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Social support for hearing parents raising deaf children in Kazakhstan: challenges and solutions

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ABSTRACT

In Kazakhstan, social support for families with hearing-impaired children remains a pressing issue requiring further research and improvement. The aim of this study is to assess the social support provided to families of hearing parents with children who have hearing impairments in Kazakhstan. The study involved 176 families from Kazakhstan, in which the parents are hearing, and the children have hearing loss. This study employed a convergent mixed-methods approach, combining the simultaneous collection and analysis of qualitative (interviews) and quantitative (surveys) data with the subsequent integration of the findings to gain a more comprehensive understanding of the situation. The results showed that 89% of respondents were aware of existing social assistance programs; financial and medical support were considered particularly important, while psychological support was deemed insufficient. Socioeconomic and geographic factors significantly influenced access to services. The data also showed that income level and type of settlement significantly influence families' access to social services and awareness of support programs, while the age of parents and children has less influence, although the needs of children of different ages vary. The practical significance of the study lies in identifying problems within the social assistance system, such as low information accessibility, long waiting times, inadequate support, and service quality fluctuations. The obtained data can be used to improve social support mechanisms and raise awareness among families with children who have hearing impairments. These findings can be used to improve social support mechanisms and raise awareness of this issue among families with hearing-impaired children.

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1. INTRODUCTION

The desire to have children has been defined as a gendered social norm, both in its collective orientations and in its individual meanings [1]. However, no one can guarantee that one will have perfectly healthy children. Social support for parents raising children with special educational needs is a fundamental aspect of ensuring equal opportunities and full integration of these children into society [2].

One of the most vulnerable groups is hearing parents raising deaf children. They face various social, psychological, and educational challenges that require significant support from the state and society.

American and British scholars report that around 95% of deaf children are born to hearing parents who are initially poorly informed and unprepared to raise a deaf child [3], [4]. This situation is primarily defined by the culture and language of the deaf, as well as the informational barriers that exist between the deaf and their social environment [5]. This underscores the importance of informing families and creating support systems to help parents adapt to the new environment.

Families whose parents do not have hearing impairments but raise a deaf child are in a unique situation requiring comprehensive assistance. This is mainly due to the lack of information about the developmental peculiarities of a deaf child, the absence of qualified professional support, and limited access to specialized services [4]. It is also necessary to take into account the underdeveloped educational infrastructure for teaching children with hearing impairments and the shortage of sign language specialists [6]. Children with hearing impairments face limited communication due to a lack of sign language education, which increases the risk of social isolation for them and their parents. Despite overall declines in abuse in the general population, these children remain at higher risk of neglect and mistreatment [7].

Contemporary research indicates that in Kazakhstan, social support measures for families with deaf children include financial assistance, provision of hearing aids and cochlear implants free of charge, as well as the establishment of specialized schools and early intervention centers [8], [9]. However, the absence of a comprehensive approach to the issue, low service accessibility, and limited opportunities for professional development hinder the effectiveness of these measures. A significant number of parents experience difficulties in finding information about available services and face barriers to receiving qualified assistance. Against the backdrop of the global increase in healthcare spending, political and academic debates regarding individual and collective responsibility for health and healthcare expenditures are intensifying [10].

The issues related to social support for this category of families include not only inadequate funding and staffing but also insufficient consideration of psychological aspects. Parents facing the deafness of their child often experience stress, anxiety, and loneliness [8], [11], [12]. In order to overcome their emotional and practical difficulties, they require not only financial assistance but also access to psychological support and professional advice.

The problem with the study, therefore, lies in the discrepancy between existing social support measures for hearing parents raising deaf children in Kazakhstan and the actual complex needs of these families, which affects the effectiveness of integrating deaf children into society and the quality of life of their parents. To address the identified problem, the study uses a mixed method (survey and interview), allowing for a simultaneous study of the qualitative experiences of families and quantitative indicators of the availability and effectiveness of social support, which provides a comprehensive understanding of the needs and challenges of parents. This article contributes to the field by analyzing the current issues in social support for hearing parents raising deaf children and proposing specific solutions to these issues within the context of Kazakhstan. Practices from other countries were examined for adaptation to the conditions of Kazakhstan. The study's relevance is determined by the need to improve the quality of life for children with special educational needs and their families, which has long-term implications for social and educational integration. The findings of this study may serve as a foundation for developing new policies aimed at supporting families raising children with hearing impairments.

2. LITERATURE REVIEW

More than 5% of the global population experiences deafness or hearing loss, and by 2050, one in ten individuals will be affected [13]. In 2021, over 97.8 million children and adolescents were reported to have hearing loss, with the highest burden observed in countries with low and lower-middle sociodemographic indices [14]. Data from neonatal screening indicate that even in resource-limited settings, high levels of coverage can be achieved: in Jordan, for example, the screening coverage in 2023 reached 99.4%, with a prevalence of permanent hearing loss among new-born of 0.14% [15]. In terms of rehabilitation, approximately 81% of children regularly use hearing aids, and early cochlear implantation has been associated with better language outcomes, underscoring the critical importance of timely intervention for effective auditory and linguistic development [16], [17]. As 96% of deaf children are born to hearing parents [3], who typically do not anticipate raising a deaf child, it is vital that families benefit from a range of support mechanisms and interventions. In this context, support can best be described as encouragement, assistance, and empowerment designed to foster sustainable success and confidence among hearing parents and their deaf children.

Families raising deaf children require special attention from both the state and society. In this context, social support serves as a crucial tool for enhancing the quality of life for such families, ensuring their social adaptation, and facilitating their integration into society [18]. The lack of adequate support can lead to significant difficulties, as observed in Northern Ireland, where a childcare policy has been absent for over a decade [19]. In contrast, investments in the expansion of social services in England, Scotland, and

Wales have allowed parents to receive financial support to cover childcare expenses [19]. In Iran, there is also a positive and significant relationship between social support and the quality of life of parents of children with disabilities [20].

Social support measures for parents of deaf children vary from country to country and reflect different approaches to the inclusion and support of families with children who have hearing impairments. The United Nations Convention on the Rights of Persons with Disabilities emphasizes the responsibility of states to identify and eliminate barriers to the exercise of the rights of people with disabilities [21]. This includes creating a political, legal, social, and physical environment that supports the full integration and participation of individuals with disabilities, including deaf children and their families.

In the United Kingdom, the equality act protects the rights of individuals with disabilities, including children with hearing loss. This law protects against discrimination in areas such as employment, education, and interactions with government services [22], [23]. Families with children who have special needs can access various forms of support, including financial benefits, specialized education, and medical services.

Research in Colombia highlights the importance of multidimensional social support, including financial, educational, and psychological assistance [24]. Psychological support can help parents of deaf or hard-of-hearing children cope with parental stress [11], [12]. However, families often lack sufficient information and resources to effectively support their children, facing barriers such as limited knowledge, inaccessible services, and difficulties navigating the health care and education systems [4].

In Switzerland, children with hearing loss have the opportunity to attend regular schools [25], [26]. This has been made possible through the efforts of organizations such as the Swiss Association of the Deaf, which advocates for the integration of deaf children into the general education system. Despite these opportunities, the challenge remains to ensure that deaf students fully understand the learning process and actively participate in it. In the United States, there is also an established system of early intervention and support for deaf children. Special schools and programs dedicated to the development and education of children with hearing loss have been implemented from early childhood [27].

A study conducted in China indicates that social support received by families of children with special needs is relatively limited [28]. The authors note that there are regional differences in social support, depending on factors such as the parents' level of education, monthly family income, family type, and the age of the children, among others. However, no significant differences in social support were found based on the family's place of residence, parental age, child's gender, or type of disability.

In Kazakhstan, social support for families is considered a key instrument of policy. The concept of legal policy in Kazakhstan emphasizes the need to utilize international legal institutions to safeguard national interests, including social interests [29]. The government recognizes its responsibility to ensure minimum social standards, as reflected in the long-term strategic development plan "Kazakhstan 2050" [30]. However, despite significant progress in improving socio-economic conditions, poverty, and vulnerability remain serious issues for many families. International scholars argue that social capital has a direct and positive impact on improving the quality of life for individuals [31].

Recent studies further reveal that, despite advances in screening, families often encounter difficulties in navigating among diverse intervention options and communication approaches [32]. At the same time, analyses of the mental health and quality of life of children and adolescents with hearing loss have highlighted vulnerabilities in the emotional domain, which are directly influenced by the availability of communication support: the combined use of hearing technologies (hearing aids or implants) and auditory-verbal therapy substantially enhances integration outcomes [33]. A systematic review of social participation demonstrated that children with auditory prostheses exhibit markedly higher levels of integration; however, social barriers persist even when such technologies are employed [34]. Moreover, children who receive comprehensive early intervention demonstrate social well-being comparable to that of their peers without hearing loss, underscoring the effectiveness of multidisciplinary programs [35]. Simultaneously, reviews of parental psychosocial status have documented significant stress levels, which are frequently underestimated within existing support systems [36]. Taken together, contemporary research consistently emphasizes that effective support for children with hearing loss and their families requires the integration of early diagnosis, technological and therapeutic interventions, and comprehensive socio-psychological programs. Despite extensive international research, there is a lack of empirical data on the availability, quality, and regional differences in social support for families with children with hearing impairments in Kazakhstan, creating a significant research gap.

2.1. "Kazakhstan-2050" development plan

The "Kazakhstan 2050" strategic development plan outlines measures to improve social protection for vulnerable populations, including children with special educational needs. The document identifies key areas of work in this regard: creating an accessible educational environment, developing an inclusive education system, and providing specialized social services to families raising children with disabilities.

Various measures are being implemented as part of this strategy. In particular, children with hearing impairments are being integrated into general education through the creation of specialized classes, the training of sign language teachers, and the introduction of modern technologies to enhance educational quality. Additionally, the plan includes programs for training specialists working in the fields of speech therapy and the education of the deaf, which should contribute to more effective rehabilitation and social adaptation of children. Financial support for families remains a key focus, including subsidies and tax benefits. The accessibility of social services is being expanded, such as psychological assistance, parent counselling, and providing children with hearing impairments with the necessary technical devices, including hearing aids and other assistive devices.

Some of the measures being implemented have had a positive impact. For example, the training of sign language teachers and the creation of specialized classes improve the learning conditions for children with hearing impairments, while financial support in the form of subsidies and tax benefits helps reduce the financial burden on families [37]. However, an analysis of existing programs reveals significant issues. First and foremost, inadequate funding results in children receiving low-quality hearing aids, as more expensive and effective devices remain inaccessible due to budgetary constraints. Additionally, the need for comprehensive psycho-pedagogical support, which plays a key role in the adaptation and development of children, remains unmet. Further challenges arise from the uneven distribution of social services and limited access.

2.2. Problem statement

The study draws on social support theory, disability research, and family systems theory, which allows us to view the family as a holistic system and assess the impact of social support on its well-being [11], [12], [38]. This conceptual framework defines the key research questions: the availability, quality, and adequacy of social support for hearing parents of deaf children in Kazakhstan and the difficulties they face in obtaining it. The aim of this research is to analyze the experiences of hearing parents raising deaf children in Kazakhstan in receiving social assistance. The study focuses on evaluating the accessibility, quality, and adequacy of existing social support measures, as well as identifying the difficulties families encounter in accessing assistance, including the shortage of available services, their uneven distribution, and limited access. The objectives of the study were as: i) to analyze the experiences of families in receiving social assistance; ii) to examine the accessibility, quality, and adequacy of social support measures for families; iii) to analyze the difficulties encountered in receiving social assistance; and iv) analyze the socio-demographic characteristics of respondents to compare indicators of access to social services and awareness of programs.

3. METHOD

3.1. Study design

A mixed methods approach was chosen for this study. A convergent mixed-methods approach was used, in which qualitative and quantitative data were collected and analyzed in parallel, then combined to provide a more comprehensive understanding of social support. A mixed methods approach was chosen because it allows for a combination of in-depth analysis of parents' experiences through interviews and quantitative assessment of trends through surveys, providing a more comprehensive understanding of social support. This method does not require strict control over all variables and is therefore most suitable for social policy research, where the influence of various factors cannot be fully excluded.

3.2. Participants

The study involved 176 families from Kazakhstan, where the parents are hearing, and the children are deaf or hard of hearing. The sample was selected using purposive sampling, which allowed for the inclusion of the most relevant group of respondents for analyzing the implementation of social support measures. The sample size (176 families) was determined by the availability of participants in the study region and the desire for representativeness across cities and socioeconomic groups, yielding a statistical power of 0.8 at α=0.05 to detect medium effects when analyzing between-group differences.

The participant recruitment process took place in several stages. Initially, a list of government and private organizations providing social support services to families with hard-of-hearing children in Kazakhstan was compiled. This list included specialized centers, boarding schools, public associations, and charitable organizations. Information about the study was disseminated through these institutions, as well as through social media and online platforms targeting parents of children with special needs, such as Facebook, Instagram, and VKontakte, via thematic groups and communities for parents of hard-of-hearing children. Table 1 provides more detailed information about the participants.

Families wishing to participate underwent a preliminary selection based on inclusion and exclusion criteria. The recruitment process lasted two months, resulting in a representative sample of 176 families. To ensure geographical diversity among the respondents, the study included families from the East Kazakhstan region of Kazakhstan, representing both large cities and smaller settlements: Ust-Kamenogorsk, Semey, Shar, and Serebryansk. The sample comprised families with varying socio-economic status, different levels of parental education, and diverse experiences with social support systems. The age of the children was also taken into account, which allowed for the analysis of the needs and challenges parents face at different stages of child development. Inclusion criteria for the sample: hearing parents raising hard-of-hearing or deaf children; permanent residence within Kazakhstan; experience applying for social assistance from government or private agencies. Exclusion criteria from the sample: families in which both parents are deaf; families residing outside of Kazakhstan; lack of experience with social support systems.

Table 1. Data on participants

Parameter		Ust-Kamenogorsk	Semey	Shar	Serebryansk	Total
Gender	Men	18	11	33	7	69 (38%)
	Women	20	41	30	18	109 (62%)
Parents' age	Mean age, years	37.4	37.5	37.2	37.6	37.4
	Age range, years	25–50	26–49	26–50	25–48	25–50
Children's age with hearing impairments	Mean age, years	9.1	8.7	8.9	9.3	9.0
	Age range, years	3–16	3–15	4–16	3–16	3–16
Total number		38	52	63	23	176

3.3. Research tools

To obtain qualitative data, the study employed semi-structured interviews and questionnaires, as seen in Table 2. The interview questions and questionnaire design were based on social support theory and the concept of family systems. This allowed to examine the influence of different forms of support (financial, medical, educational, and psychological) on family well-being and the dynamics of intra-family relationships; ensured a direct link between theory and data collection.

The semi-structured interviews allowed for the exploration of the experiences of receiving social support and the identification of subjective perceptions and issues faced by hearing parents of deaf children. The purpose of the survey was to collect quantitative data to assess the accessibility and quality of social support in Kazakhstan. The semi-structured interviews helped uncover the unique experiences and challenges of participants, while the questionnaires provided structured information for further quantitative analysis. All 176 respondents participated in the survey. For the qualitative portion (interviews), 88 parents, one representative from each family. The parent who interacted most frequently with the social support system and was actively involved in document processing and service utilization was given preference. If both parents had comparable experience, one participant was selected at random. Data collection through interviews continued until data saturation was reached, that is, until further interviews no longer revealed significant new themes or categories. The reliability of the research instruments was assessed using Cronbach's alpha reliability coefficient. This coefficient yielded values of 0.81 for the questionnaire and 0.87 for the interviews, indicating high reliability of the tools used.

Table 2. Questions for semi-structured interviews

No.	Questions
1	What types of social support have you received while raising a child with a hearing impairment?
2	How accessible was the information about available types of social assistance to you?
3	Have there been instances when you were unable to receive social support due to lack of information or other obstacles?
4	What difficulties do you most often experience when seeking social assistance?
5	How timely was the social support provided to you?
6	What role do specialized institutions and organizations play in providing social support to your family?
7	How would you assess the professionalism of the specialists you encountered when receiving social support?
8	Which forms of support (financial, psychological, educational) have been most significant for your family?
9	Do you consider the assistance provided to be sufficient to meet your family's needs? Why?
10	What changes or improvements do you believe are necessary in the social support system for families with children who have hearing impairments

3.4. Research procedure

Interviews were conducted with each participant individually in a comfortable setting. All interviews were conducted either in person or online in locations that ensured confidentiality and comfort for the participants, such as the respondents' homes or private rooms in institutions. During the interviews, the

interviewer carefully recorded responses and asked clarifying questions when necessary to better understand the situation. All significant points were transcribed in the interview transcript, as well as noted by the participants, which could be useful for analysis.

To collect quantitative data, respondents were given questionnaires, as shown in Table 3. The survey was conducted in either written or electronic format. The questionnaire included both rating scales (Likert scale) and yes/no questions to obtain a clear understanding of the respondents' knowledge and experience in this area. The time allocated for completing the questionnaire was set at 20 minutes to ensure that participants did not feel overwhelmed. All interviews and questionnaires were conducted by researchers specially trained to work with this group of respondents. These included experts with experience working with children with hearing impairments, psychologists, and social workers. All researchers underwent ethical training to ensure confidentiality and participant comfort throughout the process.

Table 3. Survey questions

No.	Questions (answer/scale)
1	Are you aware of existing social support programs for families with children who have hearing impairments? (Yes/No)
2	What types of social assistance do you receive? (Financial, educational, psychological, medical, other)
3	How easy was it for you to find information about available support programs? (1–very difficult, 5–very easy)
4	How accessible are services for your family in your region? (1–completely inaccessible, 5–completely accessible)
5	Please rate the quality of the services provided. (1–very low, 5–very high)
6	Have you encountered long waiting times when receiving assistance? (1–never, 5–always)
7	How would you assess the professionalism of the specialists providing social support? (1–very low, 5–very high)
8	Are you satisfied with the amount of assistance you receive? (1–not satisfied at all, 5–fully satisfied)
9	How often do you use social support services? (1–never, 5–regularly)

3.5. Statistical analysis of data

Microsoft Excel was used for processing and analyzing quantitative data, as it allows for efficient data handling, statistical calculations, and result visualization. For qualitative data analysis, a content analysis method was employed, conducted manually using specialized coding and classification techniques. Coding was conducted inductively, with themes and categories identified directly from the data and subsequently checked against a predefined conceptual model. All interviews were transcribed and then coded in such a way that responses could be classified into thematic categories. Two researchers were trained in coding methods and coded 20% of the interviews twice to ensure consistency. Inter-rater reliability was assessed using Cohen's kappa coefficient, which was 0.82, indicating a high degree of agreement between coders. The analysis process included several stages: i) identifying initial semantic units in the interview texts; ii) coding and grouping them into themes; iii) integrating themes that were similar in meaning into broader categories; and iv) identifying new patterns and meanings that go beyond the initial assumptions. For example, questions about the availability of social support were divided into categories such as "financial support", "information resources", and "psychological support". This enabled a deeper exploration of how respondents perceive social support and helped identify key issues.

Descriptive statistics were used to analyze the quantitative data collected via the surveys. This included calculating mean values and standard deviations for each survey question. Descriptive statistics provided a comprehensive picture of how respondents assessed the accessibility and quality of social support.

The analysis of respondents' sociodemographic characteristics was conducted by comparing indicators of access to social services and awareness of available programs across groups differentiated by household income level and type of settlement (urban/rural). The analysis was based on data collected during participant registration and summarized in Table 1. Core variables included place of residence (urban), parental gender and age, as well as the age of children with hearing impairments. Descriptive statistical measures (means, percentages) and intergroup comparisons were employed to identify differences in access to and utilization of social support according to the socioeconomic status and geographical location of families. To ensure the reliability and validity of the data, methodological triangulation was used—a combination of semi-structured interviews and questionnaires, which allowed for a comparison of qualitative and quantitative results. To reduce bias, the qualitative analysis was conducted independently by several researchers. After that, the codes and categories were agreed upon collectively.

3.6. Ethical principles of research

Throughout the study, special attention was paid to adhering to ethical principles to protect participants' rights and well-being. All participants were informed about the purpose of the research and the use of the data collected. Participation in the study was voluntary, and participants could withdraw at any time without consequence. Prior to the interview and survey, all respondents signed a consent form

confirming their agreement to participate in the study and allowing the use of their responses for scientific purposes. To ensure confidentiality, participants' personal data was not disclosed, and all results were presented in an aggregated form. Individual identification of participants was excluded, ensuring data anonymity. All collected data was used exclusively for the purposes of this study and was not shared with third parties.

4. RESULTS

4.1. Survey results

The survey data were collected using the Likert scale (for most questions), as well as yes/no response options and an open-ended question. Figure 1 presents the responses to the first question of the survey: 89% of respondents are aware of existing social support programs for families with children who have hearing impairments, indicating that overall awareness of these programs is relatively high. However, 11% of respondents are not aware of these programs, highlighting the need for increased awareness. These findings support the propositions of social support theory regarding the importance of awareness and access to multidimensional support in reducing stress and increasing family resilience. Even when programs are formally accessible, the lack of information remains an independent factor in the vulnerability of families.

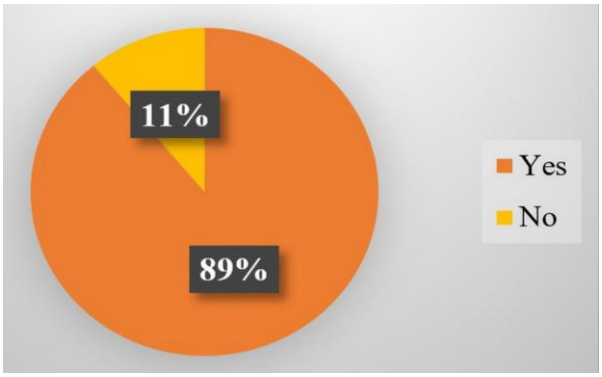

Figure 1. Respondents' answers to question 1 of the survey

The second question of the survey focused on the types of social assistance received by the respondents. The answers to this question revealed which types of support are most in demand and considered most important by families of children with hearing impairments. The most frequently mentioned forms of support were financial (50%) and medical (45%) assistance. This highlights the importance of such support for families of children with hearing impairments. Educational support was mentioned by 30% of respondents, which is also an important aspect, though less pronounced. Psychological support was mentioned less frequently (20%), as shown in Figure 2. The distribution of support types reflects the concept of family systems, showing how the effectiveness of different support elements affects the overall well-being of the family. In practice, this underscores the need for coordination of support measures, as the predominance of financial and medical assistance without accompanying psychological and educational support limits the overall effectiveness of interventions.

Although 50% of respondents mentioned financial support as a form of assistance, many expressed dissatisfactions with the extent of this support during the interviews. Financial difficulties remain a significant issue for families with children who have hearing impairments. Many of these families may face additional expenses for medical care and specialized equipment, and loss of income when a parent is forced to reduce working hours to care for the child. Therefore, financial support is of great importance.

Additionally, 45% of respondents mentioned healthcare as a benefit received, indicating the significance of this area of support. However, despite the availability of medical services, parents report inadequate services and frequent difficulties accessing specialized care. Respondents also note that waiting times for examinations and treatment are too long, and the quality of medical services often does not meet their expectations. This pertains not only to regular procedures and medical check-ups but also to rehabilitative measures such as speech therapy and audio therapy. From a social policy perspective, the results indicate a discrepancy between declared support measures and the actual availability of specialized services.

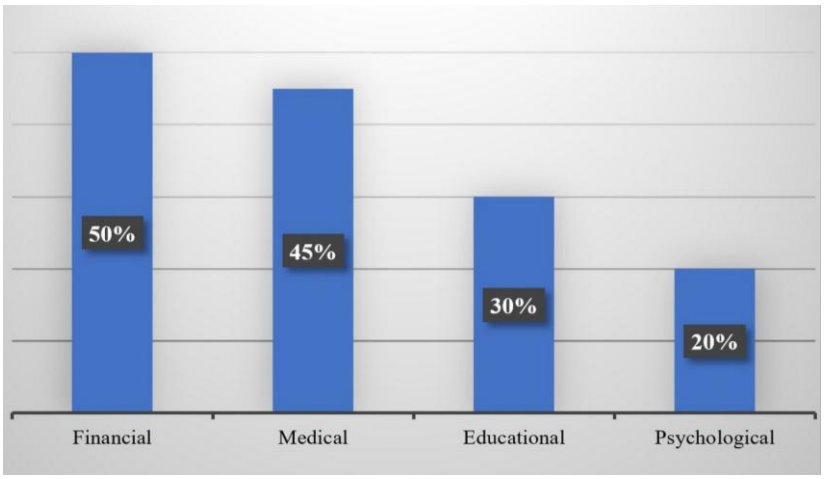

Figure 2. Respondents' answers to question 2 of the survey

Moreover, 30% of respondents reported receiving educational support, indicating that such support exists, although to a lesser extent than financial and medical assistance. Problems related to educational support include a lack of specialized teaching materials and difficulties in adapting educational programs for children with hearing loss. These include individualized programs, support in publishing educational materials, and participation in inclusive educational processes. Respondents' express dissatisfaction with limited access to qualified teachers, which impacts the learning process.

Only 20% of respondents indicated psychological support among the services they utilized. This suggests an underestimation or inadequacy of psychological support for families with children who have hearing impairments: although many families face psychological challenges (stress, depression, and social isolation), the need for psychological support is not always prioritized. This may be linked to stereotypes about the inadequacy of psychological services or a lack of awareness of the importance of psychological support in the early stages of interacting with the social support system. However, those who sought psychological help expressed dissatisfaction with the quality and lack of access to qualified specialists. Issues related to psychological assistance include a shortage of specialized psychologists and a lack of information about these services.

The survey results indicate that, in general, respondents are cautious about the accessibility and quality of social support and express concerns about various aspects of the social support system as shown in Table 4. The average score for the question about how easily information on available support programs can be found was 3.2, indicating moderate difficulty in finding information. This is also confirmed by the standard deviation of 1.1, which suggests a small variability in opinions.

The assessment of service accessibility for families across different regions yielded a score of 3.5, indicating moderate accessibility. With a standard deviation of 1.3, it is evident that there are significant differences in the perception of service accessibility due to regional variations in the development of social support systems. The average score for the quality of services provided was 3.8, indicating generally positive perceptions but also highlighting some issues in this area. The variability in ratings was relatively high, as indicated by the standard deviation of 1.2. For the question regarding long waiting times for care, the average score was 3.1, suggesting that respondents frequently experience long waiting periods, which is a significant issue. The standard deviation of 1.4 points indicates a high level of variability in responses.

Table 4. Descriptive statistics for the survey

Question	Mean value	Standard deviation
How easy was it for you to find information about available support programs?	3.2	1.1
How accessible are services for your family in your region?	3.5	1.3
How would you rate the quality of the services provided?	3.8	1.2
Have you encountered long waiting times when receiving assistance?	3.1	1.4
How would you assess the professionalism of the specialists providing social support?	4.0	1.0
Are you satisfied with the amount of assistance received?	3.7	1.1
How often do you use social support services?	3.3	1.2

Regarding the professionalism of the specialists providing assistance, respondents generally rated it very highly, with an average score of 4.0. The variability in these ratings was low, as reflected by the standard deviation of 1.0. Satisfaction with the level of assistance received was rated at 3.7, indicating that, despite overall satisfaction, respondents were dissatisfied with the level of social support. The standard deviation of 1.1 confirms the variability in ratings.

Finally, the question on the frequency of using social services yielded an average score of 3.3, indicating that respondents use social services fairly regularly, though not as frequently as expected. The standard deviation of 1.2 confirms the minor differences in responses. The overall conclusion from the study is that there are significant issues within the social support system for families with children who have hearing impairments, such as inadequate information accessibility, long waiting times, insufficient support, and inconsistent service quality. These issues require particular attention and improvement of the social protection system.

4.2. Interview results

After conducting a content analysis of interviews with parents of children with hearing impairments, several key themes, issues, and trends were identified that reflect their perceptions of the social welfare system. The most significant of these are outlined in Table 5. Parents frequently emphasized challenges in accessing information and social services. As one mother noted that, "*I only learned about the assistance program by chance, through an acquaintance, although I should have received this information earlier.*" Respondents highlighted that while financial aid is important, it remains insufficient. One father stressed that, "*The money is only enough for medicine; rehabilitation is out of the question.*" From a family systems theory perspective, this demonstrates how a deficit in one type of support leads to an imbalance in the entire family system and a redistribution of resources at the expense of other needs.

Table 5. Interview results

Theme	Respondents' reflections
Insufficient accessibility and quality of social assistance	Many parents face the problem of a lack of information about social programs and services. Specialized institutions are overloaded, and there is a shortage of qualified specialists, which affects the quality of assistance.
Financial assistance as the primary form of support	Financial assistance is an important form of support for 50% of respondents, but it is often insufficient to cover needs such as treatment, rehabilitation, and education. This leads to dissatisfaction among families.
Delays and bureaucratic barriers	Long delays and bureaucratic barriers to receiving social assistance are significant problems. Parents are required to gather numerous documents and wait a long time to receive assistance.
Uncertainty and difficulties in obtaining information	Parents report difficulties in finding accurate and up-to-date information about available services. Many rely on the internet, but the information is often inadequate.
Insufficient psychological support	Psychological support is mentioned by only 20% of respondents, who note that such services are either limited or completely unavailable, indicating a gap in the social support system.
Quality of specialists and professionalism	Despite positive evaluations of specialists' qualifications, 20% of respondents mentioned cases of insufficient qualifications or lack of information among some specialists, highlighting the need for further professional development.
Suggestions for improving the social support system	Parents suggest improving the dissemination of information about social programs, simplifying administrative procedures, increasing financial assistance, and expanding specialized programs for children with hearing impairments.
Key issues	- Insufficient accessibility and quality of information about social assistance; - Bureaucratic barriers and delays in providing assistance; - Lack of qualified specialists; - Limited availability of psychological support; - Insufficient financial assistance to cover all needs.

Bureaucratic obstacles and delays in receiving support were also reported. As one respondent explained, "*In order to obtain assistance, you have to collect so many documents that it takes months*." Difficulties in obtaining up-to-date information about services were likewise underscored, "*I spend hours online, but still cannot find what I need.*" Respondents also pointed to the lack of psychological support: "*A conversation with a psychologist would help me a lot, but such services are not available in our city*."

With regard to the quality of specialists, some parents reported instances of insufficient awareness among service providers. As one respondent observed: "*There are very good doctors, but sometimes you encounter those who themselves do not know which documents need to be submitted*." All participants offered suggestions for improving the system, emphasizing the need for simplified procedures, greater awareness, and enhanced financial support. As one parent stressed that, "*The first priority is to make the system clearer and faster*." From a practical and political perspective, the interviews highlight the need to simplify administrative procedures and increase transparency in the social support system.

The trends in respondents' answers indicate that the majority of participants face difficulties in accessing social support and are dissatisfied with the volume and quality of support, particularly in the financial and psychological areas. Respondents emphasize that the existing social welfare system requires significant improvements, especially in terms of simplifying procedures and enhancing the quality of care. Parents highlight the need for improvements in the system that could lead to more effective and timely support for families with children who have hearing impairments.

4.3. Results of the analysis of respondents' sociodemographic characteristics

A comparison of indicators of access to social services and awareness of social support programs revealed that families with higher income levels generally had better access to information and utilized a greater number of social services compared to families with low or middle income, as shown in Figure 3. Analysis by type of settlement indicated that residents of larger urban centers, such as Ust-Kamenogorsk, Semey, and Shar, were more likely to access various forms of support and demonstrated greater awareness of existing programs. In contrast, families from smaller settlements, particularly Serebryansk, faced limited access to both information and services.

At the same time, the average age of parents and children did not have a substantial impact on the level of awareness; however, age differences among children between 3 and 16 years reflected varying needs for social support across different stages of development. Thus, the findings underscore the importance of considering socioeconomic and geographical factors in the planning and implementation of social support programs for families raising children with hearing impairments. The originality of this study lies in its comprehensive combination of qualitative and quantitative analysis of social support for hearing parents of deaf children in Kazakhstan. The study identified the complex needs of these families across psychological, informational, and bureaucratic dimensions. The results reveal regional, income-related, and place-of-residence differences in access to social services, enabling the development of specific recommendations for adapting the national social support system.

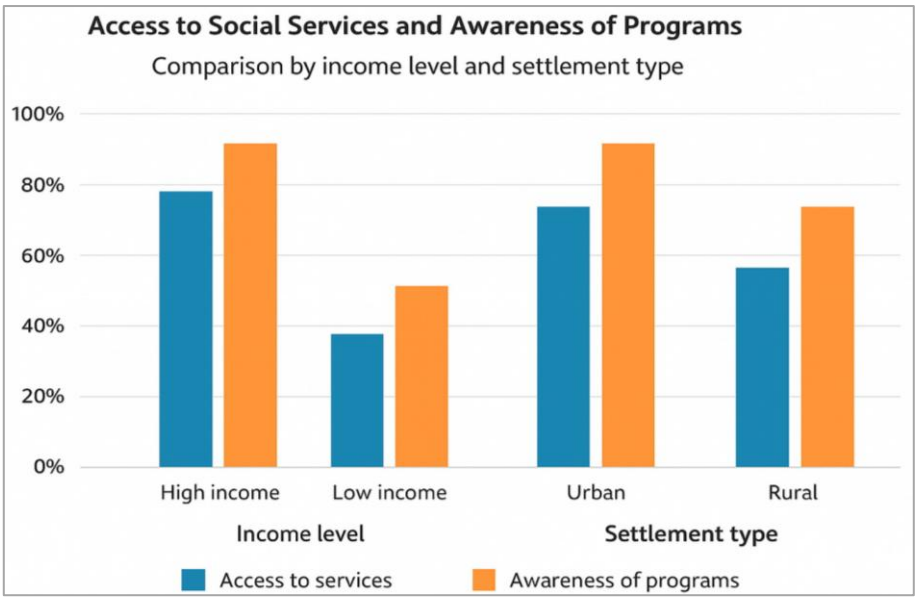

Figure 3. Analysis of access to social services and awareness of programs according to respondents' sociodemographic characteristics

5. DISCUSSION

The survey results of the study revealed that 89% of respondents are aware of existing social welfare programs, while 11% have no information about such programs. When comparing these data with international studies from China, it becomes evident that access to information about social welfare is also a problem. The level of government social support for students directly affects their academic engagement: insufficient support leads to reduced motivation and participation in the learning process [39]. Thus, a lack of information can influence a family's involvement in social programs and, consequently, the effectiveness of

the support provided. Parents of children with special needs demonstrated a high level of psychological resilience through the support program: parental stress, social support, and resilience were significantly related [40]. Furthermore, social support positively impacts quality of life [41].

Research conducted in other countries shows that the level of social support directly affects parental stress and mental health [42]. Specifically, higher levels of social support reduce stress and improve the quality of life for families raising children with hearing impairments. However, in our study, respondents most frequently mentioned components of social support, such as financial (50%) and medical (45%) support, while educational (30%) and psychological (20%) support received less attention. These results are consistent with social support theory, which emphasizes the importance of multidimensional assistance in reducing stress and increasing family resilience [38].

The interview results also revealed a range of issues, including difficulties in obtaining information, bureaucratic obstacles, delays in providing assistance, a shortage of trained specialists, and limited access to psychological support. These findings support the family systems concept, which shows how the effectiveness of social support affects the overall well-being of the family [11], [12]. International data support these findings: research has shown that the multidimensional nature of social support and its specific functions are especially important for supporting families [24]. A thematic analysis conducted by authors from Malaysia highlighted a common theme emphasizing the need for continuous support in four areas: awareness of needs, deaf-friendly communication, support for financial independence, and comprehensive education [43]. This suggests that support systems should be comprehensive and take into account the diverse needs of families rather than being limited to financial or medical assistance.

The study results can also be compared to findings from research on post-cochlear implantation. Components of well-being and happiness received the highest ratings following cochlear implantation [44]. In Kazakhstan, parents of children with hearing impairments express concern about the limited availability of support, particularly in the financial and medical areas. Although international studies show high levels of satisfaction after cochlear implantation, access to this technology and support in Kazakhstan is limited.

The experience of post-Soviet countries also highlights the factors that contribute to the successful implementation of social support programs. For example, in Russia and Belarus, inclusive education programs are being developed, and vocational schools and information centers for children with hearing impairments are being established. In Russia, the All-Russian Society of the Deaf (VOG) advocates for the rights of the deaf and supports their employment, education, and cultural development [45]. However, despite the efforts of VOG, issues with access to quality education and employment for deaf individuals persist, indicating the need for improvements in public policy in this area. In Belarus, conditions have been created to improve the socio-economic status of members of the Belarusian Society of the Deaf (BelOG), contributing to increased demand for jobs in educational and industrial enterprises [46]. Support for the deaf is also developing in Uzbekistan. Specialized schools and institutions for the deaf exist, but their number and quality are relatively low. The shortage of qualified personnel and limited resources hinder the effective integration of deaf people into society [47].

Through a comparative analysis, several directions for improving the social support system in Kazakhstan can be proposed. First, families need to be informed about available support options, for example, through digital platforms and professional consultation centers [48]. These platforms should provide detailed information on available benefits, procedures for obtaining them, and contact information for the relevant government agencies. Second, it is important to simplify bureaucratic procedures to reduce waiting times for assistance. The implementation of electronic document circulation and the creation of a "single window" for submitting applications for social services would significantly reduce waiting times and improve the accessibility of assistance for families. Third, specialized training programs should be developed and implemented for social workers, educators, and medical staff working with children with hearing impairments. These programs should include training in sign language, the specifics of psychological and pedagogical work with children who are deaf or have hearing impairments, and methods for inclusive education. Additionally, a network of accessible psychological consultations and support services for families with children who have hearing impairments should be created. Organizing support groups where parents can share experiences and receive expert recommendations, as well as ensuring access to individual consultations, will help reduce stress levels and improve the quality of life for families.

As part of the implementation of the "Kazakhstan 2050" program, steps are already being taken to modernize the social protection system. In particular, between 2012 and 2015, strategic plans were approved aimed at improving the quality of life for vulnerable populations, including children with special educational needs. However, despite the progress made, there are still areas that require additional attention. Citizens' feedback indicates positive changes, but there is a recognized need for further improvement in the quality and accessibility of social services. Families express gratitude for the existing support but also emphasize the importance of enhancing the qualifications of specialists and expanding the range of available services [37]. Thus, the proposed recommendations are aimed at addressing the existing issues and align with the strategic

directions of the "Kazakhstan 2050" program. Their implementation will enhance the effectiveness of the social support system and improve the quality of life for families with children who have hearing impairments.

The study was conducted exclusively in Kazakhstan, which limits the ability to generalize the results to other regions or countries with different social systems and cultural contexts. The sample included 176 families, which is a limited number for providing a comprehensive picture of social support for families with children who have hearing impairments: as of 2018, there were 19 schools for children with hearing impairments in the Republic of Kazakhstan, with 1,149 deaf and 946 hard-of-hearing students enrolled. In addition, families included in the sample may have had different levels of awareness and experience with social services, which limits the ability to extrapolate the results to all families in the region. It should also be noted that the study focuses solely on the experiences of hearing parents, excluding the participation of children and other family members, whose perspectives and experiences could also be important for a better understanding of the topic. The lack of information from children and social workers limits the completeness of the analysis of the family's interaction with the support system. At the same time, the methodology of this study has limitations: the targeted sample does not guarantee full representativeness, responses may contain a social desirability effect, and manual coding of qualitative data involves a certain risk of subjectivity.

6. CONCLUSION

Based on the results, several important conclusions can be drawn. Despite good awareness of social support programs (89%), there is a significant problem with access to information and services. This highlights a discrepancy between the formal availability of programs and their actual accessibility for families. Only 50% of respondents reported receiving financial support, and 30% reported receiving educational support, indicating the need for additional efforts in these areas. At the same time, 45% of respondents stated that healthcare provides important support, but problems with service quality and long waiting times are common. The central conclusion of the study is therefore the identification of an imbalance in the social support system, in which individual support services predominate, while a comprehensive approach is lacking.

The main issues identified in the study are related to the lack of access to and the quality of social assistance, particularly in remote areas. More than half of the respondents expressed dissatisfaction with the level of financial support, which does not cover all the needs of families. Additionally, there are significant delays in providing social assistance and insufficient awareness of available services. Socio-economic and geographical factors determine the access of families with hearing-impaired children to social support, which highlights the need to take them into account when planning and implementing relevant programs. The study's contribution lies in empirically confirming the theory of social support and the concept of family systems using data from Kazakhstan, and in identifying structural limitations in the current social assistance system. The practical value of the study lies in identifying key issues in social support for families with children who have hearing impairments. Based on the results, recommendations for improving the social support system can be proposed, including expanding financial support, increasing the accessibility of education and healthcare services, and raising public awareness of existing programs in Kazakhstan.

Future research prospects may include various aspects of social support for families with children who have hearing impairments: further analysis of geographic differences in the accessibility and quality of social services is needed. Therefore, future research may focus on a more detailed study of the factors influencing regional differences and the development of recommendations for improving social welfare systems in remote and rural areas of Kazakhstan. Also, considering the dissatisfaction of parents with the level of support, it is important to find optimal ways of resource allocation that better meet the actual needs of families. In the long term, it is crucial to study the specific psychological needs of families with children who have hearing impairments and to develop effective approaches to providing psychological support.

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C : **C**onceptualization
M : **M**ethodology
So : **So**ftware
Va : **Va**lidation
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O : Writing - **O**riginal Draft
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Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

INFORMED CONSENT

Written informed consent was obtained from all participants.

ETHICAL APPROVAL

The study was conducted in accordance with the rules of the Declaration of Helsinki. The study was approved by Al-Farabi Kazakh National University (#38, 07/03/2024).

DATA AVAILABILITY

All data generated or analyzed during this study are included in this published article.

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