

---

# ҚАЗІРГІ ЗАМАНҒЫ МЕНЕДЖМЕНТ ЖӘНЕ МАРКЕТИНГТІҢ ӨЗЕКТІ МӘСЕЛЕЛЕРІ

## АКТУАЛЬНЫЕ ПРОБЛЕМЫ СОВРЕМЕННОГО МЕНЕДЖМЕНТА И МАРКЕТИНГА

### ACTUAL PROBLEMS OF MODERN MANAGEMENT AND MARKETING

UDC 318.05

B.K. Jazykbayeva<sup>1</sup>, T.P. Pritvorova<sup>2</sup>, S.Sh. Akenov<sup>3</sup>

<sup>1</sup>Karaganda Economic University of Kazpotrebsoyuz, Kazakhstan;

<sup>2</sup>Scientific Research Institute of Regional Development, Karaganda, Kazakhstan;

<sup>3</sup>Academy Bolashak, Karaganda, Kazakhstan

(E-mail: baldirgan\_keu@mail.ru)

#### **Present regulation and strategic management of long-term social care in Kazakhstan**

In the article the questions of regulation and strategic management of long-term social assistance in Kazakhstan. The purpose of the social services system is to maximize the satisfaction of citizens in need of special social services to increase life expectancy and improve its quality. Special social services are provided under the state sector as state-guaranteed public benefits under the state's responsibility of social security for the standard of living and well-being of its citizens. The target groups for the provision of such services in most countries are the citizens who are in difficult situations. During the formation of the foundations of the state social security as institutions for the socially vulnerable categories of insurance payments of citizens or of remittances in situations of social risk, created a whole industry of social services. The social sphere of the Republic should ensure the solution of major problems of development of the region, which include: social aid, saving social security, improving the demographic situation, strengthening of health of citizens of the Republic, to meet the diverse educational needs of the population, employment, family strengthening, conservation and restoration of spiritual and moral potential of cities and settlements, satisfaction of cultural needs of all categories of the population.

*Keywords:* social institution, strategy resources, social care services, special social services, home care services, long-term social care service.

At the current stage of development of Kazakhstan as a key direction of long-term socio-economic policy of the state has become a consistent improvement in the quality and standard of living of the population through increased competitiveness of the national economy. Recent years of research led to a deeper understanding of poverty in Kazakhstan and identified key characteristics of the «new poor», they also drew attention to the need to revise social policies to address these problems. In particular, a great deal of discussion on the reform of the implementation of social services to the population. Many of the proposals for reform were based on the need of transition to targeted social support for and improve the quality of social services for a wide variety of specific proposals. The increasing life expectancy of the population in Kazakhstan leads to the growth of social needs in the formation of a rational system of long-term care.

*Introduction – objectives of social care.* The growing life expectancy of the population and the increased level of welfare induce a growing demand for social care systems especially in the case of those citizens who are in need of lasting, so-called long-term care.

These days the tendencies that are related to the condition of the elderly generation are rather complicated. In some countries there are less people with serious health problems or disabilities than formerly, but there are other people in bad need of care, those with medium serious and functional disabilities, of significant importance both for the individuals and the society as a whole whose problems must be addressed [1].

Taking into consideration that the definition of the directions and the maximum measures of the activities of strategic management is done for a longer time, this allows in certain circumstances the inclusion of external market resources, promising mutual benefits for the interested parties [2], including for example the operation of the special care service organisations of the social sector. The processes have a double goal: the social objective is the improvement of the quality of life and the increase of the lifespan of the interested patients, whereas the economic goal is the increase of the narrow market niche by the inclusion of new markets and new «consumer groups».

The achievement of these goals by the organisations doing social care activities are significantly influenced by humanitarian aspects and the financial means of the organisations available for their self-sustaining. These are manifested in services provided for the clients and also in quality management and quality control processes.

Within the frameworks of these processes the organisations must assess themselves with quantitative and qualitative indices, which may identify two basic and concrete strategic advantages:

1. Quality strategy – offering goods and services of high quality,
2. Cost minimising management strategy – minimisation of personnel expenditure without impacting the interests of the individuals.

The theory of the analysis of competitiveness is the five-factor model by Michael Porter, first published in 1985, which, although it contains the production of unique commodities concerning the strategy of the types of innovation [3], is less suitable for the description of the services of the social sector, as the latter are special activities in which clients are much more quality oriented than in other cases.

*Belated market development of the social care system in Kazakhstan.* For those who use long-term social care services, the concrete advantages are the service quality and the tailor-made character of the implementation of services. Today this is primarily present in the non-for-profit sector and in the personal home care services. Our paper, for lack of data, deals less with church organisations.

The non-public social care service organisations and institutions, as they assist the public welfare responsibilities of the state – especially if they include 24 hour services and home care – considerably lessen the burden of the state and save public resources.

Over the last twenty years the foundations of these alternative care systems have been established in Kazakhstan too. In Karagandy County for example the privatisation of long-term social care services has been implemented, and now they operate in different forms of financing, mainly on for-profit market ground or non-for-profit basis. Home care also appears, in the framework of which clients are pensioners without relatives who receive the necessary assistance from a social care worker employed by the state or another organisation. The relevant data of Karagandy County are shown in Table 1.

Table 1

**Pensioners and disabled persons in paying 24 hour specialised social care service system in Karagandy County**

Cities and regions	Number of small capacity institutions offering 24 hour care service	Number of clients in 2015	Of which: by type of operation					
			Private institutions		Non-for-profit, other NGO, church etc.		State-run pensioners home	
			Number of institutions and organisations	Number of clients in 2015	Number of institutions and organisations	Number of clients in 2015	Number of institutions and organisations	Number of clients in 2015
1	2	3	4	5	6	7	8	9
Saran city	3	120	1	80	1 church	30	0	0
					1 home care	10		
Karagandy city	1	38	1	38	0	0	0	0

Continuation of Table 1

1	2	3	4	5	6	7	8	9
Abay district	1	20	0	0	1 church	20	0	0
Buhar-Zhurausk district	1	25	0	0	1 home care	25	0	0
Nurinsk district	1	40	1	40	0	0	0	0
Osakarov district	1	17	0	0	0	0	1 student hostel	17
<b>Total:</b>	<b>8</b>	<b>260</b>	<b>3</b>	<b>158</b>	<b>3</b>	<b>75</b>	<b>2</b>	<b>27</b>

*Note.* Edited by the author, using the data provided by the Karaganda County Coordination and Social Programme Directorate.

The existence of the very diverse service forms is related to the distance between the geographical place of the actual need for social care and the available service, and the capacity of the respective services.

The main reasons for choosing non-public service forms in Karagandy are as follows:

- Demand for services not provided by the public institutions, service based on personal expectations and relations that are absent in the public system,
- A logical consequence of the former aspect: lack of high service quality and other deficiencies of public organisations.

These of course seem trivial from a western perspective, but this is a real issue in Kazakhstan, given the socio-economic system of the country, as traditional multi-generation large families were typical in the near past in this country, which were replaced to some extent by the state systems, especially for the large number of population located here by the state for political reasons.

*Measurement of personal needs in the practice of the social care services in Kazakhstan.* The evaluation of the different forms of social needs raises three key questions (excluding the need for acute medical care) for the persons in need of specialised services:

- assessment of needs in services,
- definition of the content and financing of available services for each and every case,
- satisfaction of the needs of the clients.

On the basis of Par. 1. of Section 14. of the Act No. 2008/114 of the Republic of Kazakhstan on «Specialised social care services» a principle was defined according to which «specialised social care services must meet demand and quality expectations». Par. 1 of section 14. mentions that the basis of the assessment must be the identification of the need by the social care worker involved, which is followed by his/her preparing an agreement that must include the form of service, the category of the user side, the place of the implementation of the service and the exact content and characteristics of the service [5].

In practice all clients are also involved formally in the evaluation of the needs and they may get an individual service package in home care. The individual character of the «packages» comes from the quality control standards of the services (hereinafter: standards). This is the basis of the work norm of the social care worker, on the basis of which s/he must serve 8 different persons (of various needs) by a minimum of two visits a week [6].

On the other hand, quality control by the non-governmental and non-for-profit sector is defined on the basis of individual needs for assistance, which is the first step to the elaboration of individual service needs assessment and service provision for the qualification of long-term care services [7].

Different countries of course operate evidently different methods for the quality control of elderly care services. The definition of «needs» is different as well, but in general it is the unity of physical state and psychic health that must be in place for living a full everyday life without external assistance. Parts of this can be seen in daily care tasks, in fact, social care services may include the useful daily routine activities – light housework, health walks, cooking – by which the day of the clients is filled in a useful and active way [8].

Consequently the definition of the forms of assistance varies too, i.e. it may be restricted to the most basic, absolutely necessary activities (like washing oneself or eating) or may cover much more extended welfare service sets from doing the shopping to the management of finance issues, decreasing the social isolation of the individual and enhancing the possibilities of passing leisure time in a useful way [9].

If we only look at the social (and not the health) side of the issue, the goal of the methodology of quality control is as follows: to find an acceptable evaluation method, in which the main factor is the demand of the person in need. The services related to this can best meet the individual need – which means the solution of the limited ability of clients to look after themselves, their restricted communication skills and movement disabilities, on the basis of which the satisfaction of demands necessary for an independent living can be defined.

Having looked at these methodological evaluation cases we can define three «service blocks» determined by the demands:

1. Provision of independent living in the home of the client;
2. Provision of freedom of movement outside the home (in the settlement where the client lives);
3. Support of active communication with the world outside and freedom in the management of affairs.

In practice, however, demand-based assessment methodology is a multi-factor system based on the level of dependence upon the external environment (in reality this is the need for personal patient care). In Japan and Austria a seven-grade scale is used for this, the system in Germany has three, the one in France four grades.

The non-public organisations in Kazakhstan are building out for this purpose a care system of four or five grades (not yet standardised), which allows them to connect the system to service demands. This way they are able to serve the needs of the ageing Kazakh citizens by adjusting the activities of the non-for-profit and the private institutions to these needs, which is very important for the provision of quality services within the given frameworks.

*Practice of service quality in the social care services in Kazakhstan.* The continuous measurement of the quality control of services is a function of both the personal qualification level of the persons providing the services and the time available for the services. Quality control, however, is an indispensable part of management in social care services.

Comparing the time factor to the qualification level (activities) of workers we get the figures in Table 2. This includes two activities and the qualification levels necessary for them:

1. Social worker (in Russian: Консультант по социальной работе) – training with diploma.
2. Assistant social worker, nurse (in Russian: Социальный работник по уходу) – training with no diploma.

Table 2

**Comparison of the staff of public and private institutions looking after elderly and disabled persons**

Occupation of the staff	Time spent on one client in proportion of the wage, in 40 hours per week system		Time spent in a week on one client (hours)		Number of persons looked after in a week (persons)	
<b>Private institution</b>						
Social worker	0.03	0.05	1.2	2	33	20
Nurse	0.03	0.07	1.2	2.8	33	14
Assistant social worker (personal nurse)	0.44	1.1	17.6	44	2	1
Kinesiotherapist /masseur/ergotherapist (including cases of assistance in the home of the client)	0.03	0.06	1.2	2.4	33	17
<b>Public care service</b>						
Social worker	0.0125		0.5		80*	
Assistant social worker	0.125	0.2	5	8	8*	5*
* Figures in italics are from normative request documents, the remaining data are calculations after the full-time employees.						

*Note:* Edited by the author, using the data provided by the Karaganda County Coordination and Social Programme Directorate.

A social worker employed by a public organisation deals with 4-4.2 times more clients than an assistant social worker active in the non-public sector. In the framework of the state services there is half an hour for

one client, whereas social workers employed by the private social care sector spend at least 1.2 hours, often as much as 2 hours with one person.

An assistant social worker may have to look after up to 4-5 times more clients a week than their peers in the private sector. As regards time spent on services, we can see the following:

- In Kazakhstan a social worker may look after no more than 8 persons in the framework of home care, during which s/he can spend 5 hours for each person. In private care, on the other hand, s/he can only be responsible for two persons at a time, taking care of them in 17.6 hours.

- In the case of social care services other than home care a state-employed social care worker in Kazakhstan is responsible for 5 persons, with 8 hours a week spent on each client. The same work load in the private social care service sector may mean 44 hour care in a week for one single person.

Of course the result of such a comparison impacts the structure of the clients served. Great expectations are expressed both towards social workers and assistant social workers by the clients who want more time spent on them. In the beginning, in private social care service the 44 hour presumed weekly work load required the time frame of 17.6 hour per person so that this should include the time needed for home care on holidays on demand.

The gates of the free public social care systems are open to everyone who are pensioners and do not have direct relatives in the settlement which is their place of residence. However, they are entitled in this system for maximum 5 hours of care service in the framework of home care, which is usually spent on services related to household and social care services. No kinesiologist, masseur and ergotherapist can be requested in the framework of home care provided by public institutions, as the time demand of travels would deteriorate the general service quality (efficiency).

Just for this reason, those citizens who have over 40 hours of need for home care must apply to private institutions to get a social worker or assistant social worker.

Parallel to the rise in the living standards there is a competition emerging between public and private institutions even for paying services. For this reason, in order to keep the market niche in the services, even businesses providing high quality services must offer their services at a reasonable price in order to preserve their competitiveness.

For the preservation of the quality of services there are four basic criteria in our opinion:

- personal contact to the clients, the exact knowledge of their needs;
- planning of the working time of the staff of social care services;
- regular further trainings to disseminate new technologies and methods; and
- quality checks.

In the latter case the quality control must rely on subjective elements (opinion of the persons looked after about the services provided by the social worker and his/her assistant or about the work of any other person participating in care services), and keeping the findings continuously in mind the managers responsible for quality control must make their best to keep and improve the quality of both home care services and personal care services.

*Development chances in long-term care services.* In connection with long-term social care services, taking into consideration the lasting boom of the Kazakh economy based on sustainable developments and the cultural carrying capacity of the country [10], we can define what developments will be necessary in addition to «normal» capacity enlargements and organisational developments.

First, if looking for relevant cases, good practices from several countries can be taken over. The British practice is relevant for example for the large amount of voluntary work (to replace family ties, among other things) and the significant and strong non-governmental sector (self-organisation). The solutions from North America may be relevant for their practice-oriented procedures, but the region of Central Europe is just as relevant for Kazakhstan because of the similar social and economic recent past.

In general, among the social expenses not stressing, in fact, in some cases promoting the economy, special emphasis must be given to the foundation of the social economy [11], the propaganda of atypical forms of employment [12], and the propaganda of these concepts in public thinking in Kazakhstan. The extension of the social sector beyond the long-term and targeted care services must strengthen social cohesion, besides creating a significant number of jobs. Voluntary works is also something that must be introduced and propagated in the society of Kazakhstan as soon as possible.

A prerequisite of this is of course the breaking down of the Soviet type bureaucratic and administrative systems, their replacement by a partnership-oriented attitude, which of course demands getting rid of the traditional Soviet chinovnik mentality.

Another task to be done as soon as possible is the separation of the voluntarily accepted state tasks from the authoritative tasks of the state. Courts and authorities competent in guardianship issues (e.g. the institution of partial or full guardianship) should be treated as partner institutions.

The vocational education of the social care service sector can be developed into a multi-level one. In addition to social workers and assistant social workers, social assistants should be trained who will be responsible for the administrative tasks.

Concrete developments realised on the basis of good practices can be quite diverse in this area: from the development of personal and group leisure activities in social care institutions through the installation of home alarm systems, and the introduction of care institutions (or care departments in hospitals) right to the supplementary health fund system, or, which is absolutely necessary given the large physical distances in Kazakhstan, to the internet-based old age education and the creation of the internet access necessary for this.

*Summary.* The provision of long-term specialised social care services in Kazakhstan is one of the most promising market niches these days, created by the growing life expectancy of the population and the disintegration of the co-existence of several generations in traditional large families. While in the developed countries this niche is served by public, for-profit and non-for-profit organisations, at all quality and price levels, in Kazakhstan, apart from the progress of this market niche, for-profit and non-for-profit organisations are real alternatives for the public care system in the middle and high market segments. In the case of for-profit and non-for-profit organisations, the provision of high quality is much more emphasised, the work load of the employees is defined by completely different norms, much more adapted to the needs of the clients. Quality strategy of non-for-profit organisations is based on the evaluation by the individual clients, connected to the breakdown of the working hours and the quality control of services. Public institutions in the field of home care are still responsible for standardised service quality, and for non tailor made services offered in a minimum amount of time. This does not mean a market competition in the field of purely state financed public services, but is actually non-competitive on the market of social care services.

## References

- 1 Rechel Bernd. How can health systems respond to population ageing? / Bernd Rechel, Yvonne Doyle, Emily Grundy, Martin McKee. — 2009. [Электронный ресурс]. — Режим доступа: [www.euro.who.int](http://www.euro.who.int).
- 2 Comas-Herrera A. European study of long-term care expenditure. Report to the European Commission, Employment and Social Affairs DG. London, Personal Social Services Research Unit, London School of Economics, 2003 (PSSRU Discussion Paper 1840 / A.Comas-Herrera, R.Wittenberg eds. [Электронный ресурс]. — Режим доступа: [http://ec.europa.eu/employment\\_social/soc-prot/healthcare/healthcare\\_en.htm](http://ec.europa.eu/employment_social/soc-prot/healthcare/healthcare_en.htm).
- 3 Fernández, José-Luis. How can European states design efficient, equitable and sustainable funding systems for long-term care for older people? Health systems and policy analysis, policy brief / José-Luis Fernández, Julien Forder, Birgit Trukeschitz, Martina Rokosová, David McDaid. — 2009. — 11. [Электронный ресурс]. — Режим доступа: [www.euro.who.int/\\_data/assets/.../E92561.pdf](http://www.euro.who.int/_data/assets/.../E92561.pdf).
- 4 Fresli, Mihály. Межкультурные аспекты образования, In: Crosscultural and polylingual education In the modern world / Fresli, Mihály. — Kostanay: Kostanay State Pedagogical Institute, 2013. — Vol. 2. — P. 24–29.
- 5 Goodwin N. National health systems: an overview. In: Heggenhougen K, International encyclopedia of public health / N.Goodwin. — New York: Academic Press, 2010. — 258 p.
- 6 Huszti Zsolt. The act of National Employment Foundation the part of Regional Development Plan 2004-2006, OFA Yearbook 2004 / Zsolt Huszti. — Budapest, 2006. — P. 12.
- 7 Porter M.E. Competitive Strategy: Techniques for Analyzing Industries and Competitors / M.E. Porter. — New York: Free Press, 1980; First Free Press Export Edition, 2004. — 396 p.
- 8 Raffay, Zoltán. Atypical forms of employment expansion. Experience of the Visegrád countries. In: Munkaügyi Szemle. — Budapest, 2006. — No. 50:(10). — P. 50–53.
- 9 Закон Республики Казахстан от 29 декабря 2008 г. «О специальных социальных услугах». [Электронный ресурс]. — Режим доступа: [www.enbek.kz](http://www.enbek.kz).
- 10 Армстронг М. Стратегическое управление человеческими ресурсами / М.Армстронг. — М.: ИНФРА-М, 2002. — С. 38.
- 11 Портер М. Конкуренция / М.Портер. — М.: Издат. дом «Вильямс», 2002. — 496 с.
- 12 Приложение № 5 к Стандарту оказания специальных социальных услуг в области социальной защиты населения в условиях оказания услуг на дому. [Электронный ресурс]. — Режим доступа: [www.enbek.kz](http://www.enbek.kz).

Б.К. Джазыкбаева, Т.П. Притворова, С.Ш. Аkenов

## Қазақстандағы ұзақмерзімді әлеуметтік қызметтерді қазіргі заманғы реттеу және стратегиялық басқару

Мақалада Қазақстанда ұзақмерзімді әлеуметтік көмек көрсетуді реттеу және стратегиялық басқару мәселелері қарастырылған. Ұзақмерзімді әлеуметтік көмек жүйесінің негізгі мақсаты — арнайы әлеуметтік қызметтерге мұқтаж азаматтардың қанағаттануын барынша арттыру. Арнайы әлеуметтік қызметтер экономиканың мемлекеттік секторында мемлекет кепілдігімен қамтамасыз етіледі. Көптеген елдердегі мақсатты топтар өмірлік қиын жағдайларға тап болған азаматтар болып табылады. Осы тұрғыдан алғанда әлеуметтік нормативтерді негіздейтін және әлеуметтік қызметтерді жүзеге асыратын бағдарламалар мен әлеуметтік саясат шараларының тиімділігін талдау проблемалары ерекше. Осыған байланысты әлеуметтік жаңғыртудың маңызды бағыттарының бірі әлеуметтік аз қамтылған санаттарды, ең алдымен, мүгедектер мен оларды әлеуметтендіру тетіктерін әзірлеу болып табылады. Әлеуметтік-экономикалық үрдістерді басқару жүйесін және әлеуметтік саладағы мекемелерді нысаналы бағыттау аймақтағы әлеуметтік қызметтердің мемлекеттік, қоғамдық және жеке тұтынушыларының мүдделерін біріктіруді қамтуы тиіс. Республиканың әлеуметтік саласы облыстың дамуының маңызды міндеттерін шешуді қамтамасыз етуі тиіс, оның ішінде атаулы әлеуметтік көмек, әлеуметтік кепілдіктерді сақтау, демографиялық ахуалды жақсарту, республика халқының денсаулығын нығайту, халықтың әртүрлі білім беру қажеттіліктерін қанағаттандыру, жұмыс табу, отбасын нығайту, қалалар мен елді мекендерде рухани-адамгершілік әлеуетті сақтау және көбейту, халықтың барлық санаттарының мәдени қажеттіліктерін қанағаттандыру.

*Кілт сөздер:* әлеуметтік мекемелер, стратегиялық ресурстар, әлеуметтік қызметтер, арнайы әлеуметтік қызметтер, үйде күтім жасау қызметтері, ұзақмерзімді әлеуметтік қызметтер.

Б.К. Джазыкбаева, Т.П. Притворова, С.Ш. Аkenов

## Современное регулирование и стратегическое управление долгосрочным социальным обслуживанием в Казахстане

В статье рассмотрены вопросы регулирования и стратегического управления долгосрочной социальной помощью в Казахстане. Основной целью системы долгосрочной социальной помощи является максимальное удовлетворение граждан, нуждающихся в специальных социальных услугах. Специальные социальные услуги предоставляются в рамках государственного сектора экономики в качестве гарантированных государством льгот. Целевыми группами в большинстве стран являются граждане, находящиеся в сложных жизненных ситуациях. Особую актуальность в этом контексте приобретают проблемы анализа эффективности программ и мероприятий социальной политики, обоснования социальных нормативов и реализации социальных услуг. В этой связи одним из важных направлений социальной модернизации является развитие механизмов социализации социально уязвимых категорий, в том числе и в первую очередь инвалидов и людей с ограниченными возможностями. Отмечено, что целевая ориентация системы управления социально-экономическими процессами и учреждениями социальной сферы в регионе должна предполагать соединение интересов государственных, общественных и индивидуальных потребителей социальных услуг. Подчеркнуто, что социальная сфера республики должна обеспечить решение важнейших задач развития региона, к которым относятся: адресная социальная помощь, сохранение социальных гарантий, улучшение демографической ситуации, укрепление здоровья жителей республики, удовлетворение разнообразных образовательных запросов населения, трудоустройство, укрепление семьи, сохранение и воспроизводство духовно-нравственного потенциала городов и поселений, удовлетворение культурных запросов всех категорий населения.

*Ключевые слова:* социальные учреждения, стратегические ресурсы, социальные услуги, специальные социальные услуги, услуги по уходу на дому, долгосрочные социальные услуги.

### References

- 1 Rechel Bernd, Doyle Yvonne, Grundy Emily & Martin McKee. (2009). How can health systems respond to population ageing? *euro.who.int*. Retrieved from [www.euro.who.int](http://www.euro.who.int).
- 2 Comas-Herrera A. & Wittenberg R et al. (2003). European study of long-term care expenditure. Report to the European Commission, Employment and Social Affairs DG. London, Personal Social Services Research Unit, London School of Economics, 2003 (PSSRU Discussion Paper 1840). *ec.europa.eu*. Retrieved from [http://ec.europa.eu/employment\\_social/socprot/healthcare/healthcare\\_en.htm](http://ec.europa.eu/employment_social/socprot/healthcare/healthcare_en.htm).
- 3 Fernández, José-Luis, Forder, J., Trukeschitz, B., Rokosová, M. & McDaid, D. (2009). How can European states design efficient, equitable and sustainable funding systems for long-term care for older people? Health systems and policy analysis, policy brief, 11. *euro.who.int*. Retrieved from [www.euro.who.int/\\_data/assets/.../E92561.pdf](http://www.euro.who.int/_data/assets/.../E92561.pdf)

- 4 Fresli, Mihály. (2013). Intercultural aspects of education. In: Crosscultural and polylingual education In the modern world, Vol. 2, 24–29. Kostanay: Kostanay State Pedagogical Institute.
- 5 Goodwin, N. (2010). National health systems: an overview. In: Heggenhougen K, International encyclopedia of public health. New York: Academic Press.
- 6 Huszti, Zsolt. (2006). The act of National Employment Foundation the part of Regional Development Plan 2004-2006, OFA Yearbook 2004. Budapest.
- 7 Porter, M.E. (2004). Competitive Strategy: Techniques for Analyzing Industries and Competitors. New York: Free Press, 1980, First Free Press Export Edition, 2004. 396p.
- 8 Raffay, Zoltán. (2006). Atypical forms of employment expansion. Experience of the Visegrád countries. In: Munkaügyi Szemle 50:(10) pp. 50-53., Budapest.
- 9 Zakon Respubliki Kazakhstan ot 29 dekabria 2008 hoda «O spetsialnykh sotsialnykh usluhakh» [The Law of the Republic of Kazakhstan of December 29, 2008 «On Special Social Services»]. *enbek.kz*. Retrieved from [www.enbek.kz](http://www.enbek.kz) [in Russian].
- 10 Armstrong, M. (2002). *Stratehicheskoe upravlenie chelovecheskimi resursami [Strategic management of human resources]*. Moscow: INFRA-M [in Russian].
- 11 Porter, M.E. (2002). Konkurentsiia [Competition]. Moscow: Izdatelskii dom «Viliams» [in Russian].
- 12 Prilozhenie № 5 k Standartu okazaniia spetsialnykh sotsialnykh usluh v oblasti sotsialnoi zashchity naseleniia v usloviakh okazaniia usluh na domu [Appendix No. 5 to the Standard for the provision of special social services in the area of social protection of the population in conditions of rendering services at home]. *enbek.kz*. Retrieved from [www.enbek.kz](http://www.enbek.kz) [in Russian].