5. Social problems and social work in Russia

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Introduction

The current Russian Federation (Russia) has existed as a newly configured national political entity since 1991, following the disintegration of the Union of Soviet Socialist Republics (USSR). General socio-economic conditions have been in a state of major flux and redefinition over recent decades. As a result the historical relationship between the state and its citizens has undergone marked changes. The pre-existing social problems (prior to 1991) have been amplified and extended by the social and economic conditions resulting from the pervasive adjustments in general socio-economic-political areas. These societal upheavals have significantly impacted on social policy and social services. There is a widespread agreement that social services must be

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planned and developed within the context of these general political and socio-economic conditions at national, regional and local levels.

The recognition of social work as a professional discipline, along with the implementation of social work training programs, usually within the newly founded Schools of sociology has resulted in efforts to define and develop social worker roles and functions within the evolving system of social services. This is a developmental effort since neither sociology nor social work were recognized or permitted to exist in the Ussr. Social work as a profession has been recognized only since the 1990s. This paper summarises many of the contemporary debates and areas of concern regarding the socio-economic-political factors affecting social policies, political priorities, and social services in the Russian Federation.

1. Russian context

Despite its diminished territorial size from the era of the Ussr, the Russian Federation remains the largest country in the world, with a geographic territory of over 17 million square km. It has boundaries with 14 other sovereign countries. Internally it consists of 83 federal entities (republics, territories, counties, regions, and cities of federal significance); each of these entities having its own government, resources, population, economy and social services opportunities, issues, and needs. The population of Russia is over 143 million people (143.5 - 2013), over 180 nationalities live in its territory, with 78% made up of ethnic Russians, followed by the Tatars at 3.9% (Federal service of state statistics. Demography annual of Russia, 2014). The balance is an aggregate of more limited ethnic or cultural sub-groups.

The Russian economy is heavily orientated toward development and exploitation of its natural resources. Development of a diversified industrial base is a national priority. It had a budget deficit of around 1.3% of Gross domestic product (Gdp) in 2013; in contrast to 3.3% for the European Union (Eu). Government debt amounts to 13% of the Gdp, compared to 87% for the Eu. Inflation in the country remains a problem. Current economic conditions have been negatively affected by the application of international sanctions due to the Ukraine crisis.
The effects of these sanctions, coupled with the global depression in petroleum prices have resulted in economic problems and the devaluation of the ruble. The labour market is relatively stable with the unemployment rate at around 5.4% (The Economist, 2014).

2. Main social issue

The Russian Federation inherited major social challenges from the Ussr era, e.g. increasing poverty; homelessness; juvenile delinquency; drug and alcohol abuse; mental health issues; and hiv/aids; with a complex, fractionated system of social security based on centralized state control. Small monetary transfers were irregularly paid to different social groups, e.g. people with disabilities, single mothers, large families, veterans; with more than 150 population categories in total (Iarskaia-Smirnova, Romanov, 2002). The Russian economic changes resulted in the transition towards a more democratic society, but they also increased «social stresses and amplified the need for improved social services (Oecd, 2001; Davidova, 2004; Manning, Tikhonova, 2009; Cain et al., 2005; World bank, 2005; Cerami, 2006; 2009).

The key social challenges faced by the federation are illustrated by the following areas and processes of significant concern: the sequence of presentation does not imply relative priority or importance.

Depopulation. Following the collapse of the Ussr, Russia had a significant immediate reduction in its population; losing about 900 thousand people per year; through death rate exceeding birth rate and out-migration due to political, economic and social crisis (Goscomstat of Russia, 2002). Some demographers projected that if the rate of depopulation continued, by 2050 Russia’s population may decrease significantly (Zohoori, Gleiter, Popkin, 2002). As a result depopulation was considered a continuing social problem in Russia until 2013.

This trend appeared to be reversed with the population of Russia increasing to 143.5 million people by August of 2013. This is 0.08% more than in 2012 (Rosstat, 2013). The state believes its anti-depopulation social programs (including money for a third and following children, together with other benefits for families with children);
along with inward migration of migrants from the former USSR republics which are the primary basis for this reversal.

Migration. After the disintegration of the USSR, a wave of migration to Russia from the newly independent countries occurred. During the period 1992-2000 over 8,000,000 ethnic Russians returned to the Russian Federation. This did not completely compensate for the population losses through out-migration and other influences, e.g. high mortality rates due to poor nutrition and other health factors. Consequently there was a temporary decrement in total population. Economic development in the period after 2000, resulted in a wave of immigration of migrant workers from mainly former USSR republics such as Moldova, Kirgizistan, Tadgikistan, Uzbekistan, and Ukraine. This influx contributed to the reversal of the population loss. To illustrate, in the first 9 months of 2013, Moscow and the Moscow region accounted for 3.3 million of migrants and St. Petersburg and Leningrad region, 2.5 million (Ria Novosti, 2013).

Life expectancy. Life expectancy in Russia is low, especially for men. According to the World health organization (WHO, 2013) the life expectancy for Russian men is the lowest among European and Middle Asia countries (62.8 years for men, 73 for women).

Unemployment. The unemployment rate in September of 2013 was 5.27% and increased 0.04% compared to September 2012. The economically active population in September 2013 was 75,752,000 compared to the 2012 total of 76,172,000 (Rosstat, 2013).

The level of illegal employment in Russia is indicated by the fact that only 1.8 million of the 3.5 million foreign workers have legal work permits (Romodanovsky, 2013).

Poverty. Russia has one of the highest levels of wealth inequality in the world. The problem of wealth distribution is highlighted by the fact that thirty five percent (35%) of all private wealth in Russia is controlled by just 110 people. In the last decade poverty-reduction and middle-class growth in Russia have been a governmental priority. These efforts are directed toward stimulating growth in average incomes and consumption, along with wage growth and access to good, productive jobs (Hansl, 2014).

The subsistence (official poverty) threshold in Russia is 6,700 rubles per month (about 160 €). Thirty five per cent (35.8%) of this gross
amount is projected for food costs, 14.9% for non-food goods and medication, 41.8% for services, including housing and transportation and 7.5% for taxes and other obligatory payments and fees (Rosstat, 2013). According to official statistics, the poverty rate (the percentage of people with incomes below the survival minimum) in Russia is 11.2% (Rosstat, 2012). Applying this proration to the general population of Russia obtains a total of approximately 14,500.00 persons in poverty. Poverty is indicated when the income of a person/family is lower than the living wage, as calculated by the state.

The poor in Russia are primarily families with children, the unemployed, persons with disabilities, single elderly persons living alone, and women (especially single mothers and elderly). Homeless persons and refugees form an increasing group of the poor (Molchanov, 2010; Platonova, 2011). Migrants as a group represent a growing social burden in the society since they comprise such a major group of people in poverty. The largest sub-group of the working poor is families with children (approximately 60 percent of poor households have one or more children; with, single-parents and young families particularly at risk (Sidorenko, 2001; Razumov, 2009; Bogomolova, Tapilina, 2004). Family size and composition, regional location, presence of an unemployed and/or disabled family member may be predictors of potential poverty. Poor and very poor families are usually larger in size.

In summary as with many countries, the rich are getting richer while the poor are staying the same or getting poorer in Russia. Problems of wealth distribution and the need to develop a major financially secure middle class are major issues.

Corruption. Russia scored 28, ranking 133 out of 176 countries, in the Transparency international annual corruption perception index; ranking with countries such as Honduras, Nigeria, and Uganda (Corruption, 2012). Administrative corruption is not the most damaging form of corruption effecting economic growth and private sector development in Russia. «Bribe frequency» (paying bribes «to get things done») has been customary in Russian culture since the soviet times.

While bureaucratic corruption appears to be slightly declining, over the past decade, perceptions of «state capture» by large corporates is worsening (Talagina, 2008; Popov, 2009). Administrative corruption distorts and impedes the «implementation» of laws and regulations,
while state capture favors select firms or officials. High-level government officials «capture» profitable private firms, allocating their assets or top management positions to political allies. This type of «crony capitalism» is a common element of problems with blurred boundaries between the private and public sectors. These practices encourage rent seeking, distort market competition, and undermine public trust in government and markets (Kizunko, Knack, 2013).

Health deterioration. After the collapse of the Ussr, free health care has de facto disappeared in Russia (Nazarova, 1998; Rimashevskaya, 2004). Relatively poor nutrition, together with factors such as shortages and high costs of medications (as well as fake medications) has led to a deterioration of health in a big segment of the general population. The lack of funds for basic health care, maintenance and rehabilitation has contributed to a vicious circle of unemployment, poverty and social exclusion. Existing programs of assistance to persons with disabilities, war disability pensioners, or atomic power accidents survivors do not provide all necessary services and medications. Life expectancy and the mortality rate are still not comparable with other developed countries (Human development index, 2013).

The health care system in Russia, as all social services, is in a transition period. Both compulsory and voluntary health insurance programs provide varying levels of medical care; which commonly does not cover all basic costs. General public medical care (compulsory) has limited provisions for early diagnosis and treatment and does not include payment for medication. Select groups of patients have the right to free medication, but the list of drugs and their quality are quite limited (Manning, Tikhonova, 2009).

Substance abuse (alcohol, tobacco, drugs). Consumption of alcohol and cigarettes in Russia is among the highest in the world. The roots of substance abuse in Russia, especially alcohol abuse, derives from cultural attributes, images, and representations (Ivanov, 2011). Over 30 thousand (30,000) Russians in the 20’s age category, die as a result of drugs annually. Additionally 23.4% of all mortality in Russia is from alcohol related causes (Nemtsov, 2009) and about 2% of the population (nearly 3 million people) are registered as having alcohol problems (Koshkina, 2011). Rosstat (Russian statistics agency) states that the annual alcohol consumption in Russia is 11.5 litters of alcohol per capita
(2011), exceeded only by Germany (12.2), Czech Republic (15.3), and The Netherlands (15.9). According to Icd-10 (adopted by Russia in 1998) alcohol is considered to be neither a drug, nor a psychoactive, nor a toxic substance. Different categories of specialists (physicians, psychologists, teachers, social workers), together with police and parents deal with alcohol and drug abuse in schools (Altshuler, 2008; Ivanets, 2009; Koshkina, 2008; 2009; 2010; Sirota, Yaltovsky, 2004).

Over 80% of adolescents in Moscow schools have tried or use alcohol (Alexandrov, Kotova, Rozanov, 2010; Fedulov, 2009). Two thirds (2/3) of high school boys and 50% of girls have experienced alcohol intoxication at least once (Alexandrov, 2008; Gurtovenko, 2009; Konstantinova, 2009). Beer was identified as an alcohol drink in Russia in 2011.

Approximately 30.9% of the population smoke; with a mortality rate of 300-500 thousand people annually of diseases associated with tobacco consumption, and about 80% of population are exposed to daily passive smoking (Shevyreva, 2011).

In the last decade the societal consequences of some forms of addiction have prompted laws to be adopted. Social policy action aimed at reducing addiction in the population (including discussions on increased excise taxes on alcohol and tobacco) were taken at the national governmental level. Local laws and ordinances regulating the sale of alcohol and tobacco have increased. Russia signed the International antismoking convention in 2007. One of the results of these actions is that alcohol and tobacco costs in Russia for consumers have significantly increased since September, 2014.

The Hiv-Aids infection rate in Russia has grown 7% in 2013, with an average infection rate of 35.7 cases per 100,000 people. The infection rate is more than one per 1,000 people in several regions of the Ural mountains and Siberia, including Kemerovo, Sverdlovsk, Tomsk and Novosibirsk. Drug addicts sharing needles remained the primary cause of infection accounting for 58% of all new cases followed by heterosexual transmission (The Moscow times, 2013). Medication for hiv patients in Russia is free of charge, but the quality and regularity of supply can be limited, especially in rural areas. So some patients fly to cities such as London, Uk to get a free supply for three months.
3. Economic sectors in social services

Russia considers itself to be a social welfare state. Decades after the fall of the Soviet Union the political system in Russia had been labelled a «defective democracy», especially in regard to the introduction of a capitalistic free market economic system in the Russian Federation. This has caused considerable hardships for the population (Hinterhuber, 2011).

Since 2005, Russia’s central government has played a much more active and interventionist role in areas of social welfare. This included identifying national priority projects in health, education and housing; in addition to demographic policies (Cook, 2011). Local welfare solutions and innovations are possible only if the local key actors are willing to contribute to their development; particularly in small towns and the countryside (Kay, 2011; Kulmala, 2011).

Russia’s welfare regime has undergone a major shift, from the liberalizing direction of Yeltsin years and first Putin administration toward one which is managed more actively by the state. These efforts include reforms of social service provisions to regions and municipalities, greater market mechanisms in health care and education, flexibility in labour markets, and elimination of subsidies and entitlements (Cook, 2011).

The orientation of civil society organizations in Russia towards social concerns is understandable within a historical context; as the Soviet social contract between the state and the citizen was based on the obligation of the state to provide care for its citizens (Colin-Lebedev, 2009; Phillips, 2008). Although this former social contract is no longer valid, Russian citizens still have expectations about state support. At present, the majority of Russians have a higher priority for social rights over civil or political rights (Henry, 2009). As a result of perceived failures by the state and other public structures to provide sufficient care and foster well-being for citizens, many services are being carried out through civil society entities using a strategy of mixing state and non-state efforts and resources (Gazing, 2011; Kulmala, 2011).

The social services economic models are based on three primary sectors: the state, the private sector market and the third sector (civil agencies and organizations). Within the state sector, social services are provided via the federal system of state enterprises and social services institutions. This comprises the largest sector of Russian social ser-
services. State based agencies rely on commitments for long-term state fiscal support; paid staff and on municipal and regional funding. They may also receive grants or individual donations; as well as being able to apply for special grants. Most governmental agencies see their centers as stable enterprises.

In regard to the open market, commercial or private sector involvement in Russian social services is comparatively limited. It’s not easy to achieve commercial profits in the existing social sphere under current market conditions. Social enterprises in this sector are few in number and cover primarily educational, nursing and recreational facilities. They specialize in training children with disabilities, care for elderly and specialty services such as hotel/travel business to serve disabled persons. Their services are usually very expensive and can be used only by wealthy people.

The third sector (civil agencies and organizations) is seen as filling gaps between the services provided by state and the private sector. They are viewed as complementary to, rather than competitive with other public or private services. The roles and service potential of civil agencies is currently being promoted nationally. All civil society organizations involved with the central state provisions are oriented towards social welfare. They complement and broaden the services officially provided by the state (Cook, Vinogradova, 2006; Kulmala, 2008), by providing services that do not officially fall under state aegis or to particular populations, e.g. persons who cannot obtain services during regular service hours. These joint projects may lead to increased permanent services achieved through the combinations of the public (the centre) and voluntary sectors (civil society). Such social organizations play an important role in spreading information about official social services availability and assisting in service access for the groups they represent. In addition to their remarkable role in substituting and filling the gaps of the public services, these civil society organizations promote social rights and advocate supports for various (vulnerable) groups as well as negotiate new identities in public arenas (Walker, Thomson, 2008). Thus they also perform more political activism function within the scope of their activities (Gazing, 2011).

Many Russian Non-governmental organizations (Ngos) have been heavily involved in reducing human rights abuses by law-enforcement
agencies and advocating for human services. However, the 2006 Ngo law increased the power of the Ministry of Justice to monitor Ngos, which is perceived as intending to control those seen as non-supportive of government policies (Johnson, Saarinen, 2011). The law increased the requirements for registration and requires Ngos to report on their foreign funding. In 2008, a presidential decree removed tax-exempt status for some ninety percent of foreign Ngos and foundations operating in Russia, especially those that focused on human rights (Orttung, 2009). Ngos in the social services field see themselves as advocating for social rights as part of welfare responses to social problems. They provide services for poor, neglected children, disadvantaged families, disabled persons, elderly, migrants, and marginalized groups of the population.

The service capacity of Ngos is limited by the lack of a broad, sustained long-term funding base. Even well intentioned Ngos find themselves on a grant-seeking treadmill, pursuing short-term and easily quantifiable projects, but undermining the long-term goal of creating a sustainable civil society (Hemment, 2004). Ngos are also more likely to rely on volunteer labor. Almost all Ngos have essential office equipment: a telephone, a computer, fax machine, and internet access, but approximately one third does not even have dedicated service or office space. The most common sources of funding for Ngos are international grants and individual donations, but some receive government funding either directly or through grants. Most Ngos see their centers as unstable due the previously noted lack of long-term commitments for fiscal support. Long-term viability depends upon the financing commitments, commitment of staff and volunteers and on a more supportive environment from authorities and other Ngos. During the latest economic crisis many Ngos experienced reduced financing and had to close. The service potential represented in charitable agencies and volunteerism in Russia remains underdeveloped and under-financed.
4. Social policy

The formulation of social service policy in Russia has been based on the provisions of law specified in Convention number 117, 1962, «Basic aims and standards of social policy». This document stipulates that state social policy should contribute to the welfare and development of the population. Policy enactment should encourage the pursuit of social progress, reflect the intent of the legislative constitution of the Russian Federation (Fundamental law) and be based on the provisions of this convention. Social policy is aimed at solving demographic problems, housing, employment issues, self-realization of citizens and ensuring their well-being. Resultant program authorizations must be funded from the state budget. The main sectors of the social welfare system in Russia encompass health care, education, culture and arts, and social protection.

Social policy development in the Russian Federation has been driven by a variety of socio-economic factors. Attempts at drastic restructuring of the welfare state involved all spheres of social protection; including the trends toward privatization of service provision, individualization of risks, monetization of access, and decentralization of management. These actions have taken the form of the re-introduction of the principle of social insurance within the social security system, privatization and differentiation of benefits in the pension sector, dissolution of previous health care models, establishment of a residual system of protection against unemployment, a basic safety net of social assistance with provisions for the poorest citizens, and the introduction of a private market entry in the education and housing sector. These are viewed as discrete steps toward the development of a more integrated, comprehensive social service system.

Social protection is carried out in two main areas: the protection of the economically active population and the recognition of needs of vulnerable groups of citizens. Protections and maintenance supports promoting the well-being of vulnerable segments of the population (including disabled people) through a system of guaranteed benefits. The system would permit the use of social security funds for social services development, and include taxation benefits.
The Russian Federation pension system is based on a combination of national social insurance and individual accounts. It covers employed citizens, self-employed persons, and independent farmers. Special provisions exist for civil servants, military personnel, police officers, war veterans and other specified groups. Financing is based on employee related contributions, but these are primarily paid by the employers, the state (in the case of deficits of the pension funds) or the self-employed. The government bears the responsibility of covering the total costs of social pensions and special pensions for specified groups, local governments may finance supplementary benefits out of their own budgets. The amount of pension is calculated on the basis of three components: 1) a basic flat-rate benefit according to different categories of beneficiaries; 2) a benefit based on the national account; 3) a benefit based on the value of the individual account (contributions plus interest) are paid from the beginning of 2013. There is no officially stated minimum or maximum monthly pension (Issa 2006; Ilo, 2008).

The family benefit sector of social protection is based on a combination of social insurance and social assistance principles (Gassmann, Notten, 2008). Coverage has been greatly reduced and family benefits now only cover children younger than age 16 (up to age 18 if a full-time student). Child allowances are payable to families with income below the locally determined minimum subsistence level. These allowances may vary according to geographic region.

5. Social service organization and legislation

Current systems of social care in Russia are characterized by a variety of service structures and practices within an administrative system which is commonly territorially based, with various categories of target populations. Regional, urban and district structures of social assistance work within federal, provincial and regional social authorizations but with consideration of the uniqueness of the region and its socio-cultural traditions.

The main principles underlying the development of social services are systematicity, prevention, competence and effectiveness. The first involves the forms, methods, service philosophies, and social work
technologies contributing to an integrated process of promoting quality of life with social inclusion. Competence is demonstrated by the application of knowledge and skills in providing the whole complex of assistance and support to needy individuals and groups. Prevention is determined by measures for economic, social, legal or other measures to ensure a minimum level of state-guaranteed social protection. Prevention may be illustrated by wellness programs to preclude development of health problems, or public education programs to reduce smoking. Effectiveness is demonstrated by the achievement of common goals, principles and activities; combining historical experience and traditions with modern practices of help and support. The system of social services has two functions: essence-activity function (prevention, social rehabilitation, adaptation, security and protection, and social patronage) and a moral and humanistic function (personal-humanistic, and social-humanistic).

There are two main types of social services in Russia: 1) institutions and centers of social care; 2) services of emergency social help. Site or center based options may include: shelters, consultation centers, social rehabilitation centers, centers of social care, helpline, and nursing homes. Based on the characteristics of the target population, basic services and specializations may be focused on children, elderly, disabled, veterans, migrants, homeless, as dictated by age and condition appropriateness. In urban areas there is a division into state and municipal social services. Most institutional social services are time limited, i.e. service periods are limited to one to three months, with only very small number providing an unlimited stay.

The following agencies and organizations illustrate the types of social service institutions for vulnerable populations: complex social service centers; local centers of social assistance to families and children; social service centers, social rehabilitation centers for minors; care centers for children without parental care; social shelters for children and adolescents; centers for psychological and educational assistance; centers of emergency psychological help over the phone; centers (departments) of social assistance at home; shelters for homeless, special nursing home for the lone elderly, stationary social service institutions (homes for the elderly and disabled, mental hospitals, orphanages, homes for mentally retarded children, homes for children with physical
disabilities); gerontological centers; some other institutions that provide social services; crisis centers for women in critical situation; centers for minor mothers; houses for profoundly mentally retarded children; psycho-neurological institutions for adults with mental retardation, dementia, other mental diseases which do not need psychiatric care; and nursing homes.

The real availability of these institutions and services to people in need differs from region to region. In large urban areas there usually are all of the listed agencies, but in small towns and in rural areas the services for vulnerable groups may suffer from fragmentation and limitation of the number of services and staff. Multiple services may be combined in one institution or center (e.g. for children and adults; for people with disabilities and elderly, crisis center for minor mothers and social shelters for children and adolescents). The services may be provided by the state, or Ngos, or have joint responsibilities for the development of an integrated service network.

The Constitution of the Russian Federation is the base for laws and legislative enactments, and generally recognizes the principles and norms of international legal frameworks in regulating the field of social services in Russia. Its provisions are further defined by the federal law on the «Provision of social services» (1995). This law and one specific to the volunteer movement were in debate by the Russian parliament and are submitted for action in January 2015. There are additional amendments to the laws defining the rights and provisions of social services to different segments and vulnerable groups of population which are also in a state of flux.

Social rights are viewed by many as the most important element of citizenship for Russians, over political or civil rights. The right to education, health care, housing, pensions, and other social benefits is seen as a positive aspect of the Soviet legacy. The rights to employment, health care, and housing clustered near the top of priorities for the list of important rights and freedoms identified by Russian citizens (Henry, 2009). Violations of social rights are more likely to motivate a complaint or stimulate political activism than the violation of political rights. Citizens generally see the state as having primary responsibility for recognizing these rights (Henry, 2009). The social contract in Rus-
sia has been characterized as «sausages in exchange for freedom» (Medvedev, 2009).

6. Recipients of social services

Recipients of social services are considered to be citizens and (or) families, who are in situations of need requiring the assistance and support. Difficult life situation is defined as a circumstance (or a number of circumstances), that objectively contravenes or may damage the livelihood of a citizen (family), and may involve life/health.

The services provided for these groups of individuals are based on state standards for money aids, staff involvement and clients’ load per staff member. Highly educated specialists in social work are very rare in social centers and institutions away from cosmopolitan areas, so the quality of services highly depends on the region and type of facilities. There is a big shortage of qualified staff for social services in the country due to the fact that graduates of social work university programs choose other occupations because of low wages and low prestige of the profession.

7. Social work education and professional practice

The Russian government officially established the occupation of «social worker», «social pedagogue» and «social work specialist» in the public sector in the early 1990s. The «social work specialist» classification required a university degree (Iarskaia-Smirnova, Rasell, 2014). Establishing the identity and credibility of social work as a profession was a necessary element of development. Defining the roles and functions of social workers has been a priority. A number of professional associations include experts in social work within their organizations and activities: The interregional association of social workers, the Association of universities and schools of social work are examples of these organizations.

Since March 1993, the Council of educational-methodical Union of the Russian Federation universities in the field of social work has func-
tioned as a professional collective. The main objectives of the council are: coordination of public activities of educators and researchers, development of state standards in accordance with the Education Act, long-term perspective educational planning, textbooks and teaching aids, ensuring the integration of the Russian higher schools into the world academic community.

Russian education provides for several levels of training: 1) pre-professional training in special courses, high schools, and lyceums. Graduates with this type of training provide services for patients, the elderly, and singles, those who cannot care for themselves; 2) education in specialized technical schools. Graduates of these programs may work as supervisors in offices servicing patients living alone, the elderly, they can also work as social teachers; 3) training at universities or academies provides for three distinct levels of degree programs: bachelor (4 years), professional (5 years) and master (2 years). Master graduates have the right to participate in educational and research work and may be candidates for phd training; with possible advancement to doctor of science degree programs. This latter program requires substantial scientific research. Currently there are 2,543 universities and institutions, including their branches in Russia, offering professions in a great number of fields, but the quality of graduates is considered to need improvement.

The system of training, retraining, advanced training, and professional development of social workers began to emerge in Russia only since the 1990s. Since 1991 the network of higher education institutions embarking on the training and retraining of specialists in social work has been expanding. In the 1990-91 academic year there were eight schools training social workers. In March 2009 among institutions engaged in training and retraining for the social care system, there were 82 public universities, 10 state academies, 11 public institutions, 500 non-governmental institutions and universities, and more than 60 branches of universities in almost 80 regions of Russia. In training social workers there are also 12 secondary institutions, including six technical schools, five colleges, and one lyceum. Preparation of social work professionals presents complex problems of not only mastering theoretical knowledge, but – above all – developing practical skills, plus development of a number of personal qualities of students essen-
tial for effective work (mental stability, public awareness, high social motivation).

Most of the involved universities provide training leading to qualification of professional organizers, managers of social outreach. Some universities train experts in employment services, specialists in social work with families, youth, children, elderly and disabled people. Other universities may train specialists in medical and social care fields. Social workers education is tailored to the specific type of activity, which the specialists may be engaged in the comprehensive planning, as well as serving in specific social service agencies or authorities of the social sphere.

Due to limited availability of trained personnel, social service agencies have to accept employees with a degree in another subjects or graduates from short courses or secondary schools, who are called «social workers» and provide basic necessities for populations in need. The level of qualification in social work is reflected in their position and wage levels.

Short courses for such positions may be organized by local welfare ministries, providing in-house training within social services or Ngos, and non-degree education in technical colleges and vocational schools. Many Russian social services also have «methodological departments» that provide input on procedures and interventions that is used by practitioners (Iarskaia-Smirnova, Rasell, 2014). Graduates with university diplomas are called «specialists in social work» and work as managers, programs developers, supervisors, and administration.

8. Conclusion

The dissolution of the Ussr and the re-configuring of the Russian Federation resulted in changes in all elements of Russian society, i.e., politically, economically and socially. Movements toward democratic governance and privatization in economic areas have been labored and progress has been achieved with difficulty. For example the redistribution of wealth commonly occurring in such conditions of chaos has led to the aggressive oligarchs capturing a high percentage of the national wealth. There was little downward redistribution to the middle
and lower classes of citizens. In areas of governance and civil participation Russia is viewed, at best, as a «democratic work in process». Both social and civil rights appear to be in processes of continuing re-definition.

Russia’s social problems and issues are largely consistent with any developed or complex country, e.g., relative poverty, disease and disability, disenfranchised minorities, and self-imposed vulnerabilities such as drug use, teen pregnancies, smoking or alcoholism. Russia’s geographic immensity and its cultural and ethnic diversity amplify many issues as a matter of scale. Its responses to these conditions, issues and needs appear to require uncommon responses to common needs; as appropriate to its societal culture and multiple sub-cultures. Russia has the potential to develop a broadly conceived and integrated system of social services. This suggests it is a matter of political will and social policy commitment.

Problems and issues basic to the development of social services are inter-related and responsive to state economics, policy initiatives, altered organizational structures and shifting political priorities. Social services with primarily state control and funding continue as the main fiscal supports for social work organizations. The civil organizations are slowly filling the gaps of state supported social services and volunteerism is gaining strength and spreading its influence within communities. International collaboration in the field of social work provides opportunities for exchanging methodologies; leading to modelling and implementing of best practices. Further work is needed to establish funding priorities for social work services; with problems related to further increase of wages, lack of professional status, shortages of qualified faculty and staff to be considered. Private sector involvement in provision of social services has been selective and relatively limited. Underdevelopment of the third sector, as well as an inability of the state based organizations to cooperate fully with NGOs and lack of provision for increased tax incentives to them continue as major issues.

Social work has experienced 15 years of relatively intensive development since the 1990s. These efforts have been basic and fundamental to creating and credentialing the profession of social work within a very fluid social services environment. In one sense this fluidity may constitute an advantage since bureaucratic systems are more accessible dur-
ing periods of chaos; rather than after they have been re-
institutionalized.

The reconceptualization and re-structuring of an evolving social services system with altered fiscal support procedures has been concomi-
tant with the development of the roles and functions of social workers within the social service system. The policy setting, administrative planning, training program design, curricular development and faculty staffing of professional social work training programs in institutions of higher education has been a significant national effort. Such preparation programs may consider three levels or areas of training foci: 1) direct service, intervention and support; 2) program management and evaluation; 3) leaderships, social activism and advocacy. The absence of a pool of professional social workers for staffing of these training programs has been a national concern. Foreign recruitment has been difficult due to low salary levels. The participation of these faculties in national and international organizations and forums has contributed significantly to professional development efforts and training program design.

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