty levels have declined.

Households are currently not eligible for the

Figure 2. Number of beneficiaries of SCA over time



SCA if the child is on full government support or if there are able-bodied parents of the child in the family who do not work and are not registered as unemployed in the employment offices; who are not intramural students; or who do not serve in the army. Exceptions are made if a father or a mother are care givers for people with disabilities, children with disabilities, people over 80 years old or a child under three.

Reforms of social assistance are underway with pilots taking place and nationwide roll-out scheduled from January 2018. Under these reforms, the SCA and benefit for mothers of many children will be stopped and an enhanced TSA with a higher income eligibility threshold introduced. Income eligibility for this TSA will be equal to 50% of a new subsistence minimum with this revised subsistence minimum being 9.1% higher in real terms than it is currently⁷ (Carraro et al., 2017). The reforms to social assistance also aim to promote economic activity among beneficiaries who would, where applicable, be required to sign a social activation contract that would commit members of the household

to conduct a certain economic activity, a rehabilitation plan or other activities that put the household on a trajectory of taking active measures for moving out of poverty. Signing the contract implies receiving the benefit for 6 months. After that the contract could be renewed for another 6 months. If there are no household members who are able to fulfil a social activation contract but who meet the income eligibility criteria, then the household can receive the benefit without signing the social contract and their eligibility is confirmed every 3 months (Carraro et al. 2017).

Special social services in context

The Law on Special Social Services (2008, revised in 2015) is a significant milestone for developing an institutional framework for supporting children's needs in Kazakhstan. It establishes the importance of social services as a distinct area in the welfare system; it also acknowledges the importance of addressing a variety of needs children may have (An, 2014). It brings together a series of laws and standards which relate to certain forms of support for particular vulnerable groups (see Box 1).

⁷ This increase occurs because of a revision of the structure of the SML, whereby the share of food in the basket will decrease from 60% to 55%, thus recognising a higher value for the requirement of non-food expenditure.

Box 1:

Relevant laws and standards for providing services to particular vulnerable groups

Joint order by the Min of Health, Min of Education and Science, and Min of Labour and Social Protection, 2009

Law on Social and Medical Pedagogical Support to Children with Limited Capabilities, 11 July 2002, N 343

Law on Social Protection of Persons with Disabilities, 13 April 2005, N 39

Ruling On Some Aspects of Rehabilitation of People with Disability, Government of Kazakhstan, 20 July 2005, N 754

Standards for Processing Documents for Prosthetic-Orthopaedic Aids, Hearing and eye sight aids, Hygiene Products, and Wheel Chairs and Guaranteed Resort Treatment, 7 April 2011 (N 394)

Standards for Processing Documents for material support of children with disabilities who receive education at home, 7 April 2011, N 394

Under the Law on Special Social Services, services are available to particular vulnerable groups in difficult life situations. These situation are;

- orphanhood;
- lack of parental care;
- lack of supervision of minors including deviant behavior;
- location of a minor in an educational organization with a special regime of maintenance;
- limited ability of early psycho-physical development of children from birth to three years;
- limited livelihood as the result of socially significant illness and illness that are dangerous to others;
- inability to take care of oneself because of old age, the result of illness and (or) disability;
- violence leading to social inadaptation and social deprivation;
- homelessness;
- release from prison; and
- being on the probation service register of the criminal executive inspection.

1.2. Research objective and questions

The overall objective of this research is:

To examine the barriers facing low-income and vulnerable families with children to access poverty-targeted social assistance and special social services.

To achieve this objective, the research combines quantitative and qualitative research methods in three regions of Kazakhstan; Astana city, Kyzylorda oblast and Mangystau oblast.

The primary research method under the quantitative component is a household survey.

The main research questions which the quantitative survey answers are:

1. What are the main barriers which households with children face in accessing poverty-targeted social assistance and social services?
2. What are the expectations and reported requirements of families with children for social services and assistance?

At present, and to our knowledge, there is no representative quantitative evidence about the extent to which these factors may exclude from social assistance or special social services.

The qualitative component consists of semi-structured interviews with service providers and government agencies as well as with low income families. The focus is on services for

children still residing in the family rather than on those residing in residential institutions where children are likely to face a different set of barriers to accessing special services (e.g. a lack of budget for staff to accompany a child for medical certification).

The research questions which the qualitative component addresses are:

1. What are the barriers facing low income families with children to access special social services and poverty-targeted social assistance?
2. What are the difficulties that government departments and service providers face in delivering special services to low income families with children in difficult life situations, with a particular focus on special education and social rehabilitation and care services?

1.3. Barriers to social assistance and special social services in Kazakhstan: Insights from literature

The review of existing literature exposes a number of interrelated factors that restrict access to social assistance and special social services in Kazakhstan. These factors concern different aspects, including application requirements, eligibility rules for social assistance, means testing, service availability and accessibility, and social stigma. We discuss these findings in more detail below.

Application requirements and practices

Literature suggests that the knowledge and ability to comply with the existing application procedures and practices influence the extent of take-up and exclusion/inclusion in Kazakhstan. One qualitative study highlights a number of challenges people face when applying for social assistance (Babajanian et al., 2015). The application process is cumbersome, requires serious effort and imposes time and monetary costs on beneficiaries. Many respondents referred to limited information and communication and unhelpful attitudes of benefit administrators in completing and filing applications. This increased the risk of improper documentation – e.g. containing errors or missing all the required paperwork - which could disqualify from social assistance. Many respondents reported that unsympathetic attitudes of benefit administrators negatively affected self-esteem and increased stigmatisation. The respondents found most challenging the process of certification (and frequent re-certification) of disability status to be eligible for disability benefits. It requires a medical-social expert consultation (MSEC), which is often time consuming and distressing and may deter families from registering.

Other studies highlight similar factors that restrict access to social assistance and social services:

- Difficulty collecting all the required documents (Tomini et al., 2013). The process is labour intensive and costs both time

Box 2:

Bottlenecks experienced by social assistance applicants

Several factors constraining access have been identified in social assistance:

- Limited information about procedures and requirements
- Difficulty to complete application forms or to compile all the required paperwork
- Time and monetary costs to gather documents
- Lengthy processing time (e.g. medical/disability certification)
- Inconvenience due to long waiting in queues, need for repeat visits, travel
- Negative and unhelpful attitude of social administrators
- Social stigma

Source: Babajanian et al., 2015

and money. People often find it difficult to obtain necessary documents because of their migration status and because of the need to travel to the raion centre (Carraro et al., 2016). TSA and SCA have more complex application requirements compared to other benefits, and as a result some respondents were found to be receiving only the benefits for large families as they did not have enough information and found it challenging to gather all the paperwork (ibid).

- A large number of applicants are refused assistance because of problems with residence registration (Carraro et al., 2017). Applications are not accepted from families who are not residing at the place of their registration.

- To be entitled for social services at a rehabilitation centre, applicants must undergo an assessment at a polyclinic where the queue are long and it may take 15 days to complete the procedures. This have often led to a situation when parents did not apply for these services (Kovalevsky, 2012).

- A survey of 1,204 households revealed that 67% (804) did not apply for targeted social assistance benefits and that 6% (74) applied but were rejected. From this group of rejected applicants, 40% were denied the benefits because they were unable to submit a full application package and 17% were found to exceed the eligibility threshold. The respondents who did not apply reported that the main reason was their lack of trust they would receive it (54%), while 16% believed their income would exceed the eligibility threshold. A share of respondents referred to the opportunity costs of applying. Thus some 10% suggested that the benefit value was too low to justify their effort, and another 10% were reluctant to spend time and effort on gathering the required documents (Sange survey for the World Bank 2012).

- To decide eligibility for TSA or SCA, the administrators calculate per capita income at once, which gives the applicants certainty whether they need to collect all the required

documents. At PSCs, this is not done, as they only collect documents and forward them on. Therefore, applicants need to spend time and money to collect documents without knowing the outcome.

- These issues suggest that exclusion is possible due to low take-up as people find the application process difficult, as well as exclusion due to inadequate applications. More information is necessary to establish the extent to which these (and other) factors may affect access to social assistance and social services.

Restrictive eligibility for social assistance

Restrictive eligibility rules have been documented as a major drawback of the existing social assistance system. Analysis of 2009 data on social transfers shows that 70 percent of households in the bottom income quintile do not receive any social assistance (Babajanian et al., 2015). This largely has to do with the low assistance thresholds of these benefits that render a sub-section of the poor ineligible for targeted social assistance.

The means test considers income from employment (earned income) as well as from categorical social transfers (unearned income). Thus the state basic disability allowance and the benefit for parents/guardians caring for children with a disability are included in household income for the means test. The receipt of social transfers can push the total household income above the (low) income threshold and make families ineligible for targeted social assistance (Babajanian et al., 2015). This results in a situation when beneficiary families are compelled to spend categorical transfers on their basics subsistence needs and have less cash to support disability-related needs of their children (ibid).

Something else to bear in mind when looking at the coverage of social assistance is that TSA is provided in monetary form at the expense of local budgets⁸. If there are insufficient funds

⁸ Terms of appointment and payment of state social assistance. Approved by the order of MLSP on May 5, 2015 № 320. <http://adilet.zan.kz/rus/docs/V1500011426>

in the local budget, then TSA is provided in chronological order of application registration. Giving some applications priority by violating this order when appointing TSA is not allowed.

As mentioned earlier, the upcoming reform of social assistance will replace the TSA, SCA and the benefit for large households who have four or more children (4+B) with a new, enhanced, TSA. This will be accompanied with an increase in the subsistence minimum level (SML) of 9.1 percent in real terms (Carraro et al., 2017). The new benefit (new TSA) will be set at 50 percent below the new SML. This effectively raises the value of TSA closer to the current SCA threshold because of the increase in SML (ibid). This is likely to entail somewhat greater coverage of the poorest compared with the old TSA.

This measure, however, will only have a small impact in terms of enhancing the effectiveness and coverage of targeted transfers. A larger share of the poor with income above 50% of the subsistence minimum will remain without support. They will be eligible for other, categorical transfers (e.g. for children with disability), but will not receive basic subsistence support. In practice, the difference between the income of people below 50% of the subsistence minimum and those just below the subsistence minimum threshold does not translate into substantial differences in their purchasing capacity. All persons below the subsistence minimum experience high level of economic and social deprivation. This is especially true as the use of equivalence scales by the statistical agency in Kazakhstan sets the subsistence minimum too low, artificially lowering the percentage of the poor, whilst an accurate estimate would set poverty three times higher (Carraro et al., 2017).

Inadequate means testing

The rules and procedures for the means test, i.e. determining and verifying household income, play a crucial role in determining inclusion and exclusion errors. Studies suggest that it is possible for the means test to over-estimate household income. Firstly, in imputing agricultural income, production costs have not

been updated since 2005 (Carraro et al., 2016). This artificially inflates profits and may make households ineligible for social assistance. As a result, in some case households prefer not to work on land to be eligible for social assistance.

Secondly, there have been documented incidences when a social administrator assumes income to be equal to a minimum wage, when they cannot prove or impute the applicant's income (Carraro et al 2016). In the absence of reliable income verification, such practice may over-estimate household income and make them ineligible.

Service availability and accessibility

One of the bottlenecks is insufficient supply of services, which results in shortage and uneven availability of services across the country. There is also shortage of qualified and fully trained experts. To access services, people who live far from raion centres often have to travel long distances, which along with poor quality of roads and high costs of travel can be a deterrent to utilising them. Overall, research documents uneven access to social benefits in different oblasts, largely conditioned by availability of facilities and the ease of residents' access.

There is a shortage of special education correction facilities, which is problematic for residents of small locations that are remote from the existing facilities (Kovalevsky, 2012). They are compelled to send children to residential institutions so that they receive education in the absence of other services. There is also a shortage of child care facilities from children with mental disabilities and autism.

Availability of social care centres can be a problem. A qualitative study revealed that there was a shortage of places in the rehabilitation centres for children with disabilities due to limited number of these centres and high demand in Astana and Semey (Babajanian et al., 2015). There was absence of publicly provided day care services in South Kazakhstan to provide accessible care to people in rural

settlements. This implies that people either do not use services or are compelled to pay for them, e.g. for enrolment in special kindergarten and specialist services (psychologists, speech pathologist).

People with disabilities often require special transport to reach the rehabilitation centres, but its availability is not always guaranteed. As many parents are not conformable using public transportation with children with disabilities to attend the centres, these children are often likely to drop out (Kovalevsky, 2012)

The state provision is usually complemented with NGO provision, but largely depends on the areas where these NGOs are based (Kovalevsky, 2012). This implies that children do not have access to services in the areas where there are no NGOs and no social-medical institutions. That insufficient NGOs were bidding for these contracts was reported during the inception period to be a barrier for delivering special social services (particularly those for delinquent children or those in contact with the law) during consultations in the inception week.

Disability related barriers

A review of literature on children with disabilities in Kazakhstan (Tomini et al.,

2013) reveals a range of barriers in various sectors faced by families who have a child with a disability. These barriers (presented in Box 3) concern the availability and quality of services, limited awareness, and social stigma and negative attitudes. Thus, many parents are ashamed to acknowledge that they have children with disabilities and may not refer to an expert. As a result of these barriers, disability may remain “hidden”, i.e. not be reported or registered by families.

1.4. Aim and structure of the report

This report presents the findings from mixed-methods research into barriers which low income and vulnerable families with children face in accessing poverty targeted social assistance and special social services. It is structured as follows; Section 2 provides details of the research methodology. Section 3 then discusses the findings in relation to barriers for accessing social assistance while Section 4 investigates barriers to accessing special social services. Section 5 examines family's expectations for state support while Section 6 concludes and provides some recommendations.

Box 3: Bottlenecks experienced by children with disabilities

Education

- School facilities and classroom/school structure in general schools that do not accommodate special needs
- Curriculum and teaching methods in general schools are not tailored to the needs of children with disabilities
- Lack of trained specialists
- Denial to register children in non-specialist schools

Health care

- Uneven availability of specialised health care facilities across the country
- Limited availability of trained medical personnel to identify disability
- Limited parental knowledge about how to manage and support children with disabilities

Social participation

- High level of social stigma faced by children/families with disabilities
- Negative attitudes of service providers

Special social services and social assistance

- Limited awareness about social services/benefits and how to access them
- Demanding and time-consuming process of medical/disability assessment and certification
- Long waiting time to receive supplies (e.g. prosthetic and orthopaedic appliances)
- Lack of medical screening faculties and trained personnel to diagnose disability in certain areas

Source: Tomini et al., 2013

2. Methodology

2.1. Overview

The reasons for people not receiving benefits to which they are entitled are diverse and complex. Those who do know about their entitlements still might not successfully apply for them because they are misinformed, constrained, or uninterested (or a combination) (O'Brien and Pellerano, 2015). But others might not be aware of the assistance or their entitlement to it – in other words, uninformed (ibid). This complexity presents a challenge for the researcher in how to adequately capture the variety of these reasons and the scale at which they occur. For this reason, a mixed methods approach combining a large-scale representative survey with in-depth qualitative interviews was chosen.

Ethics review

An ethics review was undertaken by the lead partner, ODI, during the inception phase and no concerns were identified. Unicef conducted its own ethics review which also did not raise any concerns.

Selection of research sites

Three regions were purposively chosen by UNICEF in advance of the project: Kyzylorda oblast, Mangystau oblast and Astana city. Within these, lower level primary sampling units were selected since, as this chapter will reveal, it was impractical to attempt to achieve representative sample at the oblast level.

The decision was made to conduct the quantitative and qualitative components in the same raions (although the case of Astana was slightly different, as shall be described.)

2.2. Quantitative method

Sampling

To obtain a sense of the scale of the barriers to accessing social assistance and social services, it was necessary to conduct a representative survey in the three regions chosen for at the **first stage** of sampling this study (Kyzylorda oblast, Mangystau oblast and Astana city). Multistage sampling was used, with the eventual sample being representative at the raion level for three raions in Kyzylorda oblast and Mangystau oblast. The sampling in Astana was done differently and yielded a sample that is representative of the 11 poorest clusters. The reasons for the choice of sampling strategy are outlined in this section.

The first challenge for sampling was that one of the populations of interest – those eligible for social assistance – is very small, containing only 0.1% of Kazakhstan's population according to official figures. Ideally, to sample from this population, one would need a sampling frame that includes income data at the household level. Initially it was proposed that we could use the Household Budget Survey (HBS) to directly identify eligible households however this turned out not to be possible because 1) the HBS samples from the same areas for three years consecutively, before re-selecting areas, which means the number of low-income households in an up-to-date HBS was too small to a sampling frame, and 2) the non-anonymised version of the HBS was not made available for this project. Without a sampling frame that included household income, the only alternative that would yield a representative sample was to use the entire

population (with children) as a sampling frame.

With this in mind, a simple random sample of the entire population of Kyzylorda oblast, Mangystau oblast and Astana city would have to be extremely large in order to capture enough low-income households as to make the analysis worthwhile. Given the available resources, it was decided to introduce a **second stage** of sampling which involved choosing the raions in each oblast on the basis of:

1. The share of families with income below the subsistence level with (using data from the HBS, 2015);
2. Shares of families with children who have

income below the subsistence minimum (using data from the HBS, 2015);

3. Indirect indicators of poverty: the proportion of unemployed, the proportion of families with many children (using data from the HBS, 2015);

4. Geographical remoteness from the regional center (using geographical data).

The chosen raions in Kyzylorda oblast were Zhanakorgan, Kazaly, and Syrdarya and in Mangystau oblast they were Beineu, Karakiyan, and Munayli. The selection of sites in Astana was done differently, as described in Box 4.

Box 4:

Sampling for the quantitative survey in Astana

Astana posed an additional challenge in that it only has three raions (all with a much larger population than average raion sizes in the other oblasts) and that, on the whole, residents of Astana are much wealthier than those in other parts of Kazakhstan. Thus, even to select the two or one 'poorest' raions in Astana would still leave a very low likelihood of capturing low-income households in our sample.

Since the HBS does not disaggregate below the raion level, an additional data source (the UNICEF Multiple Indicator Cluster Survey 2015) was used to compare average wealth levels of clusters in Astana. Given that clusters have different population sizes, there was no intuitive number of clusters to select so, in the end, the poorest 11 clusters were selected in order to achieve the desired sample size. A list of all dwellings in these 11 clusters was pulled from the Housing Register to provide a sampling frame.

The **third stage** of sampling was to draw a simple random sample of just over 2000 households from each of the chosen three-raion, or 11-cluster sampling frames. For this the Housing Register was used to provide a list of every dwelling in the chosen area. The Housing Register does not contain information on whether there

are children under 18 in the household, however it does contain data on the number of people in the household. To maximise the chance of finding households with children, households with only one member were excluded from the sampling frame, leaving the number of households indicated in Table 1.

Table 1. Sampling frame and screening

Region	Number of households in sampled area	Sample size	Screened out (no children)	Screening rate
Astana	2,207	2,004	900	45%
Kyzylorda	33,787	2,004	832	42%
Mangystau	30,372	2,004	274	14%

Upon reaching these sampled households, enumerators nonetheless had to screen for whether or not the household had children under 18, and exclude those who didn't from the sample. As can be seen in the table, the rate of screening out was very high in Astana city and Kyzylorda oblast.

In the **fourth stage** of sampling, a respondent was chosen to speak on behalf of the household. Enumerators were instructed to:

1. Firstly, try to interview the mother, who is assumed to be the primary caregiver to children.
2. If the mother does not live in the house with the children or is not the primary caregiver to the children, interview the person who is the primary caregiver to the children.

The final sample size after a low level of non-response is shown in Table 2

Table 2. Final sample size and response rate

Region	Sample after screening	Refused consent	Completed questionnaires	Response rate
Astana	1,104	0	1,104	100.0%
Kyzylorda	1,172	17	1,155	98.5%
Mangystau	1,730	7	1,723	99.6%

Data collection

The data collection was carried out by the Information and Computing Centre of the Agency of the Republic of Kazakhstan on Statistics (ICC). Data collection was carried out by a team of 49 enumerators, overseen by six supervisors, over a period of four weeks. The survey was conducted on electronic tablets, meaning that there was no need for data entry after the fieldwork had concluded.

Analysis

The analysis of the survey data was carried out by ODI and consisted of producing descriptive statistics on the number and percentage of respondents reporting the various barriers to accessing social assistance and special social services. The survey data is intended to provide perspective and scale to the findings of the qualitative interviews and was therefore

not designed to be highly sophisticated. Where relevant, cross-tabulations (with tests for statistical significance) have been run to offer a disaggregated picture of the evidence.

It should be noted that population weights were applied in the analysis (unless specified otherwise) because the sampled areas (3 raions or 11 clusters, depending on the oblast) were of very different sizes and the results are usually presented separately by oblast. **Since households were selected randomly, they can be said to represent households with children in the lowest-income raions of Mangystau oblast and Kyzylorda oblast and the lowest-income clusters in Astana city.** It should also be noted that non-response weights were not used, since the rate of non-response was negligible and so not likely to introduce a bias into the analysis.

Profile of respondents

Table 3 gives a description of the basic characteristics of respondents to the survey.

Table 3. Profile of respondents

	All	Kyzylorda region	Mangystau region	Astana
Sample size (households)	3,982	1,155	1,723	1,104
Representative of... (households)	47,195	19,760	26,219	1,216
Respondent is female (%)	98	98	98	98
Respondent is disabled (%)	5	4	5	6
Respondent is a single mother (%)	8	5	5	17
Relation of respondent to children (%)				
Parent	98	97	99	97
Non-parental primary caregiver	2	3	1	3
Neither	0	1	0	0
Education level of respondent (%)				
No education	0	0	1	0
Primary	2	3	2	0
Secondary	20	28	19	15
Vocational secondary	44	35	57	34
Unfinished higher	1	1	1	2
Higher education	32	33	21	48
Master's/ PhD	0	0	0	0
Employment status of respondent (%)				
No job	49	45	53	47
Permanent job	45	47	43	45
Self-employed	3	3	2	5
Seasonal/ temp job	3	5	2	3

Table 4 describes some basic characteristics of households in the sample.

Table 4. Profile of households

	All	Kyzylorda region	Mangystau region	Astana
International Wealth Index score (0-100)	62.8	61.9	56.2	74.9
Std. Dev.	15.5	11.4	14.5	14.1
Household size (number of persons)	4.9	5.3	5.4	3.7
Std. Dev.	1.8	1.7	1.8	1.2
Number of children	2.4	2.6	2.8	1.6
Std. Dev.	1.3	1.3	1.3	0.9
Persons per sleeping room	2.4	2.2	2.5	2.4
Std. Dev.	1.1	1.1	1.1	1.1
Dependency ratio	1.1	1.2	1.3	0.9
Std. Dev.	0.7	0.8	0.7	0.5
All adults in the household are employed (%)	31.8	27.5	26.2	45.0
Single mother households (%)	8.2	4.7	5.0	16.9
Disabled adult in the household (%)	9.4	9.0	10.2	8.6
Most adults in household have higher education (%)	40.5	41.8	27.3	59.9
Social transfers				
Respondent thinks they are eligible for TSA or SCA (%)	19.1	29.5	11.7	19.7
Household applied for TSA or SCA (since 2015) (%)	9.0	18.3	5.7	4.4
Special social services				
Respondent identified the need for special social services. (%)	6.9	6.3	7.4	6.8
Respondent thinks they are eligible for special social services (%)	5.6	5.5	6.0	5.1
Ever applied for special social services (%)	0.9	1.0	1.0	0.7
Sample size	3,982	1,155	1,723	1,104

2.3. Qualitative method

Sampling

The qualitative interviews were conducted in some of the same raions as the quantitative survey and, as such, **the first and second stages** of sampling were the same as described in the previous section. As stated there, raions were purposively chosen on the basis of:

1. The share of families with income below the subsistence level with (using data from the HBS, 2015);
2. Shares of families with children who have income below the subsistence minimum (using data from the HBS, 2015);
3. Indirect indicators of poverty: the proportion of unemployed, the proportion of families with many children (using data from the HBS, 2015);
4. Geographical remoteness from the regional center (using geographical data).

Annex B provides a detailed description of these indicators for the raions in each oblast.

Astana was sampled differently for the qualitative interviews to how it was sampled for the survey (for the survey we purposively sampled from the poorest 11 clusters). For the qualitative component, all three raions of Astana were selected.

The third stage of qualitative sampling was the purposive selection of two settlements per raion. The intention was to achieve variety on the following indicators:

- Distance from special education or

social rehabilitation and care services;

- Size of settlement (with smaller settlements in general being poorer than larger ones);
- Local understandings of settlement wealth based on interviews with key informants.

The **fourth stage** of sampling was the selection of respondents, which were of two types:

1. Care-givers or parents in low-income families with children, including those with children in certain difficult life situations
2. Key informants

The sample was purposefully selected based on the respondents' characteristics and included:

1. Low income families with children,
2. Low income families containing children with disabilities/ limited capacities

Both of these groups of respondents were identified through consultations with local gatekeepers, including social workers at schools, in polyclinics and the Akimat. A list of pre-defined proxies was developed to identify low income families to ensure consistency in the selection of households across research sites. Table 5 provides more information.

The study of key informants focused on particular types of social service in order to build up an in-depth picture of the barriers facing families in difficult life situations. Specifically, it focused on special education services (the responsibility of the Ministry of Education and Skills, MoES) and social rehabilitation and care services (the

Table 5: Identifying low-income households

Indicator area	Justification
Profession/ employment status of household head	Working in agriculture, the informal economy, or being unemployed all associated with poverty
Health-status of the household head	Chronically sick, disabled or elderly
Number of dependents in household	Families with many children more likely to be poor
Location of house	Resident in far-away neighbourhood from the centre of the settlement

mandate of the MLSP). The final sample of key informants included respondents from government (heads of social services departments, specialists in employment coordination and social programs departments, specialists in education departments who oversee the provision of social and pedagogical services), members of the technical assessment committees (PMPC for education and MSEC for social rehabilitation and care services) as well as from NGOs implementing these services, where relevant.

Data collection

The interviews with low income families were undertaken with the primary care-giver of the children in the household. In almost all instances this was a woman. The interviews were undertaken by two female staff members of Sange Research Centre. They took place in either Kazakh or Russian, depending on the preference of the interviewee and each lasted for around an hour. The interviews were recorded and transcribed.

Analysis

The research tools used in the qualitative research component are:

1. Semi-structured interviews with low income households with children which are neither accessing special education, social rehabilitation and care services, nor poverty-targeted social assistance;
2. Semi-structured interviews with low income households with children receiving special education or social rehabilitation and care services
3. Semi-structured interviews with low income households with children receiving poverty-targeted social assistance
4. Semi-structured interviews with service providers (in the fields of special education and social rehabilitation and care services) and local government departments

Outlines of the interview templates are presented in Annex C.

The qualitative data from each of these tools was analysed using the framework

of; (i) limited coverage; (ii) low take-up; and (iii) exclusion as the three main sets of barriers to accessing social assistance and special social services. Though the data were not analysed using qualitative analysis software, the data was assigned to

particular codes under this framework.

Profile of respondents

Table 6 provides details on the number of interviews conducted in the three oblasts.

Table 6. An overview of the qualitative research approach

Region			Household interviews – accessing special social services ^{9*}	Household interviews – accessing poverty-targeted social assistance*	Household interviews – not accessing poverty-targeted social assistance	Service provider/ Key informant interviews
Astana	2 raions	Urban	8	7	12	10
Kyzylorda	2 raions	Rural	13	9	12	14
Mangystau	2 raions	Rural	9	8	9	9
TOTAL	6	12	30	24	33	33

The collective profile of the 33 non-beneficiaries of social assistance interviewed during the qualitative research component includes that;

- They are families with a low financial position and poor housing conditions. This is especially evident in the rural areas of Kyzylorda oblast;
- Parents are primarily educated to secondary level (21 respondents), the rest have secondary special education, and higher education.
- The care-giver/ interviewee is self-employed, or occasionally employed. In some cases, they have part-time jobs, or they

work at low-paid jobs (cleaners, watchmen, plumbers, shepherds).

- They are single-parent families (12 respondents). In these families, other children (nine cases) or grandparents (two cases) are also heavily involved in childcare.
- Roughly a third are families with many children (10 respondents). The largest number of families with many children in Kyzylorda oblast (five families). Meanwhile, in Mangystau oblast there were an average of five children in the household (maximum nine). In Kyzylorda oblast there were an average of four (maximum seven) and the least numbers of children were in Astana

⁹ There was no overlap between these households accessing special social services and those accessing poverty targeted social assistance. The primary reason for this is that households accessing special social services are also receiving categorically-targeted allowances (e.g. disability allowance). Receipt of these allowances frequently puts them above the income eligibility threshold for poverty-targeted social assistance (see Section 3.3).

city (an average of two and a maximum of four).

- In ten families, there are dependent children with disabilities. In seven families, there are adults with disabilities.

All large families and families with disabled children, receive the respective allowances (allowance for families with many children; disability allowances and allowances for the care of children with disabilities). The collective profile of families (24 families) benefitting from poverty-targeted social assistance (TSA and SCA) includes that;

- They are living on limited finances and in poor housing conditions. This is especially evident in the rural areas of Mangystau and Kyzylorda regions.

- In roughly a third of families, parents are educated to secondary level (seven respondents). The rest have a secondary special education or, higher education;

- Almost all respondents are self-employed, or even unemployed. In some cases, they have part-time jobs, or they work in low-paid jobs (cleaners, clerks, public workers);

- Just under half (ten families) are single parent families where the mother is bringing-up the children on her own. Are large families with many children (20 families have four children or more).

- Out of the total number of beneficiaries, six are receiving TSA; one is receiving both TSA and SCA and the remainder receive just SCA. In addition, large families are receiving the benefit for having many children.

Of the beneficiaries interviewed who were accessing special social services in Mangystau and Kyzylorda regions almost all families contain both parents, while in Astana, out of the eight families interviewed just two contain both parents. Interviewed families in Astana also contain fewer children; five out of the eight interviewed have a single child. In Mangystau and Kyzylorda regions the average number of children in beneficiary households is four.

Another difference between special social service beneficiaries in Astana is that mothers undertake paid work, including as cleaners or nurses. This is likely to reflect the fact that the majority of beneficiaries are single-parent families. In Mangystau and Kyzylorda regions, in contrast, mothers are largely staying at home to care for children.

Almost all of the special social service beneficiaries interviewed are also receiving state allowances in the form of those for having many children; for disability or for unemployment. These transfers constitute a sizeable proportion of household income.

Findings Part 1: Barriers to access social assistance

This part of the report contains the findings on the factors which lead to low-income households being unable to access, or having difficulty in accessing, social assistance. It begins by illustrating that only a minority of those we interviewed (a representative sample of eight raions) are aware of the existence of the Targeted Social Assistance (TSA) and State Child Assistance (SCA). Focusing then on those who are aware of these types of

assistance, we present findings on whether people applied for the assistance and what barriers they faced in doing so. Following a discussion of limited awareness, the barriers that we discuss are;

- Information gaps in the application process
- Documentation requirements
- Restrictive eligibility rules

1. Limited awareness of social assistance

Limited awareness about social assistance is a key finding of this research, the extent of which was not sufficiently apparent in the existing literature. Only 24% of respondents to the survey had heard of TSA and 29% had heard of the SCA. This indicates a low level of awareness in general of the specific forms of social assistance that the government is

providing. There were also regional differences in awareness, with respondents in Astana city being the most likely to know about social assistance and those in Mangystau oblast by far the least likely (Table 7). This group is likely to include individuals who are eligible for social assistance but they have never applied because of lack of awareness.

Table 7: Awareness of social assistance, by type of assistance and region.

	Targeted Social Assistance	State Child Assistance
Of the full sample...		
Yes, I have heard of this assistance (%)	24	29
Astana city	41	46
Kyzylorda region	33	42
Mangystau region	15	19

What is more surprising, and slightly concerning, is that awareness of social assistance was positively correlated with a household's wealth on the whole (though mildly) e.g. the richer a household the more likely they are to be aware of social assistance. When disaggregating by region, it becomes clear that the effect is driven by Mangystau oblast, where low-income households, who need the assistance most, are by far the least likely to be aware that it exists. In the other regions the pattern is less clear: in Kyzylorda oblast the poorest and the richest are both more likely to be aware of the assistance than those in the middle, whereas in Astana city the opposite pattern is observed, whereby middle-income households are better informed about social assistance, in general (see Table 30 and Figure 6 – Figure 8 in the Annex).

1.1 Understanding of eligibility

Among those respondents who were aware of social assistance, many more identified themselves as being eligible for TSA and SCA than would be eligible for it. According to official statistics, 2.7% of Kazakhstan's population lives below the subsistence minimum and less than 0.1% lives below 40% of the subsistence minimum, which is the income threshold for TSA. It is somewhat surprising then that 8% of our respondents believed that their household is eligible for TSA and 16% believed that they were eligible for SCA (Table 8). It should be noted that enumerators were trained to read out an explanation of TSA and SCA, in cases where the respondent was unsure whether they had heard of them, and the explanation included the specific income criteria.

Table 8: Perceived eligibility for social assistance.

	Targeted Social Assistance	State Child Assistance
Of the full sample...		
Yes, I think I'm eligible for it currently (%)	8	16
Of those who have heard of the assistance...		
Yes, I think I'm eligible for it currently (%)	33	53
I have been eligible in the past or currently am (%)	42	69

Disaggregating by oblast, we compared the rate of respondents who thought themselves eligible for social assistance against the rate of households eligible according to data from the Household Budget Survey 2015 (HBS)¹⁰. Since we deliberately sampled from the poorest raions, the HBS data for only these raions were used, making the samples comparable.

As Figure 3 and Figure 4 illustrate, there is a large disparity between the proportion believing themselves eligible and the true proportion, according to the Government's calculation. This is particularly the case for TSA. These figures are representative at the raion level, although they are disaggregated here by oblast for comparison's sake.

¹⁰ This is the most recent year available at the time of writing.

Figure 3.
True percentage eligible for TSA versus percentage perceiving themselves to be eligible

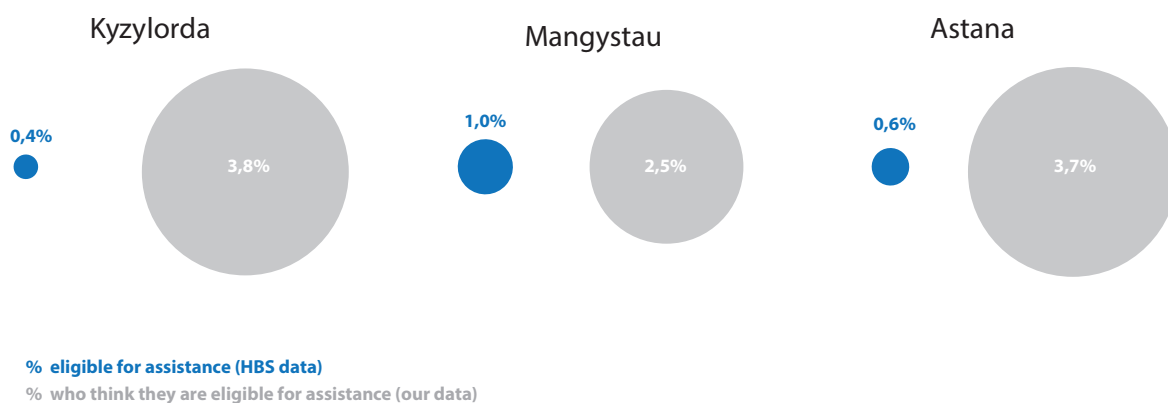
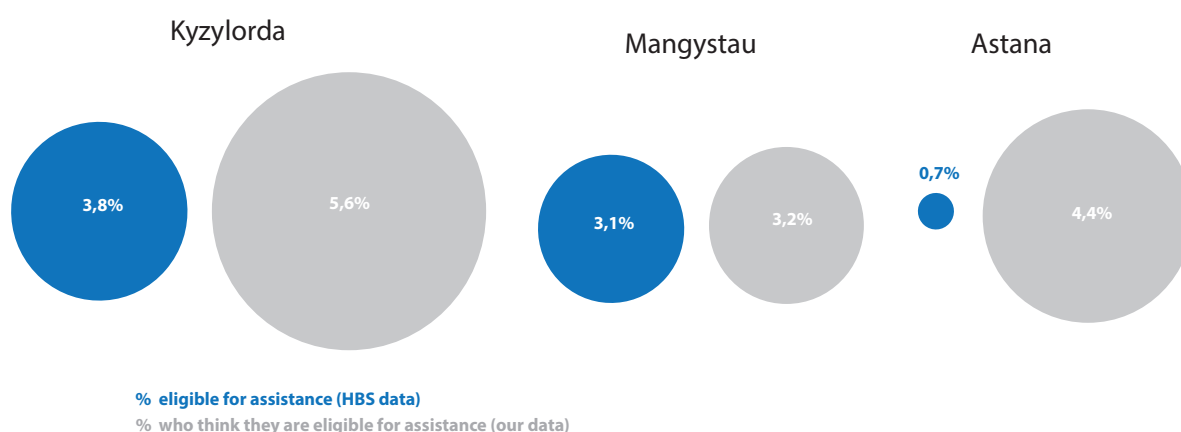


Figure 4.
True percentage eligible for SCA versus percentage perceiving themselves to be eligible



There are several explanations, which are informed by the qualitative data, for the mismatch between the percentage believing themselves to be eligible and the official percentage of eligible households. One is related to lack of information about what is officially counted within household income. Potential applicants for social assistance often do not know this in advance and so wrongly self-identify as eligible on the basis of their wage income only (see section on income eligibility). In general, respondents to the survey and the qualitative interviews frequently reported lacking information or

being misinformed about aspects of the application process. Another explanation is the general difficulty of measuring income and in this case, one cannot expect respondents to be able clearly to estimate their income in relation to the threshold, especially during a survey. Their answer is likely to be linked with their subjective perceptions of poverty – these individuals clearly identify themselves as poor. This reflects the fact that the eligibility threshold for poverty targeted social assistance in Kazakhstan leaves a significant number of struggling households without support.

1.2 Recommendations

General awareness raising of social assistance

Given higher population densities, it is perhaps unsurprising that respondents surveyed in Astana are more likely to have heard of TSA and SCA than those in either Kyzylorda or Mangystau oblasts. Employees in the Employment and Social Programs Directorate give more information about awareness-raising activities which they undertake there;

«There was an explanatory meeting «Active citizen» in the Congress Hall, we have been there three times, talked about state support, about the conditions for granting benefits. We spread the flyers firstly, then we involve the media, give speech in schools in front of parents. We take just the areas where our recipients live such as the outskirts, the country massifs» (A, B129, the Employment and Social Programs Directorate, May 19, 2017).

In Mangystau and Kyzylorda oblasts, explanatory work is also carried out. As noted below, the focus here is on awareness-raising in populated centres, rather than in more remote rural settlements;

«We notify everyone through announcements; we post out them in crowded places. If low-income people come to the local administration, we immediately evaluate their income, roughly calculate and say whether they can receive benefits or not» (MK, B30, a specialist of rural administration, female, 11.05.2017).

This may go some way to explain the finding that low income households in Mangystau oblast are less likely to have heard of TSA and SCA as they frequently live in more remote rural areas. However, in a country as sparsely populated as Kazakhstan, it makes sense to concentrate

awareness raising meetings in particular population centres.

This research further highlighted the importance, not just of raising awareness of social assistance, but also, as part of that awareness-raising, information is given on the income, and other eligibility criteria so people have a better sense of whether these are forms of benefits to which they may be entitled.

More targeted awareness-raising through local authorities and service providers

In addition to general awareness raising, a more targeted outreach and information dissemination are essential. An employee of the Department of Social Assistance in Mangystau oblast says that not only social services, but also health services, education, and police should actively work to inform and reach out, persons who need social assistance: *«you must realize the situation well. Physicians, teachers, district inspectors should inform families, since they know the population well»*. This implies training and promoting knowledge among these professionals about social assistance programmes and the eligibility and the application process. A more targeted approach to awareness-raising, for example in particular raions identified as having high levels of poverty and vulnerability can be a more cost-effective way of raising awareness beyond populated urban centres.

International experience

International experience suggests there is a risk that on-demand application will not cover those who are not adequately informed or connected (Castañeda and Lindert, 2005). For example, poor residents may not be aware of the application procedures and their potential eligibility for social assistance programs.

The need for effective information dissemination throughout a program's operation is one of the key lessons learned from implementing means tested programmes in Eastern Europe and Central Asia (Tesliuc et al., 2014). In many countries of the region, proactive communication efforts were made mostly during the initial stage of the program launch to raise national awareness and inform the public about the program rules and procedures. After the launch of a program, their approach was less active. In general, there was a lack of periodic information campaigns and only limited efforts by social workers to identify and inform potential beneficiaries. Adequate information dissemination and outreach carried out throughout a program's operation can help promote inclusion and reduce the number of irrelevant applications.

Public awareness campaign can

help publicise application procedures and reach out to the poor. Information dissemination can be promoted through public awareness campaign that would publicise programme rules, application requirements and procedures. It is usually promoted by social workers and local governments. Evidence from Latin America suggests that the quality of local outreach can be facilitated through central government oversight and availability of clearly defined and publicised procedures for application and entry (Castañeda and Lindert, 2005). Furthermore, to ensure the quality of communication, the central government can determine a set procedures and standards for communicating with applicants during the application, including rules for communication during application, the conduct of interviews, and screening (see Box 5).

Box 5: Rules for effective communication

The US and Latin American experience suggests a number of rules and good practices for effective communication during the application process (Castañeda and Lindert 2005):

- Need to inform applicants of key aspects of the application process
- Inform applicants about the principles of verifications and cross-checks. Applicants sign a disclosure statement indicating consent.
- Explain confidentiality policy. In the US, this includes an explanation of what information is needed and what will be disclosed and for what purposes. For example, the applicants are reassured that most information must be confidential, not used for tax purposes or available to researchers with personal identification information.

A number of rules for communicating with applicants:

- Need to treat respectfully and culturally-appropriate manner
- Inform of rights and responsibilities
- Give information whom they can contact for more questions or inquire about the status of their application
- Be allowed to ask questions
- Be provided with translation services if needed
- Be provided with information about the appeals processes

2. Information gaps in the application process

As discussed earlier, evidence suggests that the knowledge and ability to comply with the existing application procedures and practices influence the extent of take-up and exclusion/inclusion in Kazakhstan (Babajanian et al., 2015; Tomini et al., 2013). This section of the report, and the subsequent

one, present the findings of our research about the challenges applicants encounter when applying for social assistance. This section discusses information barriers in applying for social assistance while the following section examines the burden posed by documentation requirements.

Among those who were in general aware of social assistance and identified themselves as eligible for poverty-targeted social assistance in the household survey, 67% had applied for TSA and 80% for SCA. Among those who had applied, there was a high rate of having ever had a successful application (92% and 95%) although many of these applicants had also at some point received a rejection (30% and 24%) (Table 9).

When asked why they had never applied,

despite self-identifying as being eligible, the majority of respondents reported that a lack of information was one of their reasons for not having applied. Table 10 shows the percentage of respondents (out of those who never applied) citing each of these reasons.

When asked to elaborate further on the information that these respondents were lacking, almost two-thirds stated that they had not applied because they did not have any information about the assistance.

Table 9. Application rate and outcome for those who know about social assistance.

	Targeted Social Assistance	State Child Assistance
Of those who think they have ever been eligible...		
I have tried to apply for it in the past (%)	67	80
Of those who ever applied...		
I have had a successful application (%)	92	95
I have had an application rejected (%)	30	24

Table 10.
Reasons for not applying for social assistance among those self-identifying as being eligible

Why have you not applied for it? (multiple choice)	TSA (%)	SCA (%)
I couldn't get any information about it	64	52
I didn't have time for the application process	14	12
A problem getting the required documents together	13	10
It is not worth it/ not enough money	4	6
I can't travel to the government body to apply	4	0
A problem filling in the form	1	2
I would have to pay a payment/ gift/ reward	1	2
Social stigma of being a beneficiary	0	3

Note: This question was multiple choice, meaning that the columns do not add up to 100.

Almost one third specifically noted a lack of information about the eligibility criteria, and a small number (14-23%) specifically identified a lack of knowledge about the application procedure (Table 11).

Table 11. Information gaps that prevented application for social assistance.

What information did you need [in order to apply]? (multiple choice)	TSA (%)	SCA (%)
Any information about it	61.3	61.2
Whether or not I was eligible	34.8	27.3
How to apply	22.6	14.1

Note: This question was multiple choice, meaning that the columns do not add up to 100.

2.1 General lack of information about the assistance

As seen in Table 11, the majority of respondents of the household survey who identified lack of information as a reason for not applying stated that they had not obtained any information at all about the transfer or its application process. In contrast to the representative household survey, due

to the way that respondents were sampled for the qualitative interviews, all of those interviewees were to some extent informed about the social assistance available and the application procedure. However, some respondents of the qualitative research component did describe having had initial difficulties in obtaining information. Interviewees described two types of problem:

1. Asking about these types of assistance but not being given any information.

Even if outreach is not possible in all areas, the body responsible for social assistance at the local level must be able to provide all the necessary information available on social benefits and social services upon request. As the below quotes illustrate, the qualitative fieldwork revealed that this was not always the case.

“They say that the Akimat provides help, that it is necessary to ask in the Akimat. But when we ask, they say that there is nothing” (MK, B8, female, 31 years old, housewife, 13.05.2017).

“No, I hadn’t heard (about TSA and SCA). I go to the social security department, they had not told anything” (A, NB113, 43, female, unemployed, 30.05.17).

2. Not being actively informed about the existence of TSA and SCA

The agency for ensuring that social assistance reaches its target beneficiaries is entirely on the applicant, at least from

a legal perspective, who must ask by way of writing in a particular institution to be helped (see Box 6). This situation is illustrated by several current beneficiaries of social assistance, who also relay the anxiousness that they feel in asking local administrators about which allowances are available;

«People who work in the local administration do not come themselves, they do not say that there are benefits for the poor. If you go yourself, then you will be probably told. but I would not go myself. I only went after I learned from neighbours that social assistance gives the allowance» (MK, B12, Female, 42 years old, cleaning woman, May 13, 2017).

“There are no information alerts. Announcements are not put out. We find out about the allowances independently, via relatives or neighbours. If we go to the Akimat, employees may say that the allowance is not available, and I will not refute this or ask more, what if I don’t understand something” (MK, B18, female, 42 years old, 12.05.2017).

Box 6: Bureaucratic framework for accessing poverty targeted social assistance

It is the responsibility of individuals, on their own behalf, or on the behalf of their family, to submit a package of documents to one of the following in order to apply for poverty targeted social assistance;

- Employment and Social Programs Administration of regions and cities; or
- The Public Service Centre; or in rural areas where neither of these facilities are available to
- The Akim of a village, settlement, rural district or, where available, a mobile social centre.

The onus is on the applicant, or their representative, to go to the above institutions to lodge their application. None of these institutions, or individuals within them, are mandated to do any outreach, other than to generally raise awareness of the forms of assistance which are available.

After accepting the documents, the district commission conducts examination of the applicant’s (family’s) financial situation, draw up a statement of the financial situation of the family and provides a conclusion on the family’s situation to an authorized body,

responsible for appointment and payment of children allowances or to Akim of the settlement, village, rural district. The district commission is a special commission created by decision of Akims of respective administrative-territorial units to examine the financial situation of persons (families) who apply for social assistance and provision of conclusions.

According to qualitative interviewees in all regions, the main information channels to find out about social assistance are neighbours, relatives, friends, and in the

last place local administration. For most recipients, the sources of information are current beneficiaries themselves.

2.2 Lack of information about the (income) eligibility criteria

As introduced in the section on limited awareness of social assistance, both the qualitative and quantitative data point to widespread confusion about eligibility for these transfers, in particular regarding the way in which household income is calculated

to determine income-based eligibility. Among those survey respondents who had applied for social assistance, the number one reason for being rejected (responsible for over two-thirds of all rejections) was ineligibility (Table 12). It is taken as given that in these cases applicants thought they were eligible at the time of applying.

Table 12. Reasons for rejection from social assistance.

Why was it unsuccessful?	Rejections from TSA (%)	Rejections from SCA (%)	All rejections (%)
I was told I was not eligible	70	74	73
Other (see note)	12	9	11
Didn't provide the right documents	10	8	9
Didn't fill out form correctly	2	6	4
They intentionally excluded me because of something about me and my family	4	2	3
They required a payment/ gift/reward	2	1	1
Total	n=83	n=120	n=203
Weighted total	N= 933	N=1679	N=2612

Note: Other responses for the TSA were either that no reason was given or that 'nobody was home' during part of the process. Other responses for SCA were either to do with the age or number of children, because the respondent was still awaiting a response or, in one case, '[they] treated my application negligently'.

When asked to specify exactly what grounds were given for applications being rejected due to ineligibility, respondents gave the income criteria as the reason in 93% of all rejection cases

(Table 13). This finding supports programme administrative data for TSA from 2015, which reports that 83% of new applicants who registered a formal application were rejected

Table 13.
Specific reasons for rejection from social assistance on the grounds of ineligibility.

What were the exact reasons why you were not eligible?	Ineligible for TSA (%)	Ineligible for SCA (%)	All rejections due to ineligibility (%)
Did not meet the income eligibility criteria	94.8	94.9	94.8
I am not a registered resident here	2.4	1.5	1.8
Something else	2.8	3.7	3.4
Total	n=56	n=81	n=137
Weighted total	622	1247	1869

because their household income was above the eligibility threshold (Carraro et al., 2017).

The qualitative data further confirm that the primary reason for exclusion from the poverty-targeted social assistance is that a household's income is above the official eligibility threshold, despite them having self-identified as being in need (reported by 25 of the 33 non-beneficiaries of social assistance). While the argument can be made, and frequently is made, that the income threshold is too low, what also matters is that respondents were poorly informed of what would be counted in their income. They also felt that the inclusion of some types of income or assets in the calculation was unfair and inappropriate. Our research highlights that the barrier to social assistance for these individuals was not only their limited awareness, but also a broader issue of restrictive eligibility rules that exclude genuinely poor households. The next section describes this situation in more detail.

2.3 Recommendations

The recommendations relating to people having a general lack of information about poverty targeted social assistance are the

same as those for the previous barrier relating to limited awareness. These relate to general awareness raising; more targeted awareness raising and increasing the outreach function of social workers.

It is important to provide clearer information at the start of the application process to prevent low-income individuals from spending time and, in some cases, money on an application which would be rejected on the income criteria. This includes more information about the income eligibility threshold and what is counted as household income in order that people do not invest time in the application process when, from the outset, it is reasonably clear that their income is above the threshold. This should be a list of all sources of income that are included and excluded in the means test. Information on categorical criteria is straightforward and can help them easily determine whether they are eligible or not. Whilst it may be difficult for applicants to estimate their income precisely, especially if they are engaged in agriculture or occasional labour, eligibility rules nevertheless must be communicated to applicants in a clear and transparent manner.

3. Documentation required for applying

The gathering of documents also posed a problem for applicants to social assistance. Box 7 lists the documents which are required by law to be submitted with an application and also lists other non-statutory documents which, in the course of the qualitative

research, were found to be necessary for an application to be processed. This section highlights the barriers that applicants face in access social assistance due to the documentation requirements. In particular it discusses;

- Overall confusion and lack of guidance for applicants about the documents that are required
- Difficulties in obtaining unemployment certification
- Requirements to submit documents on marital status and alimony payments

In the quantitative survey, 10-13% of those who didn't apply for social assistance (but who believed themselves to be eligible for it) were put off applying because they could not collect the necessary documentation. Table 14 shows the type of documents that respondents struggled to provide.

Box 7: Documentation required to apply for poverty targeted social assistance

According to the Standard of Service provision, the following package of documents should be collected:

- Application (according to the approved form).
- Identity document
- Information on the family members.
- Information on income received by family members.
- Information on the presence of a personal part-time farm.
- Document that confirms the registration at the place of residence (address certificate)
- A social contract (provided for verification, the original is returned).

During interviews, it was found that the following information is also required:

- Information on the certificate under Form No. 4 (in the case of the birth of a child out of wedlock).
- Receipt of receipt of alimony or court.
- A certificate of scholarship (in case there are children who receive a scholarship).
- A certificate of the status of the unemployed
- Notification of an open current account in a second-tier bank.

Table 14. Documentation problems that prevented applications.

What was the problem with the documents?	TSA (%)	SCA (%)
Couldn't get unemployment certificate	53	53
Couldn't get the residence document(s)	31	35
Couldn't get the income document(s)	23	19

Meanwhile, among respondents who had applied but were rejected, not providing the correct documents was the second most frequent reason for rejection (the reason for 12% of all rejections) (Table 12).

When respondents to the survey described the application process, on average they reported taking four days to gather the documents needed for the application

(Table 15). While this does not mean that four entire days were spent on document-gathering, it does indicate that applicants are preoccupied with this task for quite a substantial number of days each quarter.

3.1 Confusion and lack of guidance about what documents to provide

The qualitative material provides some

Table 15. Length of time spent on parts of the application process.

	TSA (%)		SCA (%)	
	Mean	Maximum	Mean	Maximum
How long did you/they spend getting the documents together?	3.9 days	60 days	4.1 days	90 days
How long did you/they travel to get there?	4.4 hours	7 hours	6.0 hours	10 hours
How long did you queue for to submit your application?	1.8 hours	10 hours	1.8 hours	10 hours
How many times did you/they go there in person during the application process?	2.3 times	21 times	2.1 times	20 times

detailed insight into the problems that people face in acquiring these documents. Firstly, ten respondents, all in Kyzylorda and Mangystau oblasts, identified that at the first experience of filing documents they did not know what documents to collect or what state agencies to contact. This indicates the lack of sufficient explanatory information provided on the application procedure. Among the qualitative

interview respondents, ultimately this didn't prove an absolute barrier to accessing social assistance. As in the previous section on information gaps (Section 3.2), information does not seem to be being shared with potential applicants in a clear manner. This is described by applicants below, who note that they did not know where to go to collect different documents and certificates. In order

to find-out they had to ask a range of people:

«It was difficult to collect documents for the first time, I was simply given a list of documents. I did not know where to go. I began to ask people who also made allowances. It is impossible to ask workers, since they do not allow us to enter, there are many people» (MB, B4, woman, 30 years old, h/w, 12.05.2017).

«When I started collecting documents, it was difficult. I was ashamed to ask, I always asking the only people that same as me, I asked where I can get help. Last year, when I made the allowance for the first time, I went to the district center many times, because I could not collect certificates, especially for incomes and unemployment, which are difficult to make» (MK, B11, female, 24, h/w, 11.05. 2017).

«At first I did not want to deal with documents at all, I did not know what to collect and how to do. But for the sake of money I had to force myself, and it was difficult, I was asking everyone. It was good for me that some ordinary people who already had experience in collection documents helped» (KZh, B56, female, 33 years old, h/w, 05.13.2017).

There are two different channels that interviewees report as being particularly useful in helping them to overcome the confusion related to which documents to provide, how to collect those documents and how to fill-out the forms;

1. Some social workers are supporting applicants through the process, including through collating documents

A couple of interviewees point-out the important role which their social worker has played in enabling them to complete the application process. It should be noted that the current mandate of social workers is just to provide information

«Social workers help to fill out the application, they say, write it like this, and what they say, we write, since we are illiterate.

There are samples, look there and write. Then they check »(KZh, B64, h/w, female, 40 years, 12.05.17).

«No, I did not go anywhere. All the references Zhadyra (social worker) received herself. She does not make us collect them. If possible, she does it herself» (KS, NP58, female, works in school, 18.05.17).

2. Mobile social centres visit remote rural villages to give information, receive documents and issue certificates

70 mobile social centres work in remote areas with populations of less than 100 people. These are single window centres or one-stop shops. Interviewees in certain raions of Kyzylorda oblast point to the importance of these mobile social centres in providing them with information about the application process and, again, in helping to collate documents;

«Every month the workers of the Social Center come here so that you can get the address information here. You do not need to go to the district center. Previously there was such a situation when not everyone knew about the arrival of them in the village, but now people have become accustomed to, and do not miss the arrival of the them [...] The girls in the social assistance center fill out the application themselves; I just sign»(KS, B65, h/w, 42, female 16.05.17).

«For the convenience of residents Social Centre sends some of their employees, so that people can get the necessary information. They [also] issue certificates»(KS, B67, h/w, 38 years, female, 16.05.17).

However, in the raions in Mangystau oblast where the qualitative research took place there were no mobile social centres and, instead, respondents have to themselves go to the district centres to collect documents. This contrasts to many of the research settlements in Kyzylorda oblast

where the main package of documents is collected locally through the mobile social centres as well as workers attached to the social protection office. Respondents in the villages of Zhanakorgan district in Kyzlorda oblast also draw attention to the fact that specialists in local administrations are more helpful than in district centres;

«Well, I do not know some things, and I don't know how to use computer. Sometimes you sit and do not understand, since we do not have one at home. You ask how to do it, but the specialist does not come to. They look at you and say there is no time, and they leave. There is no such thing like help in the local administration. Basically, there is no such thing in the districts. In the village, local administration everyone will tell and show. They never refer to the lack of time, and explain. They are prone to help, and visitors are greeted with a smile» (KZh, B61, woman, public worker, 31, 13.05.17).

While the quantitative survey did not record data on whether or not respondents were aware of such a service, it did ask where they had submitted their application (Table 16). There was a lot of variety in

where people had submitted an application, which is consistent with the observation that each local area is equipped differently to process social assistance applications. Strikingly, applicants generally did not submit applications for TSA and SCA through the same processing agency: the largest share of TSA applications went through the Akimat, while for SCA they went through the Public Service Centre. The variety of different agencies was seen in all three regions, although there were regional trends, for example that in Kyzylorda oblast applicants were much more likely to apply for either type of social assistance through the Akimat (Table 17).

3.2 Difficulties in obtaining unemployment certification

To be eligible for poverty targeted social assistance you need to obtain either an unemployment certificate, or a certificate of income (which is below the income eligibility threshold) from your employer. Unemployment certificates are issued at the district employment centre. The employment centre, instead of issuing an unemployment certificate, may provide the

Table 16. State agency to which social assistance application was submitted.

Where did you/they submit your application?	Targeted Social Assistance (%)	State Child Assistance (%)
Local Akimat	47	19
Public Service Centre*	25	43
Department of Employment and social programmes	27	34
Other	2	4
Total	100	100

*There are 270 Public Service Centres (Центр обслуживания населения (ЦОН)) in cities, oblast and raion centres

Table 17. State agency to which social assistance application was submitted, by region.

	Targeted Social Assistance (%)			State Child Assistance (%)		
	Kyzylorda region	Mangystau region	Astana city	Kyzylorda region	Mangystau region	Astana city
Local Akimat	56	28	7	27	3	4
Public Service Centre	25	23	57	46	38	38
Department of Employment and social programmes	19	43	33	21	59	52
Other	0	6	3	6	1	6
Total	100	100	100	100	100	100

applicant with work. The applicant has the right to refuse the proposed work several times. For instance, if it does not relate to their skills or if the salary is too low. If there is no suitable vacancy for the applicant, then an unemployment certificate is issued. During the quarter, it is necessary to visit the employment centre twice a month, and to confirm the status of unemployed and to demonstrate that you are actively searching for a job. After the quarter ends, the applicant will need to come back for help to the employment centre, and he will be offered jobs again. If the applicant also continues to refuse the proposed employment options, he can be removed from the registration of the unemployed, and refuse to issue a certificate that automatically deprives the allowance.

From the qualitative interviews, fourteen beneficiaries and nine non-beneficiaries report that not being registered as unemployed was a barrier to them accessing social assistance. This barrier is particularly prevalent for; (i) families who live in villages that are at significant distance from the district center; (ii) unemployed people in rural areas, and (iii) single mothers who raise young children. The employment certification requirement serves as a barrier to accessing social assistance for these groups for two reasons:

1. It is difficult to obtain unemployment certificates because of the long distance to the employment centre, especially for specific groups.
2. The design of the employment conditionality is inadequate.

We consider these issues in turn below.

1. It is difficult to obtain unemployment certificates because of the long distance to the employment centre, especially for specific groups.

As highlighted above, unemployment certificates need to be obtained from employment centres which are located in district centres as mobile social centres cannot provide this service. Meanwhile, people have to visit the centre twice among for their certificate to be re-validated. This poses a particular burden on people living in remote rural settlements who need to find money in order to make the journey, as illustrated below.

My husband is unemployed. To get benefits he needs to register. He wanted to go to Yeraly, in order to register in the list of unemployed people, but he always postpones. Tomorrow, he has to go, but he needs money to go (MK, B15 female, 38, h/w, 14.05.2017).

«My husband is unemployed, there are seven of us in the family, I have five children.

For five children, we get 10 000 tenge of the SCA, it's funny! My husband has been unemployed for four years, and cannot find a permanent job. In the winter, in the autumn, in the spring works in a stokehold, the salary is small. In the summer, he is looking for a job, it is noted in the employment center. To receive benefits, you have to constantly go to the district employment center in order to be noted that there is no work. This costs 2000 tenge round trip» (MB, B22, female, 31 year, h/w, 16.05.2017).

2. The design of the employment conditionality is inadequate

The rationale for requiring unemployment certificates is to ensure that social assistance does not lead to dependency, but rather promotes employment activation and engagement in economic activities. The qualitative research data highlights two primary shortcomings of the approach currently being adopted. These have implications both for the ability of people to access social assistance as well as for their engagement in the labour market.

(i) Employment conditionality is not matched with adequate supply of jobs in rural areas and does not offer financial incentives. The existing discourse stresses dependency, without understanding of underlying policy bottlenecks

If the unemployed constantly refuses the proposed work, they can be removed from the list of unemployed people, and the family will be ineligible for poverty targeted assistance. Instead, the individual will often undertake part-time self-employed work. If you live near the district centre it makes financial sense to sign-up for a job which is offered on public works schemes. However, in villages the situation is different. It does not make financial sense for somebody agree with the local administration's offer to participate in public works in the district

centre, since an average salary of 30,000 tenge will not cover travel expenses and food costs. Therefore, people from villages are frequently registered temporarily as unemployed to receive a 1st quarterly allowance, then they are removed from the list when they do not take-up a job offer on public works. This situation is explained by two departmental administrators, below;

“In theory, all families with low material standing have the right to receive the TSA, SCA, but it is not so in practice. Imagine the most wide-spread situation: lower-income family with 3 children, husband does not have any education and work and wife is a housewife taking care of children. They receive no allowances for children. They apply to us, to the district employment center. The first our condition is the husband must work or be registered in the employment center. We forward him to public works because there are no other vacancies. We offer the salary in the amount of 22 000 tenge he will get in hand, the husband does not agree since the salary is paltry. He will better do something on the side, work as a builder and become self-employed. By doing something on the side, he will get 60 - 70 000 tenge per month. The problem with allowance arises: he is not registered, he does not perform public works, therefore, he will not receive the allowance. It appears that the allowances are as if available, but the conditions of employment and registration of unemployed are the barrier. It is even more difficult for the families from remote villages, there are no public works, they will not go to the district center for paltry salary, therefore, all lower-income families with healthy parents are automatically excluded from those, who can get the allowance, since they don't have the unemployed status” (MB, B34, employee in the Employment and Social Programs Department, 12.05.2017).

“It's easier to find a job in our district center, but in the villages, it's harder, there's

no work there, not even public ones. There will not be a person for the sake of public work to go to the district center for 30 000 tenge from his village, this money is hardly enough for only transportation. Therefore, they somehow find money on their own and do not receive benefits» (MK, B33, employee in the Employment and Social Programs Department, 10.05.2017).

However, despite the rational choice made by some people not to accept jobs this is viewed by a couple of administrators in the employment and social programs department as indicative that people are lazy and unwilling to work:

«Basically, women try to do something, men stay at home, and they do not want to work. Next year we will pull them all to work »(KS, employee in the Social Assistance Department, 15.05.17).

(ii) employment conditionality does not take into account the needs of mothers caring for children over the age of three years in the context of an inadequate supply of child care and a limited supply of suitable jobs

According to the legislation, a woman who has children over three years old¹¹ and who is applying for social assistance must work, or be actively seeking employment by registering at the employment center. However, not all women can meet these requirements. First, they cannot go to work because they have nowhere to leave their young children. Kindergartens are not available in their residence area (this applies to rural areas), or mothers are unable to pay for the services of the kindergarten. The situation is summarised, below, by a local official:

«All needy families that have children and difficult life situations, come with a request for

help, and we are considering the possibility of giving allowance, but not everyone is allowed, as some applicants refuse the proposed work, mostly jobs refused by men, they say that salary is small. Women cannot go to work, because they are sitting with young children. One of the conditions for receiving benefits is registration in the employment center as unemployed» (MK, B30, specialist of local administration, 11.05.2017).

This is how beneficiaries describe their circumstances;

“I got a refusal because my son was 3 years old and I could come to work and give the son to kindergarden. I explained them that the kindergarden costed 5 thousand and there is a queue. I could not send him there and start to work” (A, B121, 35, female, unemployed, 1.06.2017).

«The main reason [I cannot access assistance] is that I do not work. My youngest daughter is five years old, and child care allowance is provided for children aged under three years. And they say, «You must work». I explain them that I cannot work» (A, NP110, 33, woman with many children, with disabled children, housewife, 31.05.17).

Second, in rural areas there is almost no work for women. In the city, it is difficult to find part-time work or a job with a flexible schedule. In addition, where flexible jobs do exist they are frequently informal, which means that people are unable to have a certificate of employment and of their income. Meanwhile, because they are undertaking these jobs they are also unable to obtain an unemployment certificate since the opportunity costs of taking a public job are just too high. In Astana, this problem is marked more sharply, since among the respondents there were mainly single

¹¹ According to Kazakhstan legislation mothers are entitled to maternity leave for the care of children up to three years old.

mothers of many children. This is explained below;

«They just require a certificate from work, but I do not have such a certificate. I can present a certificate that my husband has a disability. They do not give me a certificate at work. I have been working in this organization for a long time, I have a suitable schedule, and it's convenient. What can I do at home when my child is sick and the husband is disabled? I need to look after them. There are such employers that can say that they do not give such information. In some organizations there are superiors, but there is no accountant. But he cannot print such a certificate himself. Small shops do not provide such information» (A, NP104, 43, female, cleaning woman, 31.05.17).

3.3 Requirements to submit documents on marital status and alimony payments

There are also several documents that are required as part of the application process which can place a particular burden on women to obtain. These include;

1. An alimony certificate (or certificate of absence of alimony)

Alimony is included in the means test and because they receive alimony payments, a number of female household heads report to being told they are ineligible for TSA as their income is too high. In some instances, they feel that their alimony payments are being overestimated in household income;

«In 2013 I applied to the local administration for the first time. I tried to apply for TSA, I was told that I am not allowed to, because I get a pension, I possess a house, and the ex-husband helps. And I am telling them, is this a help, alimony should not be counted, since it comes two or three times a year. However, nobody is listening to me, it is enough of getting one time alimony, and they are immediately taken

to income and they are also told that they are supposed to take them into account in view of the fact that it is possible that alimony can be received even in the next months» (MK, B9, female, 29 years old, h/w, 05.13.2017).

Perhaps more problematic is that divorced women who are not receiving alimony; they need a certificate to prove that this is the case. This is because of a sense that it is primarily the responsibility of the ex-husband to support the child, rather than of the state. As illustrated by the interviewee below, though, obtaining a certificate to say that you are not receiving alimony is not an easy or quick process;

«Since I could not get the certificate about the fact that I do not receive alimonies, I did not prepare documents for the allowance registration. Now I have sent an application to the court of Kostanay region. I have been phoning them for three months, but still there is no information whether they received my documents or not. My case is still not considered. If only they could give me a certificate confirming that I do not receive alimony, I would have had the opportunity to register the allowance» (A, NP103, 28, female, cleaner, 01.06.17).

“No, I did not apply I am waiting for the opportunity of getting the divorced person, and I need a reference of absence of alimony” (A, NB105, 31, female, cleaning woman, 31.05.17).

«I have a problem with obtaining a certificate of the court decision, because I have two children from the first marriage, and one from the present. These two need a court decision that I do not get alimonies» (KZh, B62, h/w, male, 39 years, 13.05.17).

2. Documents pertaining to the registration of marriage or to being an unmarried parent

Families need to prove that they are one-parent families in order not to have to submit

certificates of income or unemployment for two parents. Some families, however, face difficulties in obtaining these documents. Moreover, in cases where children are born outside an officially registered marriage then the husband or wife cannot independently surrender documents without a power of attorney. This is explained below;

«My husband and I are not registered in the registry office yet, I took a power of attorney from the civil husband to hand over the documents. For example, without the knowledge of their father, without his signature, they do not give anything away. But I have not gone to get documents yet, because they told me that the father of children should be here, but he is a busy person and he does not have time» (COP, NP60, female, h/w, 17.05.17).

During qualitative fieldwork, it was revealed that, in addition to the documents outlined in Box 7, applicants also needed to provide information on the certificate under Form No. 4 - in instances where the child is born out of marriage. This issue was identified in Astana city, since among the interviewees who did not receive benefits, they were primarily single mothers;

«There have never been any problems with address certificates. It's easy to receive it. Mainly, there are always delays with Form 4, as for unmarried mother. There are long queues in the Public Service Centres, and the database always hangs up. You find time, and when you come, you have to wait for two or three hours, and then you are told, «The database will not work» (A, NP110, 33, female, housewife, 31.05.17).

3. Documents confirming divorce

Another additional document required is that confirming a divorce. Two instances where interviewees faced difficulties in acquiring this document are given below;

«The youngest child is now 8 years old. During this time, I was without the husband

since birth of the younger child. Therefore, all the time I got up for STA to get benefits. The only problem was in collecting documents. I am divorced with my husband, but it does not work, as he sits in place of confinement. Therefore, I needed a certificate, I made a request, and I went there. I took a certificate that he does not work and cannot help me financially. Imagine that you need to go there in Dolinka where he sits, it is a little bit problematic in my opinion. This certificate should be ordered, then again one need to come back in order to take. I could not go myself as I have children, my mother-in-law asked for it» (A, B115, 35, female, seller-consultant, 12.05.17).

«A neighbor came to apply for benefits. I explained that among other documents, she must provide a document on the divorce with her husband. If there is no such, then a certificate from her husband about the income. To do this, you need his ID. She has not come after that. Maybe it's hard for her to get such a certificate or what, I do not know. The fact that her husband will not give his certificate and his document is understandable. She must take it from Terenozek, maybe they are not officially divorced?! There should be indicated that they do not live together legally, and the husband does not pay alimonies» (KS, NB54, female, 70 years old, pensioner, 18.05.17).

The survey data show that in all of the sample areas, single mother households are on average less wealthy than those with two parents, and these differences were statistically significant (Table 18). They were also more likely to identify as eligible for social assistance, however these differences were not statistically significant. In Mangystau oblast and Astana city there was no significant difference in the rate of application for social assistance by single parent household status but in Kyzylorda oblast single mothers were much less likely to have applied. Single mothers in Kyzylorda oblast were more likely than those from two-parent households to cite

Table 18.
Percentage who applied for social assistance, by single mother household status

	Kyzylorda region		Mangystau region		Astana city	
	Two-parent household	Single mother household	Two-parent household	Single mother household	Two-parent household	Single mother household
Average wealth (median IWI score)	62**	59**	56***	52***	75***	71***
Identify as eligible for TSA or SCA (%)	20	30	12	15	19	21
Have applied for TSA or SCA (%)	25***	11***	10	10	6	7
% of sample that are single mother households		5		5		17

a lack of information, problems with the form and documents, and lack of time for the application process as reasons for non-application.

3.4 Recommendations

Replicating existing models and good practices:

1. The services of mobile social centres and social protection agencies for collecting and receiving documents proved to be very positive and supported households to put together their application materials in an efficient and stress free manner. This one-stop shop model needs to be institutionalised and extended to all oblasts/localities.

2. Where social workers have supported people to fill-out their applications, applicants have found this helpful. Particularly in the raions in Kyzylorda oblast where this research was undertaken. This is linked to one of the broader recommendations of this work about strengthening social work functions. Beneficiaries suggest that local administration tends to be more supportive

than district. This is understandable considering they serve small population groups and local social networks are more supportive. District administration practices need to be improved. This concern provision of information and support completing forms. Prepare administrative manuals that specify code of conduct and types of information to provide.

Simplifying the process of document issuance:

In terms of documentation, the main documents which applicants struggled to provide were the unemployment certificate, alimony certificate, marriage/divorce certificates and documents on family status. How can the process of obtaining these documents be simplified?

1. Applicants point-out that they need to go to the district centre and the employment office to obtain unemployment certification, which needs to be reconfirmed regularly. One suggestion could be to enable other bodies also to issue this certification; such as the mobile social centres which are already able to issue residency certificates and which respondents all found to offer a

useful service where they are available;

2. Single mothers face particular difficulties in obtaining employment certification as they frequently work in informal jobs which are part-time and flexible. These employers do not offer certification. A possibility here could be to offer exemptions for employment certification in the case of single-parent families.

Improving policy conditionality:

The need for employment certification raises broader issues with regard to the design and coordination of social assistance and employment activation policies in Kazakhstan. It is a response to the fear social assistance is a deterrent to work. In other words, rather than getting a job, people will rely on social assistance payments. However, as the application processes for the TSA and the SCA are currently conceived, rather than working in to support employment programmes and objectives they are almost working in contradiction to them. This is particularly the case for people living in remote rural villages who are required to work on public works schemes for low wages. These wages are so low that the combination of transport costs and the opportunity of loss of casual incomes means that it is a rational decision by people not to register on the public works schemes. There needs

to be clear and coherent objective across the two sectors of social assistance and employment, with programmes in both sectors working towards these coherent objectives. The employment conditionality must be redesigned to take into account financial incentives necessary for people to be willing to take up jobs, especially in rural areas, and as well as availability of suitable jobs more generally.

The employment conditionality must be further adjusted to reflect gender-specific vulnerabilities. In particular, it must take into account the caring and domestic duty constraints that may constrain women's ability to take up full-time job. The review of international activation and graduation policies suggests that there is no "one size fits all" solution to promoting graduation to the labour market (Almeida et al., 2012). People in the low-income category are a heterogeneous group and uniform approaches may not address the employment barriers – i.e. social, economic, and institutional factors that exclude them from the labour market (Immervoll, 2009). It is important to determine what constraints an individual's ability to access jobs or better paid jobs and tailor activation measures to people's personal circumstances and needs. This requires profiling and program customisation, including developing individual actions plans, which would consider gendered constraints among other factors.

4. Restrictive eligibility rules and means testing

For TSA and SCA, the calculation of aggregate family income includes all revenues, which means not only earned income and personal transfers (i.e. remittances) but also social protection transfers from the state. The ownership of assets that have the potential to provide income or sustenance, for example a car or livestock, are also factored into the calculation. Respondents identified four principle ways in which they are caught out by the existing restrictive income eligibility criteria;

- The inclusion of categorical transfers in household income calculations to assess eligibility
- Part-time, irregular earnings are included in income assessments
- Livestock and cars are barriers for eligibility

Each of these factors is discussed in turn.

4.1 Other categorical transfers are included as household income for the purposes of assessing eligibility:

Our results corroborate the findings from literature about the restrictive effect of including unearned income in the means test (Babajanian et al. 2015). The inclusion of other life-cycle related categorical forms of social assistance when calculating household income pushes household income over the eligibility threshold for poverty-targeted social assistance. The main categorical transfers reported by non-beneficiaries (12 of the 33 non-beneficiaries interviewed) as making them ineligible include allowances for:

- Children with disabilities;
- Children under 1 year old;

- Mothers of many children;
- Educational scholarships for studying in college.

This situation is described further below:

“I stopped going. I just stopped going, they added the amount for disability and they together with lawyers considered that this was exceedence. So, I stopped going, disputing and arguing something. However, I was in great necessity of those money at that moment, because there was the 7th birthday of my child in spring. I didn’t have even a piece of bread! I had nothing” (A, NP110, 33, female, housewife, 31.05.17).

“When I was submitting the documents for the SCA, child care allowance for children under one year of age was estimated by the Akimat as the income. Now the term of this allowance payment expired and I want to collect the documents again” (MB, B25, female, 36 years old, housewife, 15.05.2017).

According to legislation, the total income from educational scholarships is also included in household income calculations. However, two interviewees, both of whom have children who are college students, point-out that this is unjust. As exclaimed by one interviewee; “how can a 13,000 tenge scholarship be considered a family’s income? »(MK, B15, female, h/w, May 14, 2017). In both these instances, their children receive a college scholarship of 13-15 000 tenge. Though this is instrumental in enabling children to continue with their education it does not fully cover the range of expenses associated with going to college including for food, accommodation, educational supplies. In effect, these educational scholarships do

not increase revenues, but increase expenses. This is compounded by the fact that the households are now ineligible for TSA and SCA;

«My wife has the status of Altyn Alka, she gets a benefit for many children, before we received TSA and SCA. Children are now at college, and they receive a scholarship, it was immediately counted as income, and they stopped our TSA. The life became even harder without TSA. There is not enough money, the scholarship doesn’t cover all their costs, we thought we would help them, but now we do not even know how we will live without the TSA» (MK, B14, male, 47 y.o., self-employed, 14.05.2017).

Given the low level of the income eligibility threshold, receiving certain categorical benefits can easily push a household over this, when they are counted as part of household income. Table 19 compares some of the benefits which respondents reported being included in their income calculation with the level of the income threshold.

Table 19.
Monthly amount of non-social-insurance-related categorical benefits for children.

Allowance or benefit	Calculation	Average amount per month (KGT) ¹²
Targeted social assistance	40% of subsistence minimum (24,459 KGT)	9,784
State child allowance	60% of subsistence minimum	14,675
Examples of other transfers		
Disability allowance for children aged 0-15	0.96 x MCI (monthly calculated index, 2,269 KGT)	2,179
Monthly state childcare benefit for disabled children	1.05 x minimum wage (24,459 KGT)	25,682
Mothers with many children (Altyn alka)	6.4 x MCI	14,522
Scholarship for high school: minimum stipend		20,949
Scholarship for high school: increased stipend		24,091

¹² There are regional differences in the amount given due to variations in the cost of living. For illustrative purposes, the average amount received is presented here.

As can be seen from the table, several of these benefits are, on their own, far higher than the eligibility threshold for either type of social assistance. While some of these benefits are not necessarily tied to the additional cost resulting from a family being in these circumstances (the 'mothers with many children payments and the one-off payment for having a fourth or additional child clearly also contain a financial incentive beyond simply covering the cost of a child) most of them do reflect the need for financial compensation. If these payments are intended to cover specific expenses, for example school books or a parent having to cease work to take care of a disabled child, then this implies they should not be seen as fungible.

It is therefore questionable whether they should be included in the calculation of household income for the purpose of eligibility assessment. In many EU countries, categorical transfers of this kind are disregarded in the calculation of income for this purpose (van Lancker 2015), as is described in further detail in the recommendations of this sub-section.

4.2 Part-time, irregular earnings are included in the income assessment

Most means-tested schemes require inclusion of earnings from occasional labour, along with farming income. This is despite the fact that these earnings may be irregular and very small. It is also a common practice for beneficiaries to hide or underestimate their income for the means-test. In fact, beneficiaries often face difficult choices, either not to seek additional earnings or to earn them and not to declare them. This issue is at the heart of all means-tested schemes.

As mentioned earlier, there is evidence that means test in Kazakhstan can possibly

over-estimate household income due to inadequate income imputation rules and practices (Carraro et al., 2016). Some beneficiaries in our study report anxiety about how earnings from occasional work may be interpreted or registered by the benefit administrators. For example, one interviewee, below, was worried that income from a one-off occasional employment may be taken as permanent;

"We are not wealthy, money is enough only for food. We were collecting the documents for the GCA. Firstly, the Akimat employees said that we were eligible for the GCA, but later, when we collected the documents, we got refusal since we had not recorded income, side jobs, and we were not registered in the employment center. We did not want to notice them about our occasional earning since they will certainly think and record it as a permanent income" (MB, B23, man, 35 years, self-employed, 15.05.2017).

Another respondent, below, describes how irregular income was included despite the fact they had not received it by the time of verification;

"There are 11 people in the family, of them nine are children, 6 children are under the age of 18. Material standing is difficult, money for food is hardly enough. Husband doesn't have a permanent job, he is registered in the employment center. We were receiving the STA and SCA until 2017, the STA has been cancelled since 2017 without any explanations, and only the SCA remained. I have just come back from the quarry, it was temporary job, my wife had employed for temporary public works, but she has not received salary for 3 months yet"

Our evidence suggests an additional complication, which relates to the inability of people earning through informal channels to provide employment certification which states their level of earnings. Applications for poverty targeted social assistance

require either employment certification or unemployment certification. Somebody with irregular and informal work is unable to provide either, or the incentive is for them to register as unemployed and then to work informally on the side. This situation is described in more detail in section 3.3 and introduced by an interviewee below;

«Now I am receiving TSA, but one day, I was almost struck from the list. I am unemployed, single mother, having many children, I decided to earn money. The local administration somehow found out and immediately came, started asking the children where [their] mother works, whether [their] mother works. The children said that I went to clean the apartments. They called me, began to ask how much I was getting, accused that I was hiding my income. I told them that it's just once such an opportunity fell out that I do not have enough money for food, clothes for children. I asked them not to cross me out of the manual. This impression was like I committed a crime. Now I'm afraid to work part-time, and if something suddenly turns up in the form of work-earnings, I quietly leave, the children say that I went to the store, to visit my relatives. Otherwise, I will not live on some benefits»(MB, B5, female, 36 years old, h/w, May 14, 2017).

There could be two implications from this. More broadly, there needs to be more clear and transparent rules about how income from occasional work should be treated and these rules need to be available to beneficiaries. In terms of specific rules, practices such as assuming permanent employment/income rather than calculating the actual earnings from occasional jobs may exclude some poor applicants unfairly.

4.3 Livestock and cars are barriers to receiving poverty targeted assistance

The problem is indicated in the rural areas of Mangystau and Kyzylorda regions (by five non-beneficiaries). Having a family farm and a personal car excludes a family from benefiting from poverty targeted assistance, due to how the income which these could generate is imputed; placing families above the income eligibility threshold. The respondents considered the existing rules and practices for imputation as unfair.

“They stated that if anyone has a chicken, then allowance is not issued, but this chicken may die, where it can find feed, hen is necessary not for enrichment, it can give at least 2 eggs to the child. Hen, livestock is not always an income, this is an expense too since feed needs to be bought” (MB, B22, female, 31 years old, female, 16.05.2017).

“If there is a chicken, the commission says that we can sell eggs, if to milk a camel, they will say that we can get the income from milk, if there is livestock, then we can get the income from livestock, if we have a car, then we can get the income by working as a taxi driver” (MK, B19, female, 35 years, housewife, 12.05.2017).

This is a tricky issue and there are no perfect models. What we know from international experience is that the key is how accurately estimate (or impute) income from farming. Previous studies in Kazakhstan have highlighted that when imputing agricultural income, production costs have not been updated since 2005 (Carraro et al., 2016). This artificially inflates profits and may make households ineligible for social assistance. Income imputation should be context-specific and be based on existing data on prices, local conditions and use rigorous methodologies. (See Box 8). This can ensure that income estimates are relatively accurate and do not significantly over/under-represent the actual income.

Box 8: Imputing farm and informal income

In Eastern Europe, income estimates from farming and informal seasonal work are calculated using data on yields, prices and costs of production produced by the national statistical offices (Boyarchuk et al., 2009). In most countries, it is done centrally (but considering regional variation and local prices). In others (Ukraine, Russian Federation), the standards are determined by each region independently. The standards are usually revised annually and even twice year (some regions of Russia); in others, it can be every three years (Poland). They're differentiated across different factors, administrative regions, types of agricultural activities (e.g., income from farming, income from livestock breeding etc.), and land/crop types. In Russia, Moldova and Poland the task of setting the standards is regulated by the law. A key source of information for deriving estimates is household budget survey. These include information on income from selling agricultural produce and expenditure on agricultural inputs. This survey must provide representative data on farm-generating households at a provincial level. Regular re-assessment of the imputed values is necessary. For example, imputation standards are usually revised annually and even twice year (some regions of the Russian Federation); in others, it can be revised every three years (Poland) (Boyarchuk et al., 2009).

4.4 Recommendations

Means-testing is fraught with difficulties and there is no 'right' or 'wrong' approach. Rather, a starting point for means-testing that effectively enables resources to be transferred to those in the greatest need is a commitment by policy makers to poverty reduction and improving the lives of the poorest people.

The research findings point to several potential ways through which the income eligibility threshold and criteria for TSA and SCA can be adapted in order for these transfers better to achieve their objectives;

- Raise the income eligibility threshold. This issue is at the heart of the forthcoming reforms to social assistance. Indeed, as highlighted in this research, it is a critical issue. There are many households who feel that they should be eligible for social assistance, and feel in need of it, yet technically they are ineligible. Moreover, recent analysis shows that, even after the reforms and the increase in the income eligibility levels many poor households will remain uncovered and ineligible on the basis of their income (Carraro et al., 2017).

- Remove certain categorical allowances from the assessment of income. In particular, the disability allowance which is intended to cover the additional costs arising from disability, rather than for general living costs as well as educational scholarships (see also Babajanian et al., 2015). Again, the latter are designed to cover the additional costs of a child going to college and achieving to the best of their ability. Box 8 gives more information on the types of income which are disregarded during means tests in other countries.

- There needs to be clear rules that prescribe how to treat income from part-time, occasional employment. These rules must be clearly communicated to the applicants.

- The imputation of income from livestock and agriculture must be based on up-to-date data on prices, local conditions and use robust methodologies.

Box 9: Income disregards in international experience

Whilst most countries apply a comprehensive definition of income, they also tend to disregard certain types of earned income (earnings from employment, or income from capital) and unearned income (e.g. various social protection benefits). Disregards serve as a means for coordinating the interaction of incomes from multiple sources. Many means tested programs disregard certain types of income to increase the level of support to specific groups (Van Lancker 2015). The extent of disregarded income affects the eligibility threshold and therefore the overall benefit amount so as to address the needs of individuals with multiple vulnerabilities.

Disregarded income in the EU countries includes the following sources depending on a country (Van Lancker 2015):

- Part of income from employment
- Social security benefits (e.g. family allowances, maternity allowances, pensions, disability benefits)
- Parent's money
- Student grants
- Money from maintenance claims
- Repayment of debts
- Income from charitable associations

A study of minimum income schemes in the EU suggested that these schemes work best when the overall system of social protection is effective (Van Lancker 2015). Poor and vulnerable individuals in countries such as Belgium, Denmark, Lithuania and the UK have been increasingly relying on social assistance (i.e. subsistence support) as their governments are tightening access to other benefits. Social assistance, however, only offers limited support and cannot address people's needs comprehensively in the absence of other means of assistance.

The review of minimum income schemes in the EU suggests that the social assistance recipients tend to receive additional benefits (Van Lancker 2015). These benefits include the following:

- Means tested minimum income schemes are often complemented with housing allowance (Austria, Bulgaria, Czech Republic, Denmark, Finland, France, Norway, Poland, Sweden, and UK).
- Extra allowance for energy costs to cover heating, electricity, gas and fuel (Austria in some provinces, Germany, Denmark, Poland, and Netherlands).
- Special benefits to cover extraordinary needs in unexpected circumstances (Austria in some provinces, Czech Republic, Germany, Denmark, Netherlands).
- Extra benefits granted to cover the costs of raising children (Belgium, Estonia, Germany, Norway, Romania)
- Top-up of minimum income schemes for people with disabilities (Cyprus, Portugal, and UK).

Findings Part 2:

Barriers to access special social services

This part of the report contains the findings on barriers that households with the need for special social services face in trying to access them. In our survey of 3,982 households with children, we used several methods of identifying households with a child in need of these services. The first was to use the Washington Group questions¹³ to

identify households with a disabled child and the second was to ask whether the household contained a child in one of the non-disability-related categories eligible for these services. We then asked which of the specific services these children need which are provided by the Law on Special Social Services¹⁴ and which are listed in Box 10.

Box 10. Specific services under the categories of special social services

The Law on Special Services 2008 and the laws that it builds on entitle children in certain categories of vulnerability to the following types of service:

1. Social care services

- Social services at home, for example, providing care for children with disabilities in need of care
- Individual assistants for people with limited mobility
- Psychological, medical and pedagogical examination and diagnosis (in order to determine the need for the child to receive special social services)
- Provision of adequate housing conditions (number of floors, type of housing, etc.).

2. Socio-medical services

- Provision of prosthetic-orthopedic and hearing aid, wheelchairs, etc.
- Restorative therapy, including medical, physical, sanatorium-resort and other methods of treatment

3. Socio-psychological services

- Socio-psychological services, for example, socio-psychological systematic observation; Providing psychological assistance; Correction of psychological state

4. Socio-pedagogical services

- Pedagogical correction of deviant behaviour of children

¹³ <http://www.washingtongroup-disability.com/>

¹⁴ Law No. 114-IV ZRK of 29 December 2008 on Special Social Services. Закон Республики Казахстан от 29 декабря 2008 года N 114-IV «О специальных социальных услугах»

- Home schooling
- Logopedic services for the correction of speech defects
- Assisting in the education of children through special educational programs
- Assistance in educating children from children with disabilities and / or children with learning difficulties in general schools
- Free place in kindergarten because of their special needs
- Services in the formation of skills of self-service, personal hygiene, behaviour in everyday life and public places, self-control, communication skills and other forms of life activity

This introductory section provides an overview of perceived need, awareness of, and applications for special social services. It reveals that, despite households being aware of special social services, reporting a need for them, and believing that they are eligible only a small minority of those households had attempted to apply. Table 20 provides details of the different types of family in difficult life situations that responded to the household survey, along with those which

identified a need for special social services. By far the largest group of respondents are households containing a child with a disability. Families containing children with special needs, without parental care, with a socially significant disease, deviant children or children in conflict with the law comprised 2.1% of the sample. Given the small numbers of families in different categories of difficult life situation the analysis combines together these different types of family.

Table 20. Need for special social services identified in the household

	Freq	Weighted frequency	Weighted ¹⁵ %
Child with a disability ¹⁶	246	2953	6.3
Other child with special needs:	42	416	0.9
- Orphans or children without parental care being cared for by your household	31	362	0.8
- Children with a socially significant disease (HIV/AIDS, TB)	11	86	0.2
- Deviant children	4	36	0.1
- Children in conflict with the law	3	35	0.1
Any need for special social services	276	3279	7.0

Among those identifying a need for these services, the large majority considered themselves eligible to apply. However, only

a very small minority of these households, from 10-15% depending on the category of service, had attempted to apply (Table 21).

¹⁵ Note: The sample frequencies are given to show the relatively small scale of the sample used in the quantitative analysis in this section. The right-hand column shows the percentages when adjusted for the different population sizes of the three sample areas.

¹⁶ The prevalence of disability here is quite high compared to other estimates in Kazakhstan that have put the percentage of disabled persons in the population as a whole at 3.0% (http://www.unescapsdd.org/files/documents/PUB_Disability-Glance-2012.pdf). These figures are both far lower than the estimate of 14% made by the World Bank using data from the World Health Survey 2002-04 (<https://data.worldbank.org/data-catalog/world-report-on-disability>).

Table 21. Perceived eligibility and rate of application for special social services.

	A: Social care services	B: Socio-medical services	C: Socio-psychological services	D: Socio-pedagogical services
Of those who identify that their child needs this type of service...	77.9	84.3	96.9	80.2
Do you think your child is eligible for this type of service? (%)	n=140	n=166	n=32	n=81
Of those who think they are eligible...	13.7	13.7	9.7	14.9
Have you ever tried to apply for this type of service in the past? (%)	n=117	n=146	n=31	n=67

As is the case for social assistance, the main barrier to applying is lack of information about part of the process (Table 22).

Table 22.

Reasons for not applying for special social services, among those who consider themselves eligible.

Why have you not applied for it? (multiple choice)	A. Social care (%)	B. Socio-medical (%)	C. Socio-psychological (%)	D. Socio-pedagogical (%)
I/ We couldn't get any information about it	61	58	82	65
I don't think this service is available in this area	18	29	22	24
Even if I did get it, it's too far away	16	12	9	12
I/ we didn't have time for the application process	12	10	0	10
The service is poor quality	5	4	4	2
I/ we couldn't provide the required residence or income documents	3	1	4	7
A problem filling in the form	6	2	0	3
Because of the committee certification process	5	2	0	0
I/ we can't travel to the office to apply	3	0	0	2
Because of requiring needs assessment by a social worker	0	0	0	2
Negative attitudes of people if I/ we applied for it	1	0	0	0
The service is not suited to my child's needs	0	1	0	0
I/ we would have to pay a payment/ gift/ reward	0	0	0	0
Total	n=135	n=155	n=35	n=73
Weighted total	N=1769	N=1965	N=450	N=883

Of the very small number of respondents who had applied (between 3 and 20 respondents, depending on the category of services), the success rate of applications was very high (Table 23). However, of those who self-identified as ever having been eligible for a specific service, the rate of

having applied and been successful was only 8-12%, depending on the category of services. This successful-application rate is even lower when using the whole sample that identified a need for special social services as the reference group (7-10%).

Table 23. Success rate of applications for special social services

	A. Social care	B. Socio-medical	C. Socio-psychological	D. Socio-pedagogical
Number of households with a successful application (in the sample)	12	12	3	8
Of those who ever applied... Had a successful application (%)	75	60	100	80
Of those who think they have ever been eligible... Had a successful application (%)	10	8	10	12
Of those who identified a need for special social services... Had a successful application (%)	9	7	9	10

The rate of successful-application differed by the specific service that respondent identified the need for (Table 24)

Table 24. Rate of successfully applying

	% with successful application out of all who need the service	Total who identified needing the service
A: Social care services		
Social services at home, for example, providing care for children with disabilities in need of care	21	n=19
Individual assistants for people with limited mobility	14	n=7
Psychological, medical and pedagogical examination and diagnosis (in order to determine the need for the child to receive special social services)	8	n=109
Provision of adequate housing conditions (number of floors, type of housing, etc.).	3	n=33
B: Socio-medical services		
Provision of prosthetic-orthopedic and hearing aid, wheelchairs, etc.	21	n=14
Restorative therapy, including medical, physical, sanatorium-resort and other methods of treatment	6	n=160

	% with successful application out of all who need the service	Total who identified needing the service
C. Socio-psychological services		
Socio-psychological services, for example, socio-psychological systematic observation; Providing psychological assistance; Correction of psychological state	9	n=32
D: Socio-pedagogical services		
Pedagogical correction of deviant behaviour of children	25	n=12
Home schooling	21	n=14
Logopedic services for the correction of speech defects	20	n=20
Assisting in the education of children through special educational programs	15	n=34
Assistance in educating children from children with disabilities and / or children with learning difficulties in general schools	13	n=16
Free place in kindergarten because of their special needs	7	n=15
Services in the formation of skills of self-service, personal hygiene, behaviour in everyday life and public places, self-control, communication skills and other forms of life activity	0	n=3

This would suggest that although the application process can be extremely challenging, as highlighted in the qualitative interviews, most families do successfully access the category of services they applied for in the end. A bigger problem or bottleneck is the hundreds of respondents here, who represent thousands across our sample areas, who identify a need for services but who have not been able to apply. The rest of the section describes each of the main barriers to access special social services in detail and offers recommendations on how they can be addressed. It identifies and

discusses the following barriers in turn;

- Limited information
- Difficulties with application procedures
- The patchiness of service availability that means that people don't always receive the services that they have been certified as requiring
- Distance and lack of transport for accessing special social services
- Stigma

1. Information gaps

Our research corroborates earlier evidence that many prospective applicants have limited awareness about special social services and how to access them (Tomini et al., 2013). As discussed in this section, it demonstrates

that information gaps prevent application for special social services, or, particularly in relation to social workers, mean that there is limited understanding about the type of service, or support, which should be provided.

As indicated in Table 21, only 10-15% of parents/caregivers who identify that their child needs special social services have applied. This low rate is primarily attributable to parents lacking information about the services on offer, as well as perceiving that the desired service is either not available or too far away (Table 22). When asked to specify about what type of information they

were lacking, two-thirds of respondents indicated a total lack of information (Table 25). For some categories of service there also appears to be more confusion over the application process (36% identified this for socio-psychological services) and the eligibility criteria (particularly for socio-medical and socio-psychological).

Table 25. Specific information gaps preventing application to special social services.

What information did you need [in order to apply]? (multiple choice)	A. Social care (%)	B. Socio-medical (%)	C. Socio-psychological (%)	D. Socio-pedagogical (%)
I couldn't find out anything about it	61	69	63	74
I couldn't find out if I was eligible	27	28	36	26
How to apply	23	16	37	29
Other (specify)	2	2	0	0

Using the survey data, we can observe differences in the profile of those households which did and did not apply for special social services if they had identified a need for them. Those who did apply were slightly less wealthy on average, more likely to be single mother households, less likely to have all adults in the household working,

and more likely to also have disabled adults in the household (see Table 32 in the annex). On the other hand, households that applied contained on average slightly more educated members, which may be a sign of the complexity of the application process. This complexity is discussed further in the following section.

1.1 Limited information about the application process

The qualitative interviews (eight respondents), further highlighted confusion among those who had applied over the application process for special social services and the documents which are required. In particular, the interviews reveal how the onus is on individuals to find out about the application process, rather than on officials and social workers to provide this information to families in difficult life circumstances. For example, respondents stated:

«Information on how to register the disability, pass through the MSEC, make out benefits properly, no one gives – we are supposed to find out everything ourselves» (MB, B20, female, 42 years old, h/w, May 16, 2017).

«We go and ask for everything ourselves, as it is necessary for us» (MB, B21, female, 30 years old, h/w, May 16, 2017)

«At the very beginning, everything is not always clear (procedure, collection of documents), but I understood later. In fact, no one is helping anyone, they are doing everything themselves» (A, B114, 45 year, female, does not work, 26.05.17).

Applicants are finding out about the application process from neighbours, friends and family, as well as officials. A common means of being informed was through word-of-mouth or overhearing something by coincidence:

«Sometimes a social worker gives new information. More often I learn from strangers, neighbors even when I'm standing near the ATM and I may hear some kind of information» (MK, B9, female, 29 years old, h/w, May 13, 2017).

«For the first time it was difficult to pass MSEC, we did not know where to appeal, which documents to collect. Nobody gives such information in the village. I asked those who passed earlier» (MB, B2, female, 45, cleaning, 05.13.2017).

«Everywhere, in all instances we go to certain places to collect documents. We learn from the neighbours mothers that have small children as I do» (A, B114, 45 year, female, does not work, 26.05.17).

One respondent reflected on the possibility that people living in remote areas are disadvantaged by the fact that no outreach is conducted to inform people of their rights regarding special social services:

«Okay, we are urban citizens, we know when we know rights, if we are not informed by some information, we can go to the Internet or we communicate with parents. However, in the villages no one has idea what the Internet is, what can they rely on. Probably, children just sit without any development in their houses» (AA, B122, 33, female, employed, 17.05.17).

1.2 Limited information and understanding about the role of social workers

Social workers are key individuals in the delivery of special social services: once a family receives a diagnosis and recommendation for their child's care, the social worker is supposed to coordinate that the child receives their treatment. Social workers also regularly visit these families, performing small tasks to assist them if needed. From the qualitative fieldwork, interviewees generally report satisfaction with their social workers. They note that they visit their children, read with them, assist mothers in documentation collecting, accompany them to the Medical and Social Expertise Committee (MSEC) and PMPC, bring diapers, and communicate new information to them. However, in Mangystau region and Astana city several interviewees (seven respondents) were unclear about the role of their social worker. Specifically, the confusion was around whether their role

is to support the parents through providing information and help with submitting documentation, or whether it is a caregiving role for the child. One interviewee expressed this confusion in the form of a question:

«A social worker comes, draws, cuts something. He does not help in hygienic procedures, we do it ourselves. Should social workers help in this?» (MB, B3, female, 52 years old, h/w, May 13, 2017)

Several respondents appeared to expect the social worker to perform a caregiving role for their child and expressed surprise and disappointment when they did not do so:

«A social worker does not come to nurse a child, she brings only diapers. Besides of that she talks about documents» (MK, B17, female, 50 years, h/w, 12.05.2017).

«A social worker comes every two months. She comes, talks with us, reports news about the commission. She sees the child, but does not take him in her arms play with him, help mother to take care of the child» (MB, B6, woman, 30 years old, admirer in kindergarten, May 13, 2017).

Some interviewees appeared to think that caring was part of a social worker's duties and perceived their lack of caregiving as a sign of incompetence;

«Social worker comes 2 times a week, gives us information [...]. Basically, we are satisfied. He does not play with the child as he probably does not know how to, and he is afraid. He talks to me more» (MK, B10, female, 40 years, h/w, 05.13.2017).

«A social worker is good, comes, helps with documents for a commission. But she cannot work with the child, since the child has some health problems, so the child does not talk, move. The social worker does not know what to do with the child. She cannot take care of him. We do everything on our own» (MK, B16, female, 41, cleaning woman, May 14, 2017).

Households which are already in the

system and receiving special social services need to be given more information about what the role of social workers is, what they can expect of social workers and what they can ask social workers to support them with.

1.3 Recommendations

In some form, information needs to be more readily available to families in difficult life situations. This information includes:

- Who is eligible?
- What documents are required?
- Where to apply?

A two-pronged approach can help improve awareness and understanding of the existing services and application requirements. It would combine targeted outreach with the establishment of single-point information referral stations for on-demand application inquiries.

Currently it is possible for families to slip through the gaps in the net and it appears that many do. In the case of children with disabilities, more outreach must be done to locate families with a disabled child who have not yet made the step of applying for special social services. The missing links appear to be in parts of the process that require parents to be pro-active in requesting services. A key recommendation that follows from this is that targeted outreach is needed to identify families in difficult life situations.

Combined with targeted outreach, there needs to be a bottom-up approach whereby people are better able to self-identify that they need a certain service and that this service is available. In this connection, there needs to be a clear, single point of information for families to find out about the application process. This should allow family members to get a clear idea about available services, eligibility rules and application procedures.

2. Difficulties with the application process

As is the case with social assistance, the burden posed by documentation and procedural requirements can be a significant deterrent to accessing special social services. Those who are informed about the services available to them still have trouble in accessing them and part of this is down to barriers encountered during the application process. As highlighted in the previous section, complicated

application procedures could be one reason why households with members with higher levels of education are more likely to apply than those households with less education. Box 11 explains how the application process is supposed to work, giving the example of children with disabilities, after which the rest of this section describes the barriers that households faced relating to the process itself.

Box 11: An overview of the application process for special social services for children with disabilities.

- The first stage is for a family to obtain a medical diagnosis that their child has a disability. This is given by a hospital, where the child may have to spend some time. Generally, the family visit their local doctor before going for a diagnosis, or are given an indication by someone else with expertise that their child may have a disability.
- Having received a medical diagnosis, the family must then apply to the Medical Social Expertise Committee (MSEC), which will determine which category of disability the child falls under and issue a certificate on this basis. The applicant must present the child's birth certificate and hospital diagnosis to the committee. The MSEC issues a certificate, noting which category the child is in and containing a list of the services that they are entitled to under that category.
- If only social-medical, social-rehabilitation, or social-care services are required, the family must then apply to the relevant service, as determined by the MSEC. Usually, a social worker will apply on behalf of the family.
- If socio-pedagogical services are also required then the family must apply to the psychological-medical-pedagogical consultation (PMPC). The family does not have to go via the MSEC to get to the PMPC. They can also apply to the PMPC without referral or with referral from a polyclinic paediatrician, a school, or another specialist. The PMPC recommends educational services on the basis of the MSEC's categorisation of the child's disability.

Barriers in this section are not absolute barriers, but they rather they lengthen the time before which families are able to access the special social service. The research highlights three main aspects of the application procedures which serve to lengthen the time before households are able to access special social services. These are;

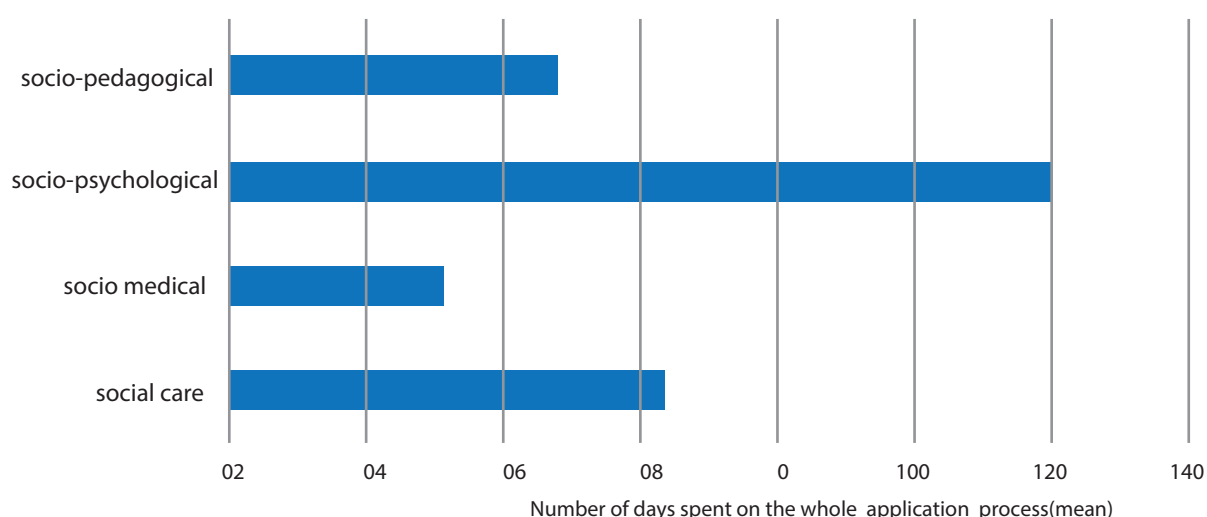
- The overall complexity and time burden of application procedures
- Difficulties with receiving a medical diagnosis
- Difficulties in attending certification committees (the MSEC and PMPC)

Each of these are discussed further below.

2.1 Overall complexity and time burden of application procedures

The complexity of the application process affects take-up, i.e. willingness to apply; it also causes inconvenience, time and monetary costs to applicants, with the lengthy application process delaying access to services. The time burden of application is among the top reasons why households have not applied for special social services that they believe their child needs (Table 22). From the small sample of respondents to the survey who had applied, we can see that the average length of time spent on the whole process of application is pretty substantial, ranging from 32 to 120 days in total (Figure 5). This includes the time spent preparing the application forms, waiting for a needs assessment by the relevant committee, and waiting for a decision on the application after that.

Figure 5.
Number of days spent on entire application process, by category of special social services



As Table 26 indicates, this process often involves multiple visits to the place of application and to the place of

assessment, which are not always close to the respondent's home.

Table 26.

Length of time spent on each part of the application process, by category of service

	A. Social care	B. Socio-medical	C. Socio-psychological	D. Socio-pedagogical
How long did you/they travel to get to the certification committee?	1 hour	7 hours	1 hour	1 hour
How many times did you/they physically have to go to the certification committee during the application process?	4 times	3 times	6 times	4 times
How long did you/they travel to submit the application?	1 hour	8 hour	1 hour	1 hour
How many times did you/they physically have to go to the application place during the application process?	5 times n=3	3 times n=6	5 times n=1	4 times n=2

The qualitative interviews provide more detail on the reasons why the application process can be so time-consuming, which is summarised here in relation to the main stages of the process; obtaining a medical diagnosis and attending the certification committees (MSEC and PMPC). In addition, information gaps, as outlined in the previous section, also serve to lengthen the time that applicants spend on the process.

2.2 Difficulties with the medical diagnosis procedure

Sometimes the diagnosis specification procedure requires a long stay in hospital for the child. While this may be unavoidable from a medical perspective, for some parents (three in our sample) it presents an additional logistical and financial difficulty.

“For registration of disability... we had to stay in hospital, for receiving medical reports. It is all difficult, as we need to bring the child. Examination is expensive, we have to pay for some diagnostic procedures” (MB, B6, female, 30

years old, teaching assistant in the kindergarten, 13.05.2017).

“We stayed in the children hospital for 1 month, and then started preparing documents for MSEC. They said this is necessary” (AA, B123, 40, female, social worker/teacher, 17.05.17).

One respondent also appeared to mistrust the care given to the child in hospital:

“Initially, he spent 15 days in the mental hospital, then one more course of 15 days again. It is requirement; they don't accept the documents without it. Contrariwise, it appears to me that it becomes worse. Therein, many medicines are administered” (KS, B78, female, 29 years old, housewife, 16.05.2017).

This is an issue that appeared often throughout the interviews and in reference to various stages of a child's treatment. While not directly relevant to this study, it does perhaps suggest miscommunication between parents and medical staff of ideas about what is best for child.

During the in-depth interviews, respondents also described long queues to obtain

medical diagnosis, which is required in order to be certified by the MSEC and PMPC. This was more prevalent in Kyzylorda region but was also reported in Astana city and Mangystau region. For example:

“I very suffer in hospital. There are queues always [...] Now, everybody for himself. If a person is a battering ram, the person may jump the queue. Not everywhere. If I say about the situation and they see my child, they may allow jumping the queue, for blood test or something else. People is many, many allow jumping the queue”. (KS, B79, female, 40 years old, housewife, 17.05.2017).

“Due to queues, it takes much time. For example, if a person comes to the hospital at eight o'clock in the morning, such person may pass only three tests before the afternoon. Thus, I couldn't say that the conditions are provided for disabled children. In order to receive the test results, the queues are again, it is necessary to come on the next day or in the afternoon. I would like that doctors are receptive to people who come from far with an ill child” (KS, B73, male, 58 years old, individual entrepreneur, 16.05.2017).

“In order to submit the documents to the MSEC, we waited three months to lie in the hospital. 2 weeks in the hospital and then we submitted our documents» (A, B114, 45, female, does not work, 26.05.17).

2.3 Difficulties in attending certification committees

As highlighted in Table 22, the committee certification process did deter a few people from applying for social care services and social medical services (5% and 2% of people who didn't apply despite believing they were eligible didn't apply because of this). However, the committee certification process did not deter any people from applying for socio-psychological and socio-pedagogical services. Rather, for both socio medical services, where applicants need to attend the MSEC,

and socio-pedagogical services, where applicants attend the PMPC, families had to make multiple visits to the committee in order to obtain certification (three or four visits; Table 26). In addition to the number of visits required, the qualitative interviews highlighted further the difficulties which attending both MSEC and PMPC certification appointments posed to applicants.

Three respondents reported having physical difficulty in bringing their child to the committees. Often this was due to the child's inability to walk and the lack of a wheelchair:

“It was very difficult to pass medical examination for MSEC, PMPC; the child is lying, I carry him on my back to visit the offices to pass the commissions. It is difficult, I don't understand for what purposes I should carry the child for PMPC, they know very well her diagnosis” (MK, B16, female, 41, cleaner, 14.05.2017).

«In Beyneu we took a child to the MSEC. The wheelchair did not fit into the taxi. I had to carry a child in my arms» (MB, B20, female, 42 years old, h/w, May 16, 2017

«It's difficult to transport a child, it's hard for us to take him to Kuryk, Aktau, he does not feel well in the car. He does not want to get into the car, runs away, and if he does sit down, does not want to go out» (MK, B1, h/w, 50 years old, female, 05/11/2017)

“There are a lot of heavy children, and parents carry them themselves; it is possible to examine such children at home.” (AA, B126, 33, female, unemployed, 26.05.2017).

Some respondents were also reported having been confused or misinformed about what documentation to bring to committee appointments, including who to seek out at the hospital for a diagnosis. One respondent reported having to visit several different medical facilities in order to collect diagnoses of different diseases:

I had to be in the neurology department two

times. Then I had to collect all documents and prove to the surdologist that the son has deaf ear. [...] After being two times in the neurological department, they said to go to Aksai; they should confirm that the child was deaf. I said them that ICP is enough. They said, "No, you should register both diseases." So, we went to Aksai and was there about six days, they confirmed auditory inefficiency, one deaf ear and other just 38%. Then we submitted all that documents and they registered ICP and auditory inefficiency. Although I had got to know of this one and half year before; they did it so. So we went and they asked one documents, then other. At that time he was ill often. Then I connected with Salidat Zekenovna (the Ministry of Health at that time) and then within two weeks I received the disability status." (AE, B125, 44, female, cleaner, 29.05.2017).

Other respondents seemed to have been initially unclear about what was required in order to obtain certification by the MSEC and had ended up wasting time as a result, for example:

«I collected documents for the disability registration for a long time, she went for two months herself, no one helped. We have to go to the district center for every reference, and for every meeting with doctors. Still, before getting a reference about disability, I had to put the child in the hospital for 10 days, otherwise they told me that they would not give it to me » (MB, B20, female, 42 years old, h/w, May 16, 2017)

One respondent¹⁷ reported having to go to the MSEC three times in order to get certification for their child (the reason is not clear) and described it as "ping-pong" of the child back and forth.

In Astana city, there was reported to be a one-month wait for appointments with the MSEC. Delays in being assessed by the MSEC can then cause further inconvenience to applicants because the medical diagnosis

from the hospital appears to have an expiry date. If this elapses, the child must again be diagnosed, meaning another trip to the hospital:

«If you want to pass the MSEC, you need to call and register a month in advance. Last year I registered for it. Our reference about disability was losing its right at 5th March. If the child loses the disability certificate, he or she does not receive any benefits. Then we signed up for 9 March and passed it» (AA, B128, 33, female, unemployed, 25.05.17).

The need to recertify disability every two years also proved burdensome, with some parents also perceiving it as unnecessary in cases where the child was severely disabled:

"It's difficult that it is necessary to pass examination every two years. It's difficult to go with the child and sit in queues. The child cannot change and cannot speak or go for two years. The term should be longer." (AA, B126, 33, female, unemployed, 26.05.2017).

One respondent reported that their local paediatrician had come to the house and filled in all the relevant documents for the MSEC. This spared them a trip to the hospital, which would have been difficult since the child was immobile:

"Our pediatrician from [the] village collected all documents herself for the disability, we even didn't carry the child, because she knew that the child was lying [down]; I went to commission without him and received the opinion" (MK, B17, female, 50, housewife, 12.05.2017).

In the Kyzylorda oblast, among the respondents with whom in-depth interviews were conducted, there were those who do not have time to apply for special social services. In general, the reason for it is the care for children with disabilities. In these cases, social workers helped families in the collection of documents.

¹⁷ B72, 44 years old, female, housewife, 13.05.2017.

“Social employee always helps. Yesterday she executed all papers by her own. I cannot leave home, I cannot bring him” (KZH, B72, 44 years old, female, housewife, 13/05/2017).

“I do not have time to find out everything this. For example, I went to Terenozek (district) last days, quickly copied all documents. And immediately I returned home because a social employee was taking care of my child since I had to be present in receiving some certificates”, one of the respondents who was formalizing disability of her child said. (KS, NP77, woman, 39 years old, works at the post office, 17.05.2017).

2.4 Recommendations

There are two areas of recommendation here. The first is around the role of social workers in helping households to collate the necessary documents and to submit them to the relevant authorities. Social workers can also be used more effectively to inform families in difficult life situations of the various requirements of these complex procedures. It should be acknowledged that the parents of children with disabilities

frequently have little time either to find out about, or to complete, complex application processes, due to the care-giving duties they provide.

The second recommendation area is that more options be explored for at-home diagnosis and certification of disabled children. In the one case where a paediatrician came to diagnose a child at home, it appears to have made a huge difference to the time and stress expended by the parents on the application. Especially in the case of re-certification every two years, it makes sense to explore further possibilities for at-home diagnosis. Another option is to have a more nuanced classification of which disabilities may need to be recertified and which do not due to their chronic nature. This is particularly urgent for parents who have to physically carry their children to the hospital or committee, which becomes more difficult as the child ages.

3. Patchiness of service availability

This research reveals that one of the barriers to access special social services is insufficient supply of services, which results in shortage and uneven availability of services for particular areas. This section elaborates the different barriers to access that are related to the patchiness of service availability and insufficient supply. Specifically, it discusses;

- Limited options and lack of explanation for referral
- Lack of specialists
- Delays in receiving certain services and equipment
- Barriers to access sanatoriums

The issue of distance to services per se is discussed in the following section.

3.1 Limited options and lack of explanation for referral

Aside from there being some confusion and miscommunication about what type of services should be available and to whom, the data also reveal that coverage of specialized services is rather patchy and in some cases totally absent. The rural parts of Kazakhstan are sparsely populated, so it is to be expected that highly specialized services are not available within a reasonable distance across the whole country. Distance from services is a problem (which will be elaborated on in the next section) but the more fundamental challenge is the shortage of specialized services and trained personnel which leads to children being referred for any service which does exist, regardless of whether it is an appropriate treatment for that child's condition or not.

Interviewees often complained about their child being referred for treatment that was not appropriate for their condition and attributed this to a failure on the part of the PMPC or MSEC to prescribe the right services. However, as the following quotation illustrates, the choice of treatments available to these committees is very restricted.

«As often as I communicate with mothers of children with disabilities in our area, I hear that they do not prescribe the services of dialectologists, speech therapists, massage. When I see their children, as a specialist, I understand that correctional help from narrow specialists is essential for these children. When I talked with representatives of the PMPC, MSEC, I asked why you do not prescribe the services of dialectologists, masseurs, and speech therapists to children. However, they answered me like where in our villages there are such specialists, what's the matter of doing so, they still will not be able to get these services. We know what they can really get in the village. We consider the availability of opportunities» (NGO, Mangystau region).

The committees responsible for prescribing and referring children for specialized services take an approach where first and foremost they restrict the range of services that they will prescribe to what is available in the immediate area. They then recommend treatment for any child with special needs by choosing the most closely appropriate services from the 'menu' that they have in front of them:

“It seems that the complex of services is assigned by rule, or standard, without any

special consideration of individual needs. MSEC should know that we lack speech pathologists, logopedists, there is a little number of specialists in the center, so they judge from child's needs considering our minimum possibilities" (MK, B33, employee of the Department of Employment and Social Programmes, 10.05.2017).

While this makes sense from a practical perspective, it appears that parents are not necessarily aware that this is the reason why the 'wrong' services are sometimes prescribed and instead see only committee incompetence. It was also acknowledged, however, that committees lack the expertise to closely judge every child's case and design a tailored programme of treatment and services, even if a full range of services were available:

"I closely cooperate with the headteacher, head doctor, PMPC, MSEC, we also resolve some of issues via akimat, so the service is fitted to a child to the extent possible. MSEC cannot judge correctly about all child's needs, the physicians are incompetent in such issues. We have to control MSEC process, I review all MSEC's reports personally. I do not know why, they see neither child, family psychology, nor individual capabilities" (MB, B31, employee of the Department of Social Services, 12.05.2017).

Some respondents described requesting different services for their child and having this refused, either without explanation or on the basis of unavailability.

"We wanted to pass rehabilitation in a sanatorium, but nobody offered us. I asked, but I was refused." (MK, B17, female, 50, housewife, 12.05.2017)

"We don't receive the sanatorium-resort therapy; we are not offered. I asked, but they said that there were not such services" (MB, B20, female, 42, housewife, 16.05.2017).

The opacity of the diagnosis and referral process and its appearance of not adequately assessing a child's individual situation lead to

a lack of trust in its decisions. Parents often described seeking a second opinion from a practitioner and receiving a different diagnosis or opinion on suitable treatment. This situation is undesirable, as it puts the parents of vulnerable children in the position of having to judge for themselves which professional opinion to trust.

"No, I didn't get offered. Really, they shall direct such children, home schoolers, children with problems to such health centers. I asked the doctor thereon, he said that [sanatorium resort therapy] it was not supposed to my child. He said that you'd better go to Aksai for treatment village". (KZh, B80, female, 36 years old, housewife, 12.05.2017).

3.2 Lack of specialists

A problem related to Kazakhstan's size and low population density is a shortage of specialists in some areas. This is a direct barrier to some children receiving the special social services that they need, even in cases where they have applied and passed the certification process.

The issue of recruiting qualified social workers was raised frequently in interviews with service providers and the reasons for the recruitment difficulties are described in Box 12.

In addition to a shortage of qualified social workers, the qualitative research also highlighted a lack of massage therapists (11 respondents), as well as of teachers who are able to work with children with disabilities. A lack of trained teachers to home-school disabled children was also identified. Teachers who home school children with disabilities are required to pass career development courses however specialists of the education department point out that this does course does not equip teachers with the range of skills needed to work with children with disabilities and that some teachers are even afraid of the children. However, as pointed out by parents in rural Kyzylorda and Mangystau regions, the difficulties in teaching children with disabilities

Box 12: Challenges in recruiting and retaining qualified social workers

1. Low pay fails to attract highly-skilled applicants

According to the deputy of the local governor of the district in Mangystau region, people who apply for the jobs like social workers typically do not have a high level of qualification. The reason for this is low wages:

"Qualified people do not come to us because of low wages. Unfortunately, we have to work with people who agree to come and work for such a salary. We have no more opportunity." (MK, B27, local official, 11.05.2017).

"Social workers need to be educated, raise their salaries." (MK, B30, works in rural local administration, 11.05.2017)

"The only thing we should do is respectable salary," (A, 132, works in PMPC, 25.05.2017).

Social workers' pay is around 45,000 Tenge: two government officials who were interviewed recommended a minimum salary of 100,000 Tenge to attract applicants of a sufficient caliber. One respondent noted that social workers are also not entitled to any benefits or wage supplements, which is off-putting to some (MK, B33, employee of the Department of Employment and Social Programmes, 10.05.2017).

2. Multi-disciplinary nature of the job

The job of a social worker is multi-disciplinary and many applicants for the role have little or no experience of working with severely disabled children. As one respondent put it, junior social workers are 'scared off' from the profession given the difficulty of working with special needs children and the lack of enticing salary to keep them in the role. The same respondent reported that parents of disabled children are better qualified for the care-giving aspects of the role and that some have even become volunteers:

"The youth comes, they work with pleasure, feel sorry for the children, they want to help. Then gradually the energy runs out, and they go away. Because they cannot stand it. Hard to work. We, observing, realized that the most interested specialists are relatives, parents of children. As volunteers come and then become social workers. Moms themselves began to work" (A, 131, NGO, 03/03/17).

3. Inconsistency and lack of clarity in what the job entails

In the interviews, parents were often confused about the role of a social worker, expecting them to give care to the child when all they appeared to do was provide information and documents. This confusion appears to stem from the fact that the role of a social worker is quite fluid. Because there are not many applicants for these roles, departments have to hire under-qualified personnel in a reduced role. As one service provider described:

"Now in our village there are different families with disabled children, but not all social workers can work with such children, no one teaches them how to work with a child with cerebral palsy, or a child with a mental disability. Therefore, they just walk around, play as they can with the child, give out diapers, help their mother to collect documents for the commission, that's all" (MK, B30, works in rural local administration, 11.05.2017).

are also due to the absence of appropriate teaching materials. The following quotations illustrate some of the difficulties:

“Six teachers: Russian, Kazakh, English, Mathematics, History and Physics come to my son. They teach using usual textbooks. It seems that my son doesn’t understand anything, he just looks at the book, he likes that a teacher comes. The program is complex for him, the textbooks are not understandable” (MK, B1, female, 50, housewife, 11.05.2017).

“Teachers come, teach mathematics, English. The daughter likes to study, but she cannot write, so she studies in oral form. Studying is difficult for her, the program is not adapted, but she likes the teacher and waits for him.” (MB, B3, female, 52, housewife, 13.05.2017).

“The child likes to study; they use usual textbooks; there are no specialist textbooks; he experiences difficulties in writing, so the study is mainly oral.” (MB, B2, female, 45, cleaner, 13.05.2017)

3.3 Delays in receiving certain services and equipment

Even after having had the child diagnosed and certified by the various committees, some respondents reported long delays in accessing the services they had been recommended.

The wait was sometimes for basic equipment, such as diapers, a wheelchair, or orthopedic shoes:

«We submitted the documents to the Public Service Centre, and waited about half a year. We waited the moment when the bodies of social service collect all the documents, and give an approval. We submitted documents on diapers too. It is necessary to apply for them separately. We also had to wait. We waited a long time.» (AA, B126, 33, female, does not work, 26.05.17).

“We have home wheelchair, and another one for street. We received them 7 years ago. And they say us that it is too early to change it. He

cannot walk on the street himself,” complains the woman living in the village. (KS, B79, female, 40 years old, house wife, 17.05.2017).

Other respondents reported long waiting lists for free rehabilitation services:

«We got on a free quota in Astana, after that I was constantly calling and investigating. In September 2016 I was the 53th in the waiting list, after a month I became the 52th, I called them to say and complain that I was indignant that the queue moved only for 1 place in one month, they hung up. Then, I stopped calling, I decided to call after 2 months, and I called in December, and they told me that our name does not exist, I became indignant again. I was told that the workers have changed and there is no guilt. I demanded that I would go instead of the person that has refused. The place of this person was given in April, so we went on a quota » (MK, B10, women, 40 years old h/w, 05.13.2017).

“We were on rehabilitation in Aksay (Almaty). We were kind of begging for a quota from doctors. We do wait this place in Astana. In 2016, we stood on the queue in Astana. There are more than 1000 children are waiting their turn. We are at the end of the queue. Unfortunately, the queue has not reached even 1000 yet. It is slowly moving forward. They say that they consider the gender, age. In a month there only one or two children to be passed through (MB, B6, female, 30 years old, works in kindergarten, May 13, 2017).

In Astana city, two interviewees from service providers and government cited a lack of building space as a problem for expanding services and meeting the demand for free services:

“As to service, there is deficit of premises. [...] Now we raise questions in this respect before the authorities of the city; options are considered. It is possible that we will receive building of the medical center of psychiatric health, they occupy not the whole building.

It is good, big building. If the city allows, it is possible that we will expand our territory. There is deficiency of premises, but the problem can be solved". (A, 131, employee of the Department of Employment and Social Programs, 17.05.18)

"Premises are required for everybody. All rehabilitation centers, correction offices are connected territorially with schools. We would like more, we would like to have physical training complex, big hall. Offices for social and household rehabilitation, rooms of social and labor training. However, we don't have this yet. There is the order of akim, now they find premise. We need premise, which will meet norms as per area." (A, 136, employee at a Rehabilitation Centre, 25.05.17).

3.4 Specific barriers to access sanatoriums for children

Five respondents identified sanatorium treatment as a difficult service to access due to the lack of accommodation for parents. Some parents clearly felt that they could not leave their child without parental support for long periods of time and that this meant sanatorium treatment, though prescribed, was not an option. For example:

"The statutory assistance does not cover mother's stay with a child. And children above 3 y.o. have to be alone. This is wrong, because children are dependent, they need complete care and mother's presence. Thereby, some parents refuse from such services, as they are not confident in nurses. These are families with dependent, bed children" (MK, B33, employee of the Department of Employment and Social Programmes, 10.05.2017).

Sometime the children themselves had reported a bad experience in the sanatorium and parents had withdrawn them from treatment as a result. For example:

"We went to sanatorium, the child didn't endure 10 days, we moved [her] away. She could not get accustomed to new place,

conditions were unaccustomed, there were procedures every day, she started to cry, complain that she was offended and it was painful. I was not allowed to be with her, because it was prohibited." (MB, B3, female, 52, housewife, 13.05.2017)

"Once I had sent him, then I received the call from hidden number and said that my child was beaten; I went to take him, the child felt like himself, but he didn't want to stay there, I wrote an application and we moved away. After that when he hears about sanatoriums or centers, he refused immediately" (MK, B11, female, 24, housewife, 11.05.2017).

The second barrier to accessing sanatorium treatment, reported by four respondents, is that they have a blanket ban on any children with mental disabilities receiving treatment. Several parents felt that the inflexibility of this rule was unreasonable, since mental disabilities do not automatically mean that the child poses any kind of threat. For example, one noted:

"By law the child is considered as harmful for environment and stricken out from the list of everything offered by the government. When I think of this, I want to cry. In general, Down's syndrome sufferers are very kind-hearted, they do not do harm, scuffle; they even do not beat, they play in themselves and do not do harm to other people." (A, B113, 43, female, unemployed, 30.05.17).

The opinion of one medical practitioner interviewed is that the rule should be revised such that mental disabilities are split into two categories: psychoses and mental deficiency. Those in the second category should be considered for treatment since they do not necessarily pose a threat:

"A child who is in a wheelchair or a child with Down's syndrome is unlikely to cause a serious damage to anybody or to beat somebody. Why such child cannot go? - he/she is disabled and a disabled person has the right for sanatorium-resort therapy. But children disabled because of a mental disability do not

have the right. In such case let's differentiate them. I understand that it is dangerous to send a child with psychosis, scizophrenia - since it is difficult to forecast aggravation. This issue is unsolved by the legislation." (A, 134, employee in a Psychoneurological Centre, 17.05.2017).

3.5 Recommendations

Access to services is limited by various supply-side factors including the absence of sufficient trained personnel and difficulties of maintaining these specialists, particularly given low salaries, and the absence of infrastructure and equipment to meet demand. Ultimately, the reallocation of financial resources is necessary to recruit and train personnel and ensure that equipment is available in a timely fashion.

The shortage of social workers who are 'all-rounders', as opposed to simply document-collectors or skilled only in one discipline, is

particularly acute. If social workers are to be given a more prominent cross-sectoral role in identifying and supporting families in difficult life situations across their range of needs, then there is a need to professionalise social work.

Access to in-patient treatment for disabled children is limited by specific barriers. Firstly, parents regard the sanatorium facilities as being insufficient to allow the child to stay there on their own and therefore refuse to do so unless accommodation is also provided for parents. Secondly, the rule of not allowing children with any mental disabilities is in need of revision, since it is depriving vulnerable children of treatment to which they should be entitled.

4. Distance and lack of transport

In a country the size of Kazakhstan, people's proximity to a provider of special social services varies widely. Nonetheless, the majority of respondents to the survey who

identified having a need for special social services reported that the service they needed was in the same village or town (Table 27).

Table 27. Proximity to required special social service, by region.

Where is the nearest government-provided service for this?	Kyzylorda region (%)	Mangystau region (%)	Astana city (%)	All (%)
This village/ town	58	53	61	64
Neighbouring village/ town	23	22	27	17
Elsewhere in raion	20	24	12	19
Total	n=82	n=239	n=98	n=419
Weighted total	N=1,753	N=2,092	N=392	N=911

Notes: 1 in Astana 'village/town' was substituted with 'raion', and in option 3 raion was replaced with 'city'.

Despite the majority of respondents reporting that the service is available in the village/ town; distance from service and difficulty in reaching the service were among the common reasons given for why parents/caregivers had

not applied for services, despite identifying that their child needed them and was eligible (Table 28).

It is important to note, that even if the required service is in the same town, a child

Table 28.

Distance and transport-related reasons for non-application to specialised social services

Why have you not applied for it? (multiple choice, transport-related indicators only)	A. Social care (%)	B. Socio-medical (%)	C. Socio-psychological (%)	D. Socio-pedagogical (%)
I don't think this service is available in this area	18	29	22	24
Even if I did get it, it's too far away	16	12	9	12
I/ we can't travel to the office to apply	3	0	0	2
Any distance-related reason (all categories) = 30%				

Note: For the full list of reasons for non-application, see Table 31

may still be unable to access it for a variety of reasons. The qualitative material provides some insight into the distance- and transport-related

barriers for children in rural and urban areas. These are discussed further below and include;

- Isolation of rural settlements from

correction and rehabilitation services

- Broad geographic coverage of social workers
- Limitations in transportation to special social services

4.1 Children in rural settlements are isolated from correction and rehabilitation services

This is because legislation does not provide the opening of correction offices in settlements where there are less than one hundred children with disabilities. This means that access to the correction services of logopedists, speech pathologists and other specialized doctors are only available for people in some rural settlements at district or regional centres. This situation is described by an employee of the Department of Employment and Social Programmes;

“We do not have an office of psychological and pedagogical correction. There is correction office with own specialists at the school in Kuryk, except that there is no such office in the district. There are own division of correction office in all district centers, but unfortunately we don’t have. They consider the number of children. They say that if we had one hundred children, they would open a correction office. There are no even offices for social workers in villages, all of them are in one akimat.” (MK, B33, Department of Employment and Social Programmes, 10.05.2017).

Rehabilitation services are also only available in district and regional centres, and even the district facilities have very limited capacity compared to those in Astana and Almaty. This exacerbates the difficulties which people face in accessing them:

“We send children to the rehabilitation centers, where all services are provided gratuitously, but they have to reach the center by themselves. Transport costs are not reimbursed, not all people can bring a child with a wheelchair from a distant village by taxi, this is impossible physically if a child is above 10 y.o., he becomes heavy, and a mother cannot pick him up” (MK,

B33, employee of the Department of Employment and Social Programmes, 10.05.2017).

Three interviewees report that the distance to rehabilitation services, combined with a lack of appropriate transport, has meant that, despite being offered a place, they have chosen not to use them. For example:

«I was told that her diagnosis is not suitable for referral to the regional center. Of course, we are invited twice per year in Almaty but I can only afford to go there once through the portal, but it is an expense for the road» (KS, NP77, female, 39 years old, works at the post office, 05/17/2017).

«We were offered a rehabilitation center in Aktau, Astana, but I refused. It is far and difficult to travel. Before, when the child was small, I could lift her, but now the daughter has grown, it’s hard to carry on the hands, and you also need to take the wheelchair with you» (MB, B3, female, 52 years old, h/w, 13.05.2017).

4.2 Social workers are assigned to children over a wide geographical area and are not provided with transport

There are also difficulties with the geographical coverage of children for social worker’s job. This problem was noted in rural areas of Mangystau and Kyzylorda regions. Due to insufficient load in a single village, the social worker has to provide services to children throughout the rural district, in several villages that creates difficulties in geographical coverage of children, particularly during cold weather. This situation is described further by an employee of the Department of Employment and Social Programmes;

“We assign a social worker for 9-10 children from different villages, but we try to arrange so as they are close to each other. The social worker has to attend children in his area by himself, whether in cold, hot weather, or when it is raining, and there is no special transport for such visits. Sometimes they miss visits due to weather, and make them up later, some families are aggrieved that social workers fail

to attend them regularly. We investigate the cases, the social worker write an explanatory note, we understand the situation decently, but the law says that the visit shall be made, it does not provide for cancellation of the visit due to bad weather” (MK, B33, employee of the Department of Employment and Social Programmes 10.05.2017).

As described above, despite the large area which social workers in rural areas can end up covering, their role is not accompanied by provision, or access, to a vehicle. Instead, social workers have to walk between their cases, even if children live in different villages or sections of the city. Else, they pay for their own taxi. This problem is not so acute in Astana where social workers receive free passage tickets for municipal transport.

“A vehicle for social workers is not provided, additional payments for transport expenses are also absent, social workers go on foot to children in villages; we try to select children in neighbouring villages for a social worker so that it is nearby.” (MB, B31, employee of the Department of Social Services, 12.05.2017).

«We cannot provide social service in each residential place with vehicle; these are the financial, state problems” (MK, B33, employee of the Department of Employment and Social Programs, 10.05.2017).

4.3 Transport is not provided to access special social services:

In addition to social workers not having access to vehicles to undertake their role, interviewees from rural settlements in Kyzylorda and Mangystau regions (15 respondents) reported difficulties in travelling to special social services and assessment committees in the regional and district centres. For respondents in rural Mangystau regions, both the MSEC and PMPC are held at the district centres. Because transport is not provided for patients and their caregivers, families face several difficulties in accessing the services.

1. Paying for transport from rural

settlements is a drain on household resources. As the following quotations illustrate, some parents pay a substantial price on a regular basis to attend committees and receive services, including sanatorium treatment in Almaty and Astana:

«PMPC is held in [the district centre], invited once a year. We go by ordering a taxi, money for these expenses is not allocated. The taxi costs 4000 tenge. It is expensive, but for the sake of life of the child it is okay. It is just one time pain; there is no other way out.» (MK, B1, w., 50 years, h/w, 11.05.2017)

«Hiring a taxi to Kyzylorda costs 15 thousand tenge. Besides, there are vital consumptions such as sleeping in apartments and eating. We can manage it for 20-30 thousands. Therefore, we are hitch-hiking and pay 1000 tenge per person. If it is necessary, I hire transport for 4000-5000 tenge. The owner of the transport sometimes says that he cannot wait until evening. Therefore, I did everything that I could do that day, and the next day I'll finish the rest again.» (Kzh, B82, female, 33 years, h/w, 05/13/2017)

«We recently went to Astana on a quota for rehabilitation. We have spent about 100 000 tenge though it's free. There are expenses for travel, food, clothing and accommodation» (MB, B21, wives, 30 years, d / x, May 16, 2017)

2. Difficulties of taking children with disabilities on public transport in Astana. In Astana, where public transport can be crowded, parents faced other difficulties. As one respondent reported:

«Sometimes people do not even cede a seat. Then I put the child near the handle. It's also hard to get on the bus with a wheelchair. If the bus is full, then the door is just closed in front of me and that's all. One day, I was told in the winter: «Can you wait on the street?» I said, excuse me, my child is disabled, with a wheelchair, can't someone come out?, they

pushed mein. It's hard with a child, so I try to take him without a wheelchair, bear him, or hire a taxi» (AA, B126, 33, female, does not work, 26.05.17).

3. Limitations of invataxi services. Each of the research areas is provided with the services of an invataxi in order to take children both to the assessment committees as well as to attend special social services. However, the research highlighted a number of deficiencies in this service. As noted in previous research findings (Kovalevsky, 2012), qualitative interviewees reported non-existent service, unreliable service, and inconvenience in having to book the invataxi far in advance:

"I have before heard that there is taxi. I worked in the Akimat. But we have never used the services of such taxi. It seems they have come to the village before. But now they don't" (KS, B78, female, 29 years old, housewife, 16.05.2017).

"They have informed me that next day invataxi would come, and I would be able to use it, there would be other children too. I didn't want to wait, said thank you and refused. And in the early morning I took the daughter and went by taxi" (KS, NP77, female, 39 years old, post worker, 17.05.2017).

« We go to Beyneu to MSEC, we go by an ordinary taxi, 4000 tenge. We do not really know what is the invataxi, we have heard about it, but we have never ordered it. They say it takes a long time to wait plus the application should be done in advance» (MB, B21, female, 30 years old, h/w, May 16, 2017).

As shown in Box 13, these stem from the tendering process for contracting-out invataxi services (in the case of Astana city) and, in the instance of Mangystau region, a lack of budget for gasoline.

4.4 Recommendations

The first point to make is simply that the coverage of services is not sufficient for the size and spread of the Kazakhstan's population. However, substantial investment and effort is needed in the long-term to recruit and retain qualified personnel and provide infrastructure in rural areas.

A second issue is that of transport costs. In the short-term, this can be more readily solved by, 1) providing a stipend to families for the cost of taxi transportation, and 2) expanding the network and improving the reliability of invataxi services. With improved availability and capacity, it may also make sense to extend

Box 13: The contracting and procurement process for invataxi services and covering their recurrent costs

In Astana, there are 19 invataxis, provided by the Department of Employment and Social Programmes. However, as specialists note, this number of vehicles is insufficient to cover completely all children in the city. The reason for the insufficient number of invataxis is the procurement process. As explained by an employee of the Department of Employment and Social Programmes recent tenders have not resulted in an organization being contracted:

"The first round failed, the repeated tender is going to be announced. Money are provided for, however, there are no companies wishing rendering this service. The only problem is children transportation. According to standard, we should deliver them here and back. Unfortunately, now we cannot provide this service in full scope." (A, 131, employee of Department of Employment and Social Programs, 17.05.18).

An employee of the Psychoneurological Centre of Astana describes further the problem as to why companies are hesitant to apply for the contract to deliver invataxi services. He points to limited profitability of the contract as it is currently conceived and tendered by the government:

"According to standard, we should deliver them to in-patient department and back. However, there are about 97 children on wheelchairs. [...] This year the tender have already been conducted twice and it has failed. Because the amount gradually increased. To deliver here in the morning and back in the evening is not a problem. For example, I have vehicle, but you want to pay me only for delivery in the morning and evening. Who will pay for day time? Car fleet will just stand idle. Now I prepare business plan for this project implementation; I should think about profitability of this project at least. The amount should be relevant. To transport a wheelchair disabled person special equipment is required. The question is not about 3-4 buses, approximately 32 vehicles are required, mainly minibuses with side or back lifting device" (A, 134, employee of the Psychoneurological Centre, 17.05.17).

In each of the research districts in Mangystau oblast there were also reports of insufficient invataxis. In addition to the number of invataxis being inadequate, staff in the Department of Social Assistance point to the deficiency of gasoline to run these vehicles; a situation which has been occurring for several years. The reason for this is reported to be not so much absence of finances as incorrect calculation of need, moreover rise in price is not also considered.

"There are a lot of applications for the vehicle. We are not able to afford a lot of journeys, because just 70,000 tenge is allocated for year. Often at the beginning of the year there is no gasoline, and funding one has to go to the authorities and solve the problems. The amount of gasoline is calculated and sent according to the application. There is a fault of the accounting department, as they calculate wrong numbers. One may think that they are paying for it from their own wallet. Every year I mention that there is not enough gasoline, and the fact that we have to leave at night, but the accounting department does not want to solve this problem" (MB, B31, employee of the Social Services Department, 12.05.2017).

The situation of invataxis is marginally better in Kyzylorda oblast where non-governmental organizations render this service following government procurement. As explained by an employee of one of these NGOs;

"I have two invataxi cars. We use them for transportation of children and for other their needs. Because the cars should be useful for disabled people. We participate in government procurement tenders for invataxi services, win the tender, receive financing and render transportation services to disabled persons within a year." (KZh, NGO employee).

An employee of the Social Security Department explains more about how the invataxi contracts work and the role of her department in overseeing the service;

"Yes, they even go to Amangeldy. There is special dispatcher, the order is submitted to such dispatcher in advance, on the day of travel to Kyzylorda or to the occupational medical assessment board, time is agreed. On the appointed day and time, taxi comes and takes. Then, the report is provided to us. Then, pursuant to the report and number of travels, we transfer money to the account of the Blind Association in Kyzylorda region. Two existing taxi have the contract with the Blind Association, they receive money from them. There are taxi from non-governmental organization. An order is submitted, we work under orders. Sometimes, a village orders, then the another village may call. Then we say that we cannot service in that time. We offer the other time. Thus, we regulate the transport servicing of the service-receivers and their travel to the service receiving place" (KZh, employee of Social Security Department, 15.05.2017)

the use of invataxi to families in difficult life situations beyond those containing people with a disability or limited capacity.

On the point of invataxis, the procurement process is not currently successful since the contract is not a lucrative one for businesses. In a country the size, and with the population density, of Kazakhstan, it is inevitable that people will need to travel a fair distance to apply for and to access particular services. The primary recommendation in this section, therefore, is related to improving the procurement process for, and enabling sufficient funding for the recurrent costs of, invataxis. In particular, to ensure that the way the contract is structured is attractive for private-sector actors.

It is probably unrealistic, though to expect there to be sufficient invataxis in rural areas. Rather, it could be possible for the amount of the disability allowance more accurately to reflect the varied transport costs which people living in different areas and needing to access different types of service need to incur.

A point was also raised about code of conduct on public transport with regard to passengers with disabilities, for example, vacating seats and space for wheelchairs. Generally speaking, awareness of people with disabilities is low and there needs to be public education campaign.

5. Stigma

The final finding on barriers to special social services is that many respondents (15) reported feeling stigmatised for their child's disability. This stigma towards disabled people is also internalised in some people, such that some parents are reluctant to acknowledge, or even refuse to acknowledge, that their child is disabled. This we can think of as a barrier to appropriate care for children that exists within the sphere of the home. This section highlights several ways through which stigma is manifest and thus acts as a barrier to accessing special social services.

These are;

- Shame by parents to acknowledge that they have a child with a disability meaning that the child's disability remains 'hidden'
- Embarrassment by children themselves, to use special social services
- Hostility of society towards families whose children attend special social services.

5.1 The family is ashamed to register their child as disabled or to receive allowances:

The disability of children of several of the interviewees had not been picked-up until their child went to school, due to the embarrassment of the parents to acknowledge the disability and seek support for their child;

One of the village residents told her case, when she did not register the child's disability for nine years due to shame:

«The father was embarrassed and did not want to register. All the documents were collected, but when he heard about the psychiatric hospital he did not want to go on. But then the school insisted that the child cannot study in a common school. And then there was no way out, we had to go on. He went to the first form, and then he was left for the second year. The school psychologist and the social worker insisted on medical examination. Then he was left for the third year at school, because he did not understand the educational material at all. We were told to withdraw the child from school.

Then the father had to agree to the medical examination and the registration of disability, because the child had to be enrolled somewhere. Unfortunately, there are a lot of such children in our village, but the parents categorically refuse to withdraw the children from school and undergo a medical examination. We were among them too. We have been embarrassed for 9 years, especially the grandfather and the husband. But then relatives and psychologists explained everything. Now we do not feel embarrassed, especially since there are a lot of such children.» (KS, B78, female, 29, housewife, 16.05.2017).

A social employee in one of the villages reported that denial of the signs of mental disability, particularly psycho-neurological status diseases, by parents of young children is fairly common. In cases such as these it often falls to schools to identify a problem and encourage the parent to take action:

«I said that women learn that a child is ill only when the child is already starting to go to school. There are many who run away from obligations, drive their children to doctors, do

not know that this factor greatly influences. When the child goes to school, then they realize that he is sick. Before that, take and go, no one can say anything. Until you start jerking them, tell them your child may be sick, you must learn about it, anyway when you give it to school, it will all come out, but then it will be too late. Many at nine, at ten years old learn about disability. Before that they go. They shy away from others, do not want to do, we explain, do not be shy, this child must learn at home or a child who must receive social services.» (CS, social worker, female, 05/16/2017).

In other instances, interviewees had not attempted to register their child as having a disability, despite officials recommending that they do. Again, this was due to feelings of shame;

“I don’t know why we haven’t registered earlier. On the one hand, I hoped for recovery of the child, although the Akimat’s employees were convincing me to register. On the other hand, my daughters were ashamed that their brother was disabled. Finally, the doctors convinced me that we should register to get allowance and receive education for the child.” (MK, B1, female, 50, housewife, 11.05.2017).

“We were told to apply for disability allowances from one year age. I was young, I was ashamed, I thought that it was shameful to receive pension in my age and why I needed it. We said that we didn’t need the allowance; we didn’t understand what it is and why it is needed. When the son reached 4 years, the local doctor Anara said that it was necessary to apply for disability allowances, it would make it possible to get quota, treatment” (MB, B21, female, 30, housewife, 16.05.2017).

“We were inactive for a long time, I didn’t want to recognize that the child was ill, we made different massages, I believed that we ourselves would treat. Many people say that the child is disabled. This is very unpleasant. But it is right to accept truth, since I started moving

after that, passed medical examination; we started receiving the services, allowances” (MK, B11, woman, 24, housewife, 11.05.2017).

Other interviewees (two) meanwhile, were apprehensive about accepting long-term support from the state for their children as they believed that they should be able to support the child on their own:

“When I firstly got the gift for the child at mercy action, it was shameful to me to take it. We believe only in our forces. But then I thought that all people receive in the same way, my child is ill and why I am shameful, come and see” (MB, B21, female, 30, housewife, 16.05.2017).

5.2 Embarrassment by children to receive special social services.

In other cases, children themselves resisted being treated by special social services. Parents reported, in some cases, that when a child sees that he/she is in some way different to their peers, they begin to be embarrassed and sometimes angry, which presents a barrier to care:

«I offer her to study at home, but she is embarrassed and does not want to. She wants to go to school. But according to the decision of the commission, she had to study at home. But my daughter did not want to, she wanted to go to school» (KS, NP75, female, 47, unemployed, 17.05.2017).

«What can I do if the God gave me such a child?!? The child sometimes gets angry, not understanding why he is on pension and stays at home. He wants to go to school.» (KZH, B81, female, 49, housewife, 12.05.2017).

5.3 Hostility of society when people access special social services

Eight respondents reported fear or embarrassment from others in relation to their disabled child. Often, this stigma came from other children, sometimes even siblings of the disabled child who had internalised hostility towards them:

“So, we did not hear such words from neighbours, everything is ok, but I heard that children, peers of my child, say: “You are disabled, you are not healthy, you were in the hospital, are you ill?” He did not pay attention to this before but now he started offending more frequently” (KZH, B80, female, 36 years old, housewife, 12.05.2017).

“When we lived in other place, small children often asked, for example, “Why doesn’t he go? What’s up with him? I have already gone in his age.” Even children knew that there is something wrong about my child. We often visited friends, who invited us unless the child reached 4 years. Then we stopped it.” (A, B114, 45, unemployed, 26.05.17).

“My senior daughters are ashamed of [my disabled son], they ask me not to take him to the school, and they think that everybody will call bad names to them and [my son]. People on the streets look at the son with pity, turn back to look at him.” (MB, B2, female, 45, cleaner, 12.05.2017)

Others reported marginalization by neighbours and lack of understanding or outright hostility from strangers:

“Sometimes I am shameful, people look, not all people like that sometimes we can leave litter, dirty toilet. But what to do, it is difficult for me to lift the child, and the toilets are not convenient, they are not designated for children who use wheelchairs, who cannot walk independently.” (MB, B3, female, 52, housewife, 13.05.2017)

“Sometimes people look at my child with pity, he is somewhat aggressive, he can knock, cry. Neighbours don’t allow their children to play with my child. I have to be near him constantly to avoid unpleasant moments.” (MK, B1, female, 50, housewife, 11.05.2017)

“How do negative attitude appear? For

example, from the side of children. When I walk with the child, they look at. And adults also do” (AA, B127, 26, female, unemployed, 29.05.17).

5.4 Recommendations

In addition to social workers needing to proactively identify households who could be eligible for special social services there is the need for a bottom-up approach in order that people are able to self-identify that they need certain services and that those services are available. This situation is described below with some suggestions as to how to encourage and inform parents to seek help;

“When the parents become aware of the diagnosis, indeed, they are in a state of shock. Some parents are in such depression that they cannot calm down for year or two. Some time passes before the parents can get accustomed to this thought. And the earlier help is provided to such child, the quicker is rehabilitation. Such parents need help, they should be given more information how to help a child ... The Ministry wants to open web-site now so that the parents know what they should do in such situation. Some parents don’t know that such correction offices exist. Probably, it is necessary to make TV video clips, to open accessible web-site. Not every parent uses Internet, it means that something else, some social clips are necessary for them to know what to do” (A, 135, works in PPCO, 26.05.17).

The findings of this research also point to a lack of public awareness of disability and an acceptance of negative attitudes towards disabled people and their families. Given the harmful effects on those at the receiving end of this hostility, and the fact that in some cases these attitudes can prevent disabled children from being taken for treatment that would improve their quality of life, there is a desperate need for public education on understanding and accepting disabled people as equal members of society.

Findings Part 3:

Expectations and reported requirements for social services and assistance

This research raised the issue of the demand for assistance among low-income households and highlighted areas in which the provision of adequate assistance is perceived as falling short. Previous research on social transfers in Kazakhstan has raised the issue that the income threshold for TSA eligibility is very low. In one study, when household consumption was used to calculate the subsistence minimum, 97% of those who should have been eligible for TSA were not receiving it (Babajanian et al., 2015, using data from the 2009 HBS). In our sample, 8% believed themselves eligible for TSA and 16% for SCA. These figures are a good deal higher than what would be expected, given that the transfers' official eligibility criteria mean that less than well under 2.7% of the population should be eligible.

The qualitative interviews revealed cases of families in dire circumstances who were unable to sustain an adequate quality of life without external assistance but who were not receiving enough from the state to cover their needs. Cases were observed here which clearly violated the standards that citizens should expect, as set out in Kazakh law, however these are extreme examples.

Here we can reiterate our earlier finding that (i) TSA support is very limited and (ii) that households spend other transfers, particularly, disability transfers to support basic needs. This should not happen. To illustrate this point further, below, a single mother from Astana, who has been rejected from TSA because she has been told her income is too high, describes the situation which she lives in;

«I originally was considered as a single mother, and remained on that status, according to the law. There was no help from relatives. I put everything on my shoulders, therefore I raise my own children myself. We have a dorm room, twelve meter squares. Children sleep on beds, and adults sleep on the floor. Where can I get income? When I go to shop I buy one or two bread, but children eat 4. This is a minimum of four loaves of bread. To fry potatoes for everyone, it is needed a minimum of a five kilogram of potatoes. It is worth a hundred and fifty tenge now. The onions are necessary. We do not really drink milk either. I have no money for bread, now I, at the moment, do not have a penny. Sugar is over, there is tea, there is salt, there is macaroni, sunflower oil –that's all! There is no seasonings, no spices –we have none of that! With what to cook? It seems like there are products, and there is nothing to cook. We even hardly take meat. Set species of chicken I buy for 450 tenge a kilogram. I need help, the allowances were refused to me after I started receiving disability benefits for children. I do not have enough money, how much I asked for STA, they always refuse me, they say the income is big enough, but where is my income? This is a benefit for disabled children, and it is necessary to live the whole family for the money of children «(A, NP110, 33, woman, h/w, 31.05.17).

The quantitative survey also asked families which contained children in difficult life

situations whether they agreed with certain statements concerning their need for certain forms of social service. Table 29 presents the findings, below. Particularly important to note is that 67% of families thought that a dedicated social worker would be useful for them. The findings also highlight how the majority of respondents believe that it is the responsibility of the government to screen children for disabilities (83%) and to identify those families which have a need for special social services (84%). This would mean the government switching from providing these services on-demand to taking a more proactive role in identifying families in difficult life situations and enabling them to access the

special services which they require. However, respondents do not feel that the government has sole responsibility, for 85% feel that parents and caregivers have a responsibility to acknowledge that their child requires special services and to refer them for these.

Another area of perception is around ease of being able to access special social services. Only 52% of respondents feel that if a family in their neighbourhood had a child with disabilities that they would easily be able to access the services that they needed. This percentage declines to 41% if the child in question has behavioural problems or is in contact with the law.

Table 29. Expectations of specialised social service provision

Do you agree or disagree with this statement? (%)	Agree	Disagree	Don't know
Having a dedicated social worker is useful for families like mine.	67	20	13
If a family in my neighbourhood had a child with disabilities, they would be able to easily get the services they needed	52	26	22
If a family in my neighbourhood had a child with behavioural problems/ in conflict with the law, they would be able to easily get the services they needed	41	31	28
Six months is an acceptable time to wait for an application for social services to be processed	33	53	14
It is the government's responsibility to screen all children for disabilities	83	9	9
It is the government's responsibility to identify children who need specialised social services	84	8	9
It is the parent/caregiver's responsibility to refer their child for specialised social services	85	8	8
The government should provide socio-medical services for children with disabilities or health problems (e.g. physiotherapy, reconstructive surgery)	89	8	4
The government should provide social care and rehabilitation services for children with disabilities or health problems (e.g. at-home support, individual helpers for people with limited mobility, sign language interpreters)	87	6	7
The government should provide socio-pedagogical services (schools for children with learning disabilities, individual school assistants who help children with special needs learn)	87	6	6
The government should make it possible for children with disabilities and learning difficulties to study in the same schools as all other children	86	6	7
Families with financial means should be asked to pay for their own specialised social services	62	30	9
Total respondents = 276			

6. Conclusions and Recommendations

6.1 Conclusions

This research generated evidence on the barriers that low-income families with children face in accessing their entitlements in social assistance and special social services. The recommendations are supported by research conducted in three regions – Kyzylorda oblast, Mangystau oblast, and Astana city. This study uses a mixed-methods approach, including a survey representative of households with children in low-income raions in these three oblasts, and a qualitative assessment with beneficiaries, non-beneficiaries and service providers.

This section brings together the main findings of the research as well as policy recommendations informed by our findings. It discussed the research findings from the perspective of accessing benefits and services, but also in terms of the quality of user experience. In drawing the recommendations, it offers a synthesis of key policy areas that need to be addressed, whilst the specific policy actions are outlined in conjunction with the relevant findings throughout the main body of this report.

Access to social assistance and special social services

Our research has generated rich empirical evidence that complements and contributes to existing knowledge. It provides nuanced understanding of the constraints experienced by families in accessing their entitlements. Our analysis allows us distilling three sets of factors

that restrict access to social assistance and special social services in Kazakhstan:

1. Limited take-up
2. Restrictive eligibility rules
3. Inadequate service availability and accessibility

Below we are synthesising the main findings along these dimensions:

1. Take-up - inability or unwillingness of eligible individuals to apply for benefits or services.

The main factors that affect take-up of social assistance and social services pertain to the insufficient awareness about the existing entitlements, limited information about the application process, burdensome application requirements, and social stigma that generates self-exclusion.

Overall, there is low level of awareness about social assistance and social services. A significant share of respondents have not heard of social assistance - thus, only 15% and 19% of all respondents in Mangystau oblast have heard of TSA and SCA respectively. Furthermore, individuals who have heard of social assistance, but never applied reported lack of information as one of the reasons for not applying. This includes general information about social assistance and information about income eligibility criteria. The inability to obtain the required documentation, such as unemployment certificate, residence

documents and income documents, prevented some respondents from applying for social assistance.

Single mothers in Kyzylorda oblast were more likely than those from two-parent households to cite a lack of information, problems with the form and documents, and lack of time for the application process as reasons for non-application.

Similarly, a large number of individuals who reported having a child with a disability have not attempted to apply for social services, citing lack of information as their primary reason. Most of them referred to a total lack of information, whilst some categories considered the application process and eligibility criteria confusing. In addition, the complexity and time burden of the application process negatively affects willingness to apply for social services.

Social stigma presents a deterrent to accessing social services. It generates self-exclusion and negatively affects take-up. The existing stigma towards people with disabilities is also internalised in some people, such that some parents are reluctant to acknowledge, or even refuse to acknowledge, that their child is disabled. Families are too ashamed to register their child's disability or apply for allowances. This behaviour largely reflects the broader societal hostility towards disability, which results in hostile behaviour and attitudes, lack of understanding and public pity.

2. Restrictive eligibility rules that give entitlement to only a sub-section of poor and vulnerable populations.

These are eligibility rules of means-tested social assistance programs that stipulate the income threshold and how the applicants' income is defined and calculated. These rules are restrictive and exclude many poor households from social assistance due to several factors: (i) low income eligibility threshold, (ii) inclusion of life cycle related categorical transfers in the income calculation, (iii) unclear rules for the inclusion of part-time occasional income, and (iv) perceived unfair practices of imputation of livestock and cars. The correct eligibility criteria

is not being communicated to them in advance and applicants often clearly do not realise until they receive a rejection that their income makes them ineligible.

Another set of rules pertains to the requirement to register and take up a job in order to qualify for social assistance. This barrier has come to light when beneficiaries reported denial of social assistance benefits when they were unable to provide employment certificates. The issue here is not simply the inability to complete paperwork, but a broader issue of whether the employment conditionality is relevant and appropriate. The employment requirement is not matched with adequate supply of jobs in rural areas and does not offer financial incentives to take up available jobs. Beneficiaries who do not satisfy this condition may be excluded from much needed social assistance. However, the existing system does not provide sufficient measures to support them in complying with the conditionalities.

Furthermore, employment conditionality does not take into account the needs of mothers caring for children over the age of three years in the context of an inadequate supply of child care and a limited supply of suitable jobs. This reflects the fact that this conditionality is not designed in a gender sensitive manner and does not recognise and seek to address women's vulnerabilities that may prevent them from complying with this conditionality.

3. Service availability and accessibility.

Often services required for certain categories of children are not available in the immediate or broader area of their residence. Respondents also report long delays in accessing some services that are in short supply. These problems are conditioned by supply-side factors including the absence of sufficient trained personnel and difficulties of maintaining these specialists, particularly given low salaries, and the absence of infrastructure and equipment to meet demand. The coverage of services is not sufficient for the size and spread of the Kazakhstan's population. Transport costs are not provided to access special social services. Children with disabilities are often

unable to access sanatorium treatment because of the lack of accommodation for their parents.

User experience

In addition to barriers to access social assistance and services, our research enables us to assess the quality of user experience. Service delivery must be responsive to people's needs not only in terms of the type, mix, and quantity of services, but also in terms of the mode of delivery that is convenient, cost-free, and respectful of beneficiaries (Babajanian 2017). In particular, when assessing access to services, an important consideration is not only if people can access benefits or not, but also if their application process is effortless and does not incur additional burden, financial or other.

The certification requirement in Kazakhstan imposes a significant cost on beneficiaries. This pertains to the need to travel long distance (e.g. to employment centre to obtain unemployment certificate), travel expenses and effort. The burden of obtaining the required documents is particularly pronounced for women. More specifically, it is women who need to obtain alimony and divorce certificates, which is time and effort consuming.

The overall complexity of the application process for special social services causes inconvenience, time and monetary costs to applicants, with the lengthy application process delaying access to social services. One of the most cumbersome requirements is the need to attend MSEC and PMPC appointments to register disability. Thus, applicants need to recertify disability every two years, and sometimes they are required to make multiple visits to register their child's disability. Some respondents were compelled to the certification committee up to 6 times during one application.

6.2 Policy recommendations

Design of social assistance

More generally, the existing income threshold for targeted social assistance in Kazakhstan is extremely low. This problem has been acknowledged and the government is undertaking a reform to make the system more inclusive. It has been suggested that even with the new rules, the income threshold will remain low and render many poor households ineligible. There is an imperative need to aim for a higher threshold that would more accurately reflect the actual poverty in Kazakhstan.

It is important to reconsider the existing rules for means testing, i.e., the definition and calculation of qualifying income. In particular, important life cycle categorical benefit such as the disability benefits and education scholarships must be disregarded, i.e. not included in the calculation of applicants' income. These benefits provide vital support to groups who have additional needs due to their life cycle vulnerabilities (e.g. disability) or life cycle events (study) and thus incur additional costs.

There needs to be clear and transparent rules for including part-time, irregular earnings in the means test. These rules should determine when and how income from occasional labour should be included in the overall income calculation. The imputation of income from livestock and agriculture must be based on up-to-date data on prices, local conditions and rely on robust methodologies. These rules must be clearly communicated to the applicants.

Link with employment conditionality

It is important to coordinate social assistance and employment activation policies so as their objectives are mutually complementary. In particular, the employment conditionality must be redesigned to take into account financial

incentives necessary for people to be willing to take up jobs, especially in rural areas, and as well as availability of suitable jobs more generally.

The employment conditionality must be further adjusted to reflect gender-specific vulnerabilities. This requires profiling and program customisation, including developing individual actions plans, which would consider gendered constraints among other factors. A possibility here could be to offer exemptions for employment certification in the case of single-parent families.

Implementation procedures and practices

Information outreach and dissemination

People's awareness and understanding can be enhanced via information campaign and targeted awareness raising through schools, health services and by the police. Strengthening the ability of social services to do outreach is especially important for identifying vulnerable families and facilitating their access to social assistance and services. Targeted outreach must be combined with the establishment of single-point information referral stations for on-demand application inquiries. Furthermore, prospective applicants should be given clear and comprehensive information both with regard to social assistance and special social services, at the start of the application, including: (i) eligibility criteria, (ii) about which documents people will need in order to apply and how they can be acquired, and (iii) where to apply.

Simplifying the process of document issuance

Our research has documented existing good practices, including the use of social workers

and mobile social centres to collate documents. The services of mobile social centres and social protection agencies for collecting and receiving documents proved to be very positive and can be replicated and institutionalised across the country. It is important to strengthen social work functions and designate social workers to support applicants by providing information and facilitating collection of required documents. Finally, it is important to simplify the application process and make it easy and simple for applicants to obtain the required documents.

Institutional capacity building

Financial resources need to be directed towards supporting special social services to ensure ample availability across the country. This of course cannot happen overnight and needs to be an incremental process. Substantial investment and effort are needed in the long-term to recruit and retain qualified personnel and provide infrastructure in rural areas. Accessibility can be improved by covering transport costs and expanding the network and availability of invataxi services.

Public education

The findings of this research point to a lack of public awareness of disability and an acceptance of negative attitudes towards disabled people and their families. Social workers can be instrumental in identifying children with disabilities who may not be acknowledged as having a disability by their parents due to the existing societal stigma. More broadly, public education is necessary to change the societal attitudes and help make disability better understood.

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Annexes

Annex A: Consultations during the inception period

Organisation
UNICEF – programme staff
Department of Social Assistance and Department of Social Services, Ministry of Labour and Social Protection
Ministry of Internal Affairs
Child Protection Committee, Ministry of Education and Science
Akimat of Astana (Social Programmes Department)
Information Calculation Centre of Committee for Statistics
Public Association Soyuz Krizisnykh centrov
Dara Foundation
NGO Chance

Annex B: Selection of raions for qualitative research

Within the frame of this study, it is necessary to consider the current situation of access to special social services and social benefits for low income families with children who are in a difficult life situation.

We suggest using the following criteria for selection of project areas:

1. The share of families with income below the subsistence level (in Kazakhstan, this indicator represents the level of poverty);
2. Shares of families with children who have income below the subsistence minimum;
3. Indirect indicators of poverty: the proportion of unemployed, the proportion of families with many children.
4. Geographical remoteness from the regional center (1 raion remote from the regional center, 1 raion close to the regional center).

Kyzylorda Region

Oblast	Raion code	Raion name	Below subsistence min.	Below subsistence min. with children	Households with 3 or more children	Unemployment rate 20151	Remoteness from the regional center2	Size of HBS sample	Sange choice
Kyzylorda	32	Aral	21,7	20,5	26,8	5,2	456 km. (1)	1080	
Kyzylorda	40	Zhanakorgan	39,0	36,7	44,2	5	184 km. (2)	720	✓
Kyzylorda	44	Kazaly	23,3	21,7	20,0	5,1	361 km. (1)	720	
Kyzylorda	48	Syrdaria	24,9	24,2	25,6	5,3	59 km. (3)	720	✓
Kyzylorda	101	Kyzylorda K.A.	13,8	13,6	27,5	4,7		2516	
Kyzylorda	361	Zhalagash	12,5	11,9	22,2	5,3	79 km. (3)	360	
Kyzylorda	461	Karmakshi	4,4	4,2	21,1	5,3	172 km. (2)	360	
Kyzylorda	521	Shieli	11,4	10,9	27,7	5	126 km. (2)	718	

1. According to the official data of Kyzylorda oblast Department of Statistics, 2015. http://www.stat.gov.kz/faces/kyzylorda/regPublications/reg_OperData/reg_Public18/reg_Public18_Arch2016.jsessionid=CX3wYGXZ1snpXLKF4p3HGffH4V9Cl8sjThy5r7mWL3fsLc1rGXJk!-2052769833!-1933166700?_afLoop=18580480492471897#%40%3F_afLoop%3D18580480492471897%26_adf.ctrl-state%3Dzjf6acv59_4
2. **Note:** (1) a distant raion center (the distance to the regional center is more than 300 km.); (2) a remote raion (at a distance of 300-100 km to the regional center); (3) close raion (up to 100 km).

Sange proposes to select for research in Kyzylorda oblast:

1. Zhanakorgan raion:

- the largest proportion of families with income below the subsistence minimum (39%),
- the largest proportion of families with children who have income below the subsistence minimum (36.7%);
- the largest share of families with many children (44.2%);
- Above the average unemployment rate in the raion.
- The raion is remote from the regional center (184 km from Kyzylorda).

2. Syrdarya raion:

- The second highest share of households with income below the subsistence minimum (24.9%)
- The second highest share of families with children with income below the subsistence minimum (24.2%)
- The share of families with many children is 25.6%.
- High unemployment rate (5.3%).
- Close to the regional center (59 km from Kyzylorda).

1. According to the official data of Mangystau oblast Department of Statistics, 2015.

2. **Note:** (1) a distant raion center (the distance to the regional center is more than 300 km.); (2) a remote raion (at a distance of 300-100 km to the regional center); (3) close raion (up to 100 km).

Mangystau region

Oblast	Raion code	Raion name	Below subsistence min.	Below subsistence min. with children	Households with 3 or more children	Unemployment rate 20151	Remoteness from the regional center2	Size of HBS sample	Sange choice
Mangystau	10	Aktau K.A.	3,1	2,8	13,3	4,3		3240	
Mangystau	18	Zhanaozen K.A.	2,1	2,1	30,1		141 km (2)	1080	
Mangystau	36	Beineu	34,4	33,9	49,9	5,1	464 km (1)	720	✓
Mangystau	42	Karakiyan	11,0	11,0	43,5	5,6	78 km (3)	717	✓
Mangystau	46	Mangystau	8,9	8,1	40,8	5,6	154 km (2)	720	
Mangystau	50	Munayli	9,7	9,7	28,6	5,1	17 km (3)	360	
Mangystau	52	Tupkaragan	4,2	4,2	37,2	5,1	145 km (2)	360	

Sange suggests to select for research in Mangystau region:

3. Beineu raion :

- The largest proportion of families with income below the subsistence level (34.4%),
- The largest proportion of families with children who have income below the subsistence minimum (33.9%);
- The largest share of families with many children (49.9%);
- High unemployment rate in the raion (5.1%).
- The raion is remote from the regional center (464 km from Aktau).

4. Karakiyan raion

- The second highest share of families, with a level of income below the subsistence minimum (11%)
- The second highest share of families with children, with a level of income below the subsistence minimum (11%)
- One of the highest shares of families with many children - 43.5%.
- High unemployment rate (5.6%).
- Close to the regional center (78 km from Aktau).

Astana

Oblast	Raion code	Raion name	Below subsistence min.	Below subsistence min. with children	Households with 3 or more children	Unemployment rate 2015 ¹	Remoteness from the regional center ²	Size of HBS sample	Sange choice
Astana	11	"Almaty" raion	3,0	2,5	10,9	2,0	3831		✓
Astana	12	"Yesil" raion	3,0	2,4	8,5	1,1	3633		✓
Astana	13	"Saryarka" raion	0,0	0,0	27,0	0,0	318		✓

In Astana, a study should be conducted in three administrative districts, and this way we will cover the city.

On the basis of the obtained data, Sange researchers propose to select the following areas for the research:

Kyzylorda oblast: Zhanakorgan, Syrdarya raions.

Mangystau oblast: Beineu, Karakiyan raions.

Astana: Almaty, Yesil, Saryarka raions.

Annex C: Semi-structured interview guides

Semi-structured interviews with akim

Objective: to gain an overview of guaranteed special social service provision, capacity and usage in the vicinity

Overview

First – overview of the raion – number of settlements? Geographic area? Population?

Find out what special services are delivered through the Department of Employment and Social Programs and other bodies

Second – ask about the location of the institutions where people apply for special services including the Department of Employment and Social Programs, the PSC.

How often do assessment committees (MSEC, PMPC) meet? Is there a waiting list for assessment?

Then - go through one-by-one the guaranteed special social services available (focus on special education and social rehabilitation and care services) in the raion and ask;

- NGO or government-delivered?
- How many children are using the service and the capacity of that service. How long is the waiting list (numbers of children or approximate waiting time). What is the number/share of children who do not use these services or only use them partially?

Access

What are their opinions on the ability of these services to reach low income families with children in difficult life situations? Probe on the main factors that may restrict these families from accessing these services or accessing them only partially (accessibility, availability, quality of services, difficulty with paperwork, difficulty to go through assessment committees – e.g. MSEC, PMPC, affordability).

Accessibility and availability

How are decisions made about the availability of special services in a raion?

Do they feel that there is demand in this raion for any types of services which are not available? Which ones?

Admin capacity and financing

What degree of flexibility is there for local-level staff regarding the approval, and assessment, of applications for special social services?

Ask about their views about social work – whether it is useful in facilitating access, and how they evaluate current capacity for social work?

How are guaranteed special social services financed?

What are there experiences of contracting NGOs for special service-provision?

Semi-structured interviews with government providers of guaranteed special social services:

A focus on special education and social rehabilitation and care services

Objective: to investigate the barriers facing government service providers in delivering special social services to low income families with children in difficult life situations and their views on the barriers to access which citizens face.

Overview

Overview of service provided, including:

Number of specialists employed; number of children accessing; capacity; waiting list; referral procedures for access

Access

Are there children who do not use these services or use them only partially? What is their number?

Why is this the case? What are their opinions on the ability of these services to reach low income families with children in difficult life situations? Probe on the main factors that may restrict these families from accessing these services or accessing them only partially (accessibility, availability, quality of services, difficulty with paperwork, difficulty to go through assessment committees – e.g. MSEC, PMPC; affordability).

Admin capacity and financing

What do they feel are the primary bottlenecks for them to deliver special social services to low income families in difficult situations? Probe around the different areas which come up (e.g. why difficulties in finding skilled staff – because of low pay, or because they're not being trained...)

Ask about their views about social work – whether it is useful in facilitating access, and how they evaluate current capacity for social work?

Financing – how do financing arrangements work? What are the procedures for allocating funding for particular services or children in difficult life situations to the local level?

Semi-structured interviews with NGO providers of guaranteed special social services:

A focus on special education and social rehabilitation and care services

Ideally can also try to interview one NGO representative who was going to bid for a service delivery contract and then decided not to.

Objective: to investigate the barriers facing NGO service providers in delivering special social services to low income families with children in difficult life situations and their views on the barriers to access which citizens face

Overview

Overview of service provided, including:

Number of specialists employed; number of children accessing; capacity; waiting list; referral procedures for access

Access

Are there children who do not use these services or use them only partially? What is their number?

Why is this the case? What are their opinions on the ability of these services to reach low income families with children in difficult life situations? Probe on the main factors that may restrict these families from accessing these services or accessing them only partially (accessibility, availability, quality of services, difficulty with paperwork, difficulty to go through assessment committees – e.g. MSEC, PMPC; affordability).

Admin capacity and financing

What do they feel are the primary bottlenecks for them to deliver special social services to low income families in difficult situations? Probe around the different areas which come up (e.g. why difficulties in finding skilled staff – because of low pay, or because they're not being trained...)

Contracting arrangements: what was their experience of applying for a contract? Probe into how long the contract lasts, the process of applying and then re-applying. Will then be re-applying?

Financing: what are the sources of finance for service provision? What are the procedures for determining how much money is allocated for children in difficult life situations?

Semi-structured interviews with users of special social services:

Objective: to understand the barriers which low income families in difficult life situations faced in order to access special social services

Overall interview approach: To talk through the process of applying for special social services from the time they decided to apply to actually accessing the service. If the respondent applied/received more than one type of special services, clearly distinguish between the experiences of applying/receiving these services.

Decision to apply and referrals

First - start with discussion around why they decided to apply, what are the needs of their child, how did they hear about the services available, why did they think that service would be appropriate.

Probe the role of social workers in the decision to apply – did they identify the family and refer them to these services? Did they also refer them to other services or social assistance benefits? Did they help them with the application process, e.g. liaising with appropriate certification committee, akimat or service provider? Did they have a consultation to discuss their needs and how helpful it was?

Application

Then – discuss through the process of applying in terms of the different aspects of the application process:

- Gaining appropriate paperwork and documentation (e.g. on disability status, residency) to make the initial application;
- Submitting paperwork at appropriate commission/ department;
- Appealing if certification unsuccessful;
- Obtaining result of application;
- Appealing application if unsuccessful;
- Continuing to use service over time (e.g. challenges of re-certification);

At each stage of the application probe:

- Details of what that stage of the process required – was this what they had expected in advance, if not why was there a difference
- Time and money required (queues, repeat visits, distance to travel, charges for issuing certificates, photocopying, travel expenses, expenses for food/overnight stay)
- Conditions/convenience (queues, waiting areas)
- Attitudes of administrators and the public - How helpful were administrators in supporting application? Did they explain the requirements and application process? Did they help with completing the application form? Probe if they felt stigmatised/ were made to feel uncomfortable about applying for/ accessing services at any stage – in what way exactly and for what reasons.
- Transparency of the procedure (was the process clear, were they asked for gifts/payments)

Accessing services

Discuss the experience of receiving the service:

- Accessing service following successful application (frequency and regularity of using the service; ability to use services fully);
- Accessibility (transport links, travel time) and costs (additional service charges, transport);

Adequacy of services

Discuss how the service support the needs of their child:

- Appropriateness of support accessing for needs (do they think that another service would have been more appropriate, if so, why did they not access that one);
- Quality of the service, including level of expertise, technical equipment, attitudes of staff, overall conditions;

Linkages with social assistance

Final set of questions around poverty-targeted social assistance – are they also receiving TSA or SCA, or have they received them in the past? Discuss the relationship between social assistance and special social services - are there any constraints to receiving both poverty-targeted social assistance and special social services?

Semi-structured interviews with recipients of social assistance:

Objective: to understand the barriers which low income families in difficult life situations faced in order to access social assistance (TSA, SCA, Basic Disability Allowance)

Overall interview approach: To talk through the process of applying for social assistance from the time they decided to apply to actually accessing the benefits. If the respondent applied/received more than one type of benefits, clearly distinguish between the experiences of applying/receiving these benefits.

Application

Discuss through the process of applying in terms of the different aspects of the application process:

- Involvement of a social worker in the application process (provided information; made referral; help with certification/application; any other support)
- Gaining appropriate paperwork and documentation (e.g. on disability status, residency) to make the initial application;
- Submitting paperwork at appropriate commission/ department;
- Appealing if certification unsuccessful;
- Submitting income statements and calculation of income (and what they feel about the fairness of income calculation/estimation);
- Obtaining result of application;
- Appealing application if unsuccessful;
- Retaining access to benefits over time (e.g. challenges of re-certification);

At each stage of the application probe:

- Details of what that stage of the process required – was this what they had expected in advance, if not why was there a difference;
- Time and money required (queues, repeat visits, distance to travel, charges for issuing certificates, photocopying, travel expenses, expenses for food/overnight stay);
- Conditions/convenience (queues, waiting areas);
- Attitudes of administrators and the public - How helpful were administrators in supporting application? Did they explain the requirements and application process? Did they help with completing the application form? Probe if they felt stigmatised/ were made to feel uncomfortable about applying for/ accessing benefits at any stage – in what way exactly and for what reasons;
- Transparency of the procedure (was the process clear, were they asked for gifts/payments).

Accessing benefits

Discuss the experience of receiving the benefits following successful application (timeliness and accuracy of payments).

Semi-structured interviews with non-users of special social services:

Do they feel that they have a need for special services? What types of service would be particularly suitable for their needs? Are these services available or not?

Respondents without application experience

Objective: to understand the barriers that prevented low income families in difficult life situations from applying for special social services

These are people who did not apply for special social services. Probe for the reasons for not applying, including lack of awareness of services or eligibility to apply; limited service availability in their area; high cost of application; appropriateness of services relative to needs; perceived high costs of accessing (travel time, additional charges); negative attitudes of staff and fear of stigmatisation.

Respondents with application experience

Objective: to understand the barriers that prevented low income families in difficult life situations from accessing and using special social services

These questions are for respondents who did submit an application in the past, but were rejected; or didn't subsequently find a place at a service; or subsequently stopped attending the service.

Probe for the reasons for why they were rejected, including:

- Lack of complete paperwork and documentation (e.g. on disability status, residency)
- Unsuccessful certification (e.g. disability)
- Administrative error

Probe for the reasons for why they stopped using services, including:

- Lack of regular service availability
- Poor quality of services provided
- High costs involved (transportation, additional service charges)
- Negative attitudes by service staff, stigmatisation

We would also like to document the application process to assess how challenging it is for applicants, therefore ask questions around the different stage of the application process, as appropriate:

- Involvement of a social worker in the application process (provided information; made referral; help with certification/application; any other support)
- Gaining appropriate paperwork and documentation (e.g. on disability status, residency) to make the initial application;
- Submitting paperwork at appropriate commission/ department;
- Appealing if certification unsuccessful;
- Obtaining result of application;
- Appealing application if unsuccessful;
- Continuing to use service over time (e.g. challenges of re-certification);

At each stage of the application probe:

- Details of what that stage of the process required – was this what they had expected in advance, if not why was there a difference
- Time and money required (queues, repeat visits, distance to travel, charges for issuing certificates, photocopying, travel expenses, expenses for food/overnight stay)
- Conditions/convenience (queues, waiting areas)
- Attitudes of administrators and the public - How helpful were administrators in supporting application? Did they explain the requirements and application process? Did they help with completing the application form? Probe if they felt stigmatised/ were made to feel uncomfortable about applying for/ accessing services at any stage – in what way exactly and for what reasons.
- Transparency of the procedure (was the process clear, were they asked for gifts/payments)

Linkages with social assistance

Final set of questions around poverty-targeted social assistance – are they also receiving TSA or SCA, or have they received them in the past? Discuss the relationship between social assistance and special social services - are there any constraints to receiving both poverty-targeted social assistance and special social services?

Semi-structured interviews with non-recipients of social assistance:

Do they feel that they have a need for social assistance?

Respondents without application experience

Objective: to understand the barriers that prevented low income families in difficult life situations from applying for social assistance

These are people who did not apply for social assistance. Probe for the reasons for not applying, including lack of awareness of benefits or eligibility to apply; high cost of application; lack of trust in the system; fear of stigmatisation.

Respondents with application experience

Objective: to understand the barriers that prevented low income families in difficult life situations from accessing social assistance

These questions are for respondents who did submit an application in the past, but were rejected; or subsequently stopped receiving the benefits.

Probe for the reasons for why they were rejected, including:

- Lack of complete paperwork and documentation (e.g. on disability status, residency)
- Unsuccessful certification (e.g. disability)
- Administrative error
- Income above the threshold (and what they feel about the fairness of income calculation/estimation)
- Probe for the reasons for why they stopped accessing the benefits, including:
 - Unsuccessful re-certification (due to incomplete paperwork, staff attitudes)
 - Change in circumstances (residency, income, health condition)
- We would also like to document the application process to assess how challenging it is for applicants, therefore ask questions around the different stage of the application process, as appropriate:

Application

Discuss through the process of applying in terms of the different aspects of the application process:

- Involvement of a social worker in the application process (provided information; made referral; help with certification/application; any other support)
- Gaining appropriate paperwork and documentation (e.g. on disability status, residency) to make the initial application;
- Submitting paperwork at appropriate commission/ department;
- Appealing if certification unsuccessful;
- Submitting income statements and calculation of income (and what they feel about the fairness of income calculation/estimation);
- Obtaining result of application;
- Appealing application if unsuccessful;
- Retaining access to benefits over time (e.g. challenges of re-certification);

At each stage of the application probe:

- Details of what that stage of the process required – was this what they had expected in advance, if not why was there a difference;
- Time and money required (queues, repeat visits, distance to travel, charges for issuing certificates, photocopying, travel expenses, expenses for food/overnight stay);
- Conditions/convenience (queues, waiting areas);
- Attitudes of administrators and the public - How helpful were administrators in supporting application? Did they explain the requirements and application process? Did they help with completing the application form? Probe if they felt stigmatised/ were made to feel uncomfortable about applying for/ accessing benefits at any stage – in what way exactly and for what reasons;
- Transparency of the procedure (was the process clear, were they asked for gifts/payments).

Annex D: Informed consent statements

Informed consent statement for household survey (as implemented by ICC):

My name is XXXXX. I work at the Information and Computing Centre, under the Statistics Committee of the Government of Kazakhstan. I am undertaking a survey on barriers to access to social assistance and special social services by households in Astana City, Kyzylorda and Mangystau. This work is funded by UNICEF.

As part of this survey I would like to ask you a series of questions about your household and your views about access to social assistance and special social services. It doesn't matter if you are not aware of either social assistance or social services or if you have never tried to access either of these. I am interested in investigating the range of barriers which households face in trying to access these forms of support and these barriers may mean that people don't even try and access this support. The aim of doing this is to improve access to social assistance and special social services for poor and vulnerable households in the future.

The survey will take approximately 45 minutes to complete. Any information which you give will be anonymous. Would you be willing to undertake this survey? You are able to withdraw at any stage during the survey. Would you like to ask any other questions about this work before deciding if you'd be willing to be involved?

Informed consent statement for semi-structured interviews (as implemented by Sange Research Centre):

My name is YYYY. I work for Sange Research Centre, a Kazakhstan research organisation. I am undertaking research on the barriers to accessing special social services and social assistance by households in Astana City, Kyzylorda and Mangystau. This work is funded by UNICEF.

As part of this research I would like to ask you a series of questions about your needs for special social services and social assistance and, if appropriate, your experiences of accessing these. It doesn't matter if you are not aware of these forms of support or have not tried to access them. I am interested in investigating the range of barriers which households face in trying to access these forms of support and these barriers may mean that people don't even try and access this support. The aim of doing this is to improve access to social assistance and special social services for households in difficult life situations in the future.

The interview will last about one hour. It will include questions on your need for support as well as on any experiences of trying to access appropriate support. Any information which you give will be anonymous. Would you be willing to participate in this interview? You are able to withdraw at any stage during the interview and can skip any questions which you don't feel comfortable answering. Would you like to ask any other questions about this work before deciding if you'd be willing to be involved?

Annex E: Statistical annex

Table 30. Awareness of social assistance, by region and wealth quintile

Wealth quintile	Kyzylorda		Mangystau		Astana	
	Heard of TSA (%)	Heard of SCA (%)	Heard of TSA (%)	Heard of SCA (%)	Heard of TSA (%)	Heard of SCA (%)
1 (poorest)	39	46	12	8	39	52
2	34	39	18	19	59	64
3	33	40	14	23	34	62
4	28	43	19	31	48	50
5 (richest)	39	46	20	34	39	38
Chi-squared test			**	***	***	***

Figure 6. Awareness of social assistance, by wealth quintile, Kyzylorda region

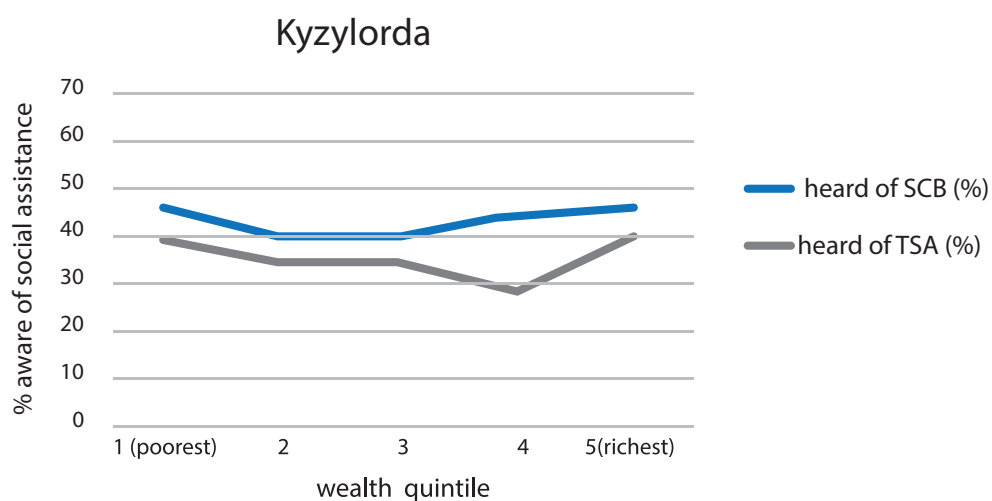


Figure 7. Awareness of social assistance, by wealth quintile, Mangystau region

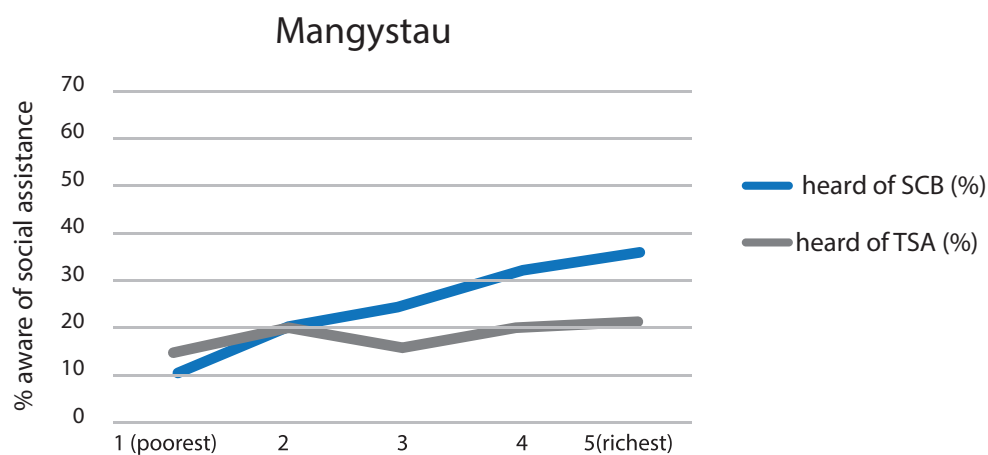


Figure 8. Awareness of social assistance, by wealth quintile, Astana city

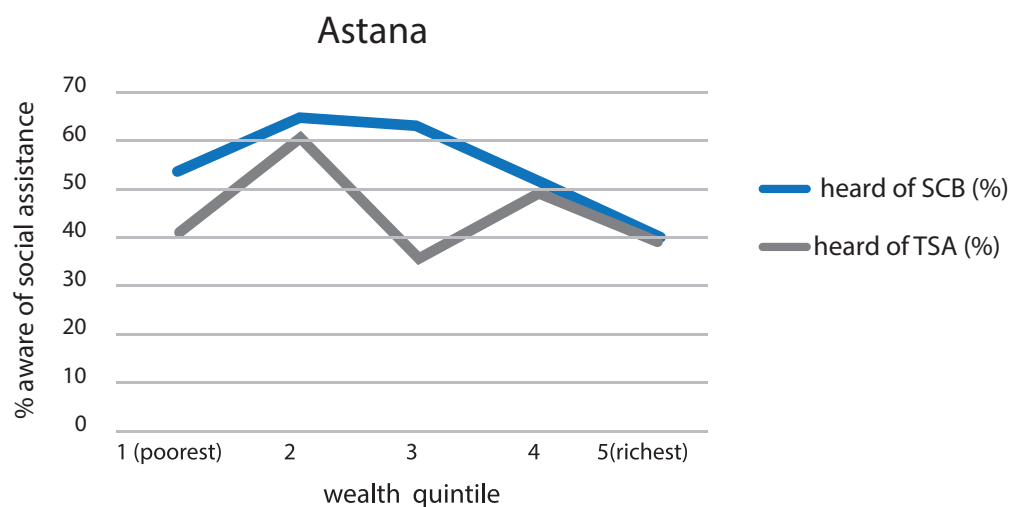


Table 31. Reason for non-application to social services, by single-mother household status and region

BA8.A Why have you not applied for it?	Kyzylorda region		Mangystau region		Astana city	
	BA8.A Why have you not applied for it?	Single mother household	Two-parent household	Single mother household	Two-parent household	Single mother household
I couldn't get any information about it	14***	50***	23	43	58***	31***
A problem filling in the form	0***	9***	1	0	4	0
A problem getting the required documents together	1**	9**	6	15	4	5
I can't travel to the government body to apply	0	0	2	0	4	3
I didn't have time for application process	2*	9*	8	14	16	18
I would have to pay a payment/ gift/ reward	0	0	1**	8**	0	0
It is not worth it/ not enough money	1	0	3	8	3	8
Social stigma of being a beneficiary	0	0	1	0	3	3
Other (specify)	2	0	11	0	7	10
	n=334	n=12	n=192	n=14	n=187	n=30

Table 32.
Profile of household, by whether or not they applied for special social services,
out of those who identified the need for them.

	Did not apply	Did apply
Region		
Kyzylorda	85	15
Mangystau	87	13
Astana	89	11
Average (mean)		
International wealth index	59.0	58.4
Household size	6.1	5.7
Number of children	3.2	3.1
People per room	2.5	2.5
Dependency ratio	1.4	1.5

Table 32.
Profile of household, by whether or not they applied for special social services,
out of those who identified the need for them.

	Did not apply	Did apply
Percentage in each category which...		
Are single mother households (%)	8	14
Have a respondent with primary education (%)	4	3
Have a respondent with secondary education (%)	74	71
Have a respondent with higher education (%)	22	25
Have a respondent who works	50	43
Have all adults in the household working	13	7
Have disabled adult(s) in the household (%)	22	25
Have mosthousehold members with higher education (%)	31	36
Total	n=240	n=36

Table 33. Experience of the application process for special social services

	A. Social care	B. Socio-medical	C. Socio-psychological	D. Socio-pedagogical
CC13. How easy was the whole process? (%)				
Very difficult	13	25	33	10
Difficult	19	30	0	0
Easy	69	45	67	90
Total	100	100	100	100
CC14. Overall the assessment recommended the correct services for my child (% yes)	70	88	100	100
CC15. The committee certified the status of my child correctly (% yes)	75	88	100	100
CC16. Did the services you received meet the child's needs? (%)				
Yes, fully	39	67	67	75
Yes, partially	39	17	33	25
Not at all	15	0	0	0
Haven't received anything yet	8	17	0	0
Total	100	100	100	100
CC17. I encountered unhelpful or unfriendly attitudes from staff during the process (% yes)	19 n=16	20 n=20	33 n=3	20 n=10

