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Social Protection in Greece: A Brief Glimpse of a Welfare State

Maria Petmesidou

Abstract

This paper examines the delayed development of the welfare state in Greece and its restructuring since the early 1990s. The emphasis is on factors, such as the rapid shift from pre-Fordist to post-Fordist socio-economic structures, the weak development of contractual relationships and a solidaristic culture, and the extensive reproduction of a statist/clientelist form of social organization strongly linked to a high degree of social fragmentation and a particularistic appropriation of welfare benefits and services, which have hindered the full maturation of social citizenship in Greek society up to now.

An expensive trend of social protection in conjunction with some major law reforms in the early 1980s contributed to the development of a "weak form" of universalism. These trends were soon overturned, however, well before Greek society could develop a welfare state, under the pressure of a serious fiscal crisis, low economic growth, increasing international competition, significant demographic changes and a fragile social consensus.

Thus, the national health care system has hardly succeeded in establishing universal coverage, the social insurance system has remained highly fragmented and dualist, while policy measures for tackling increasing unemployment, hardship and poverty have been rudimentary. These have caused serious deadlocks and a deep institutional crisis. For this crisis to be overcome, it is essential that a new social balance promoting social solidarity is achieved in the country, while a reinvigorated Social Europe can help enormously in this direction.

Keywords

South European welfare structures; Statism; Clientelism; Soft-budgeting; social insurance; unemployment.

Introduction

Together with the other peripheral countries of Europe, Greece is a laggard in

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social welfare. In the 1950s and 1960s, when the country experienced fast economic growth, in parallel with structural changes in the economy, reflecting a late industrialization, welfare policies were rudimentary. An expansion of social protection occurred in the first half of the 1980s, as a consequence of significant changes in the balance of social and political powers which came with the restoration of political democracy (1974).

At a time of global economic restructuring, intensified international competition, significant demographic changes and very low (close to zero) rates of economic growth in the country, the "delayed" development of social protection soon led to a serious fiscal crisis threatening the newly established Greek welfare state well before the achievement of a social consensus and solidarity which would allow the full maturation of social citizenship.

What is more important, the socio-economic and political structures in Greece have up to now hardly favoured the development of a universalist culture. First, the mode of income generation and distribution, which was consolidated in the postwar period, created a wide social legitimization for the state to function as a huge apparatus of creation and distribution of value, wealth, income and benefits, by extra-economic (that is, political) means and criteria (Petmesidou 1987 and 1991; Tsoulouvis 1987). This supported an individualist culture and ideology. Social conflicts are experienced as individualist power feuds to win access to the state and the clientelistic clusters, while family support structures and a particularistic/discretionary system of welfare provision are prevalent.

Second, these characteristics have become more pronounced in recent decades, given that, since the early 1970s, Greece has been experiencing a process of deindustrialization and a shift towards post-industrial (post-Fordist) social structures, before having achieved a deepening of contractual relationships and attendant modes of social solidarity. In a sense, Greece skipped industrialization and this has had significant consequences for social consensus on universalist social citizenship.

The first section of the paper develops the above arguments by focusing on the factors which have up to now hindered the development of social citizenship. In the second section the main characteristics of the model of social protection in Greece are examined with an emphasis on the reforms and policy measures introduced in the 1980s and 1990s, while the third section concludes with the challenges that the social protection system is facing nowadays.

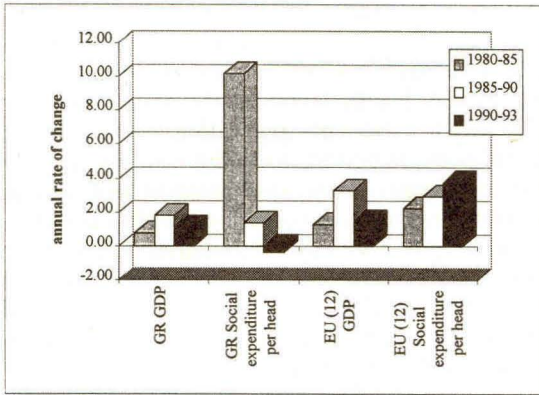
Why Has Social Citizenship not Expanded?

Until the late 1970s, state welfare policies were rudimentary in Greece. Although problems of hardship and poverty were widespread,¹ the dominant view in society was that economic development and the ensuing general improvement of the standard of living would be enough to alleviate such problems (Petmesidou 1996: 290). It is noteworthy that for about two decades after the Second World War, external (as well as internal) emigration was the only policy measure put forward by governmental and state agencies for dealing with problems of poverty, unemployment and social unrest.²

An expansion of social expenditure took place in Greece at a time when the welfare state was under attack in northwestern Europe under the pressures exercised by global economic restructuring, sluggish economic growth, budgetary constraints, citizens' protest against the deficiencies of welfare structures and bureaucracies, and a spreading neo-liberal ideology.

Figure 1

Annual rates of growth of GDP and social expenditure per head



(12)=European Union of the twelve member states.

Source: Eurostat (1987, 1995b and 1995c)

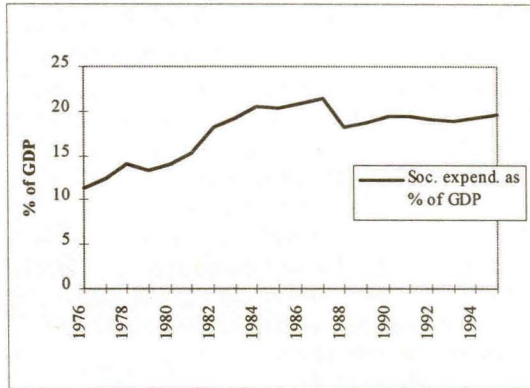
As figure 1 shows, in Greece in the early 1980s social expenditure per head increased very fast in comparison to GDP and at a rate much higher than the EU average. Yet fast expansion did not last very long. In the second half of the 1980s the rate of change decreased substantially, and in the early '90s it became negative. The abrupt increase of social expenditure as a percentage of GDP in the 1980s, and the subsequent decrease and stabilization in the 1990s are depicted in figure 2.

As the expansive trend was accompanied by an intensified fiscal crisis of the state and a contraction of social expenditure, Greece hardly succeeded in closing the gap *vis-à-vis* northwest European countries, and in the early 1980s her position even deteriorated, ranking last among the EU countries regarding social expenditure per head (see figure 3).

Undoubtedly, factors such as the minimal economic growth throughout the 1980s and early 1990s, an increasing public deficit, demographic changes triggering off an alarming social security deficit since the late 1980s,³ and changes in political balances—e.g. the 1990 election victory by the right-wing party of New Democracy, succeeding the socialist government of the Panhellenic Socialist Movement (PASOK), which was in office from 1982 to 1989—are among the main causes of the reversal of an expansionary trend in social protection. But most importantly, these trends are conditioned by the

Figure 2

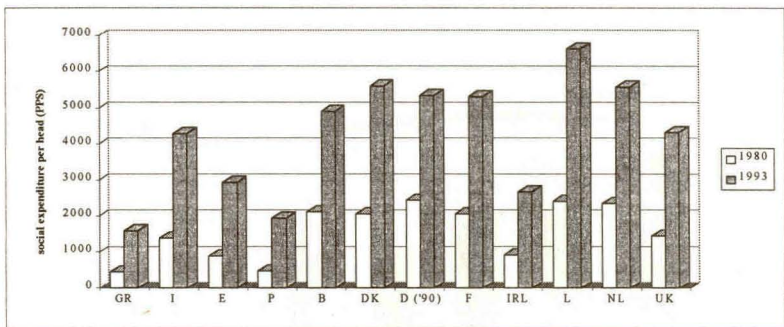
Social expenditure as a percentage of GDP



Source: Ministry of Health, Welfare and Social Insurance (1995)

Figure 3

Social expenditure per head in the countries of the European Union (in Purchasing Power Standard specific to private consumption)



D('90)=Germany (excluding the new *Länder*)

Source: Eurostat (1995b).

low degree of development of a universalist culture and the absence of a wide social consensus on the development of social citizenship. To this contribute a number of characteristics of the Greek economy, society and the state: such as, the rapid shift from agrarian structures to a services-oriented economy which puts limits to the development of contractual relationships and collective

solidarity, the prevalence of statist/clientelistic patterns of social integration, and a high degree of social heterogeneity and social fragmentation.

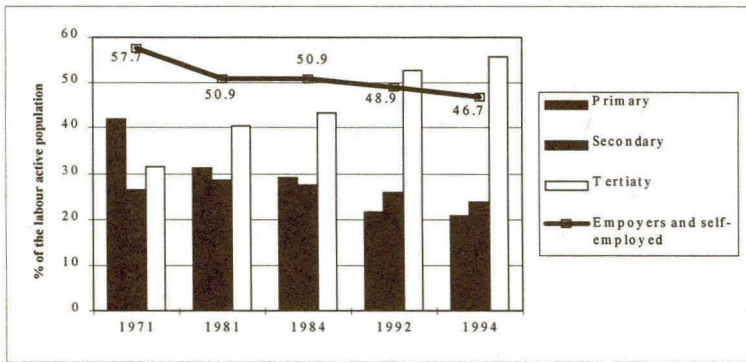
Moving from pre-Fordism to post-Fordism

During the 1950s and 1960s Greece experienced high rates of industrial development and economic growth, but these trends did not bring about far-reaching structural changes in the economy. Thus, among south European countries, Greece still has a very large agricultural sector, as 21 per cent of her labour force are employed in agriculture (compared to 8 per cent in Italy, 10 per cent in Spain, and 12 per cent in Portugal).

What is more important, ever since the early 1970s Greece has been experiencing a shift to post-Fordist social and economic structures (tertiarization of the economy, flexible work relations, informality etc.), well before industrialization had deepened and Fordist production structures with their accompanying patterns of collective solidarity and universalist social citizenship had been fully developed. This is manifest in the continuing decline in numbers of agricultural workers and the rapidly increasing number of service workers without Greece having reached a high level of employment in industry: a peak of 28 per cent was reached in 1981, and since then industrial employment has been declining (see figure 4).

Figure 4

Constitution of the labour force



Source: National Statistical Service of Greece (1977); International Labour Office (1986, 1995).

The shift from agrarian structures to a services-oriented economy is accompanied by the expansion of middle-class strata of petty-traders, self-employed workers in personal services, small entrepreneurs, craftsmen and self-employed professionals. Among the four south European countries,

Greece exhibits the highest rate of self-employment (47% of the labour force are employers and own-account workers, the corresponding percentages for Italy, Spain and Portugal being 29%, 26% and 27%, respectively). In parallel, informal economic activities in Greece amount to about 40 per cent of the GDP produced in the formal economy (Provopoulos 1987); while, for instance in Portugal, which exhibits similarities with Greece in terms of size of population and level of development, the black economy amounted to only 15 per cent of GDP in the mid-1990s. The situation in Greece favours the expansion of social strata of mobile workers, that is, workers with no fixed employment status, crossing the boundaries between self-employment and an employee status, between the private and public sectors, the formal and informal economies. Thus, one could mention the case of peasants (smallholders) who are often employed as seasonal workers in industry or services (mainly tourism), public employees who run their own private business in their off hours or help in the family enterprise, craftsmen who are partly wage-workers and partly own-account workers, and so on. Undoubtedly these phenomena render social boundaries highly diffuse, increase social heterogeneity and fragmentation and put limits to a mode of social integration based upon collective social action and solidaristic values.

Statism/clientelism and familialism as constitutive dimensions of the social protection system in Greece

Statism and particularistic-clientelistic forms of social organization are a common characteristic of south European societies (Ferrera 1996). These are accentuated towards the southeastern regions, that is, the regions with weak forms of industrialization and weak traditions in contractual relations and social citizenship—Greece and Turkey constituting extreme examples of statist/paternalist forms of social organization (Petmesidou and Tsoulouvis 1994a).

Greece's trajectory of development after the Second World War was based upon an extensive state intervention in the economy such that there emerged a wide social legitimation of "political credentials" as the main means for the creation and appropriation of income, wealth and revenue (Petmesidou 1987; Petmesidou and Tsoulouvis 1990b). This function of the state, together with the widespread ideology that everything is a matter of politics, often leads "to the open use of political means by the contending parties for getting direct access to benefits and resources" (Petmesidou and Tsoulouvis 1994b: 2; see also 1990a). These conditions hardly favour the development of a collective solidarity, either of an occupational-corporatist mode, or of a more or less universalist mode, as is for instance the case with central European and northwest European countries respectively. On the contrary, the welfare system tends to individual needs and promotes a perverse redistribution, as social groups and individuals benefit or are excluded from specific welfare state provisions on the basis of their political bargaining power and their position in the clientelistic clusters, rather than on the basis of their needs and citizenship rights. Thus, it is not surprising that, more often than not, categorical entitlements in Greece do not reflect corporatist solidarities, but a differential access to the state and discretionary power. For this reason, there is a high degree of fragmentation and polarization in social

insurance schemes and benefits (not only between but also within socio-professional groups), while universalist service provision and social assistance safety nets remain underdeveloped.

Closely linked with this statist/clientelistic mode of welfare provision is the role of family/household as a key unit in redistribution. As is shown by various studies, in Greece, as well as in other south European countries (Tsoukalas 1986; Ferrera 1996: 21), the family/household constitutes a strategic unit of decision-making regarding the employment opportunities and welfare of its members. Family strategies combine formal and informal economic activities, private and public employment, and efforts to improve their members' access to clientelistic clusters and discretionary benefits. This renders the family a central redistribution unit and a primary support for individuals against unemployment, poverty and social disadvantage.

In a sense, familialism is a main component of the statist/clientelistic mode of social organization consolidated in Greek society in the postwar period. For family and kin groups would scarcely be in a position to deliver welfare services and offer support in the absence of a wide legitimation of a statist practice and ideology allowing individuals and families to derive resources and income by extra-economic means.

From this perspective, the concept of "soft-budgeting" can illustrate the close links between family solidarity and a statist/clientelistic mode of social organization in Greek society, "Soft-budgeting" is defined as an "accounting practice" pursued by individuals, families/households and enterprises in which "the strict condition that earnings must always be greater than or, at least, equal to expenses is not obeyed, simply because someone else is paying the difference" (Petmesidou and Tsoulouvis 1994b: 22; see also Katseli 1990). The ensuing imbalances are, so to speak, transferred to and dealt with by the state, through its "socially legitimized" capacity to create and distribute revenue by political means and criteria. One could give various examples of discretionary appropriation of resources and benefits which can then be distributed within the family/household for it to deal with its members' needs: trespassing of public land and illegal house-building on a massive scale in particular localities, large-scale tax-evasion and informal economic activities tolerated by the state, the abuse of invalidity benefits, or even the "discretionary" granting of other types of social benefits and subsidies on a particularistic-clientelistic basis. All these constitute the many aspects of a wealth-creation and redistribution process providing what could be called "soft budgets" for individuals and families, a condition which is unthinkable by the standards of the very strict system of social planning and welfare policies of north European countries (Petmesidou, forthcoming).

In a nutshell, statism/clientelism, family support and soft-budgeting practices are different sides of a social protection model which extensively sustains discretion and perverse redistribution, deeply divides social groups and hardly contributes to the full maturation of a universalist culture.

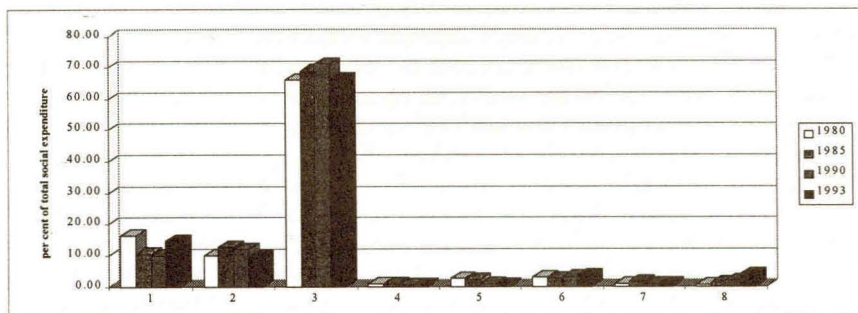
Major Reforms in the 1980s and 1990s

The first half of the 1980s was a period of fast expansion of social expenditure and of significant legislative reforms in social policy, such as the establishment

of a national health system (Law 1397/1983), through which a universalist dimension was introduced in social protection for the first time; the provision of a means-tested public assistance pension (though very meagre) to people over 65 years, with no contributive entitlements and no other means of support (Law 1296/1982); the establishment of open-care centres for the elderly under the management of local authorities (Law 1416/1984); as well as the transfer of responsibility for the running of public nurseries to local authorities.

Figure 5

Percentage constitution of social expenditure (1980–93)



1. Health services and sickness benefits
2. Invalidity and occupational accident benefits
3. Old age and survivors benefits
4. Maternity benefits
5. Family benefits and social aid/services to children and families
6. Unemployment benefits and active labour market measures
7. Housing benefits
8. Miscellaneous

Source: Eurostat (1995b)

However, these reforms did not substantially change the welfare philosophy of the social protection system, as transfer payments continued to dominate over the provision of services (figure 5). Despite the establishment of a national health care system in 1983, expenditure for health services and sickness benefits has not increased substantially during the 1980s (a comparatively high rate of increase in the early 1990s is due to the fast-rising costs of health care as a result of technological advancement, increasing drug prices and an ageing population). If measured as a percentage of GDP, health care expenditure in Greece is still the lowest among the EU countries (5.2%, while in the other EU countries it ranges from 7–9%, Abel-Smith *et al.* 1994: 161). Moreover, the health care system (ESY) that was formed in 1983 hardly established a universalist model of national health service: health care is still

extensively mediated by a highly fragmented (along occupational lines) social security system, and, thus, big inequalities in health coverage and organizational deficiencies persist.

The reform rearranged the structure and organization of hospitals, introduced new regulations for work relations of hospital doctors (prohibiting the rendering of services on a private basis, yet excluding from this regulation university professors),⁴ and promoted primary care in the rural areas, though without much success since, out of the 190 health centres built, two-thirds are barely functioning because of inadequate equipment and lack of medical personnel (Papoulias 1993). On the other hand, primary health care in urban centres has been completely neglected. Furthermore, any attempts at decentralizing welfare policies were limited and did not increase the responsibilities of local agents in welfare provision. It is interesting to note that, in the early 1990s, a ministerial decision to bring rural health centres under the responsibility of prefectural administration (delinking them from hospital administration) was severely criticized by the associations of public sector doctors and other medical personnel, being interpreted as an attempt by the government to downgrade rural health centres, and eventually close them.

The open-care centres for the elderly (KAPIs) constitute a significant development in social services in Greece. Yet, although they were established in order to offer a wide range of services to the elderly (e.g. home help to those who cannot serve themselves, care and instruction as to medical treatment, physiotherapy and work therapy, social and emotional support by forging links with the wider community, recreation and education), they have barely realized these aims. KAPIs are understaffed and suffer from organizational deficiencies. They have been successful only in recreation for the elderly, while most other services do not function (Karantinos *et al.* 1992: 86–7).

By examining the constitution of social expenditure in the period 1980–93, we observe that income maintenance support (and particularly old-age benefits together with invalidity benefits) remains the main component of the social budget absorbing 76 per cent of it (or 11 per cent of GDP) in 1993. Today there are 86 social security funds which administer compulsory and supplementary pension schemes, and 236 organizations—under the control of six different ministries—providing health care and social welfare benefits. Organizational regulations and the level of contributions, benefits and state financial support vary enormously among these funds.

What is more important, a polarization of old-age pensions is observed counterposing a group of hyperprotected beneficiaries (these with a full career in the formal labour market), to a large number of unprotected persons who lack contributive entitlements and are at high risk of experiencing hardship and poverty. As Ferrera stresses, dualism in social protection is a characteristic which distinguishes south European countries from both the highly homogeneous social insurance system of northwest European countries based on universal coverage, as well as from the occupational income maintenance pattern of the continental, corporatist welfare model, in which, although there are differences in social insurance along occupational lines, the spread of benefits is not as high as it is in south European countries (1996: 20–1).

Among south European countries, Greece offers a striking example of a highly

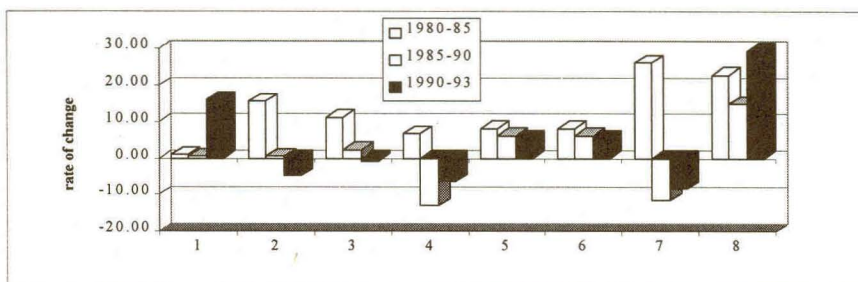
dualistic social insurance system. For instance, the “theoretical” earnings replacement rates for a worker in manufacturing, who had a full working career, even surpass the net average wage (107 per cent in 1992, while the EU average amounted to 75 per cent). These workers also enjoy protection from short-term risks, such as sickness, temporary unemployment etc. On the other hand, the minimum benefit for an elderly person with no contributive entitlements and no other means of support is extremely low, amounting to only 8 per cent of the net average wage in manufacturing (the EU average being 36 per cent). Equally low is the minimum benefit for an invalid who cannot work and has no other means of support (16 per cent of GDP per capita in 1992, the lowest rate among EU countries), while an unemployed person with no contributive entitlements and no other means of support cannot claim any benefit.

Moreover, Greece lacks an institutional framework enabling regional/municipal and voluntary agents to play a significant role in social protection, as is for instance the case in Italy and Spain where regional and municipal authorities implement various social assistance schemes, while, in parallel, a number of voluntary organizations offer a wide range of social services and minimum income assistance to disadvantaged groups (see, for instance, Saraceno 1992: 6–12; Saraceno and Negri 1994: 22–3; Cabrero 1992: 7, 46–50; Pereirinha 1992: 25–6; and Sarasa 1996).

The extensive abuse of invalidity pensions in Greece is closely linked with dualism in social protection. In the early 1990s, 50 per cent of all pensions of the National Insurance Fund (IKA, the biggest social insurance fund for blue-and white-collar workers) received invalidity pensions (European Commission 1994a: 30).⁵ In a sense, these benefits function as a substitute for social assistance schemes, which, however, are granted on a particularistic-clientelistic basis (for similar phenomena in Italy and Spain, see Ascoli 1987; Ferrera 1996). Legislation for pensions reform which passed in the early 1990s attempted to put limits on the right to invalidity pensions, yet, since it did not improve support through a universalist minimum in-

Figure 6

Rates of change of social benefits (in ECU, constant 1985 prices)



See figure 5 for source and categories 1–8.

come safety net, it is highly unlikely that the abuse of invalidity benefits will be drastically limited.

Maternity, family and housing benefits constitute a small percentage of the social budget (amounting to 0.54, 0.55 and 0.73 per cent of social expenditure in 1993; see figures 5 (above) and 6). Furthermore, in contrast to the other EU countries, family benefits in Greece are earnings-related (amounting to 1 per cent of monthly salary for each dependent member). Additionally, families with four or more children are entitled to other forms of support such as tax exemption, and specific privileges (not granted on the basis of need), e.g. the "discretionary" right for their children, if successful in national university entrance examinations, to register at a university in the place of residence of the family (or close to it).

Equally low is the share of unemployment benefits and expenditure for vocational training in the social budget (3.4 per cent in 1993), a condition which places the unemployed at a high risk of experiencing severe hardship and poverty. The more so for persons who are excluded from the formal labour market (i.e. irregular workers in the informal economy, illegal migrants) and who also lack a family and kin support network.

As stressed elsewhere (Petmesidou 1991, and forthcoming), legislative innovation and the expansion of social expenditure in the early 1980s are closely linked to the socio-political changes which have set forth a process of political democratization in the country since the mid-1970s. To this contributed the increasing social and political weight of middle-class strata in Greek society, which under the political slogan of *allaghi* (change) promoted a broad social alliance of those social strata that had been excluded from the patronage networks of the right-wing political forces which, in one form or another, ruled the country for more than two decades after the Second World War.

It is outside the scope of this paper to pursue a detailed historical analysis of the transition to democracy in Greece, although it should be stressed here that this transition was beset by a number of contradictions. On the one hand, political debate acknowledged the necessity of expanding social protection, so as to confront problems like rudimentary welfare provision, huge inequalities in income maintenance, the absence of a universal minimum income safety net etc. Yet, on the other hand, the very nature of social conflicts, centring upon a redefinition of the "political credentials" of access to the state, and, thus, on a redrawing of clientelistic chains, hindered solidaristic values and blocked any effective solutions to the above problems. Needless to say, under these conditions social and political democratization were hardly triggered off by demands for state and social rationalization, nor did the (delayed) expansion of social protection reflect a deepening of social solidarity balanced to the rationality and functionality of the economic system. Soon a number of crisis dimensions (e.g. fast-increasing public deficit, a huge public debt (reaching 125 per cent of GDP in 1995), and a fiscal crisis of social insurance funds, greatly linked to demographic changes, as well as technological advancements in medical practice, put limits to any further expansion of a rather weak welfare state.

Health care and income maintenance in the 1990s: Deepening polarization, fiscal crisis and questioning of the even weak variant of universalism of the previous decade

Throughout the 1980s no substantial attempt was made to overcome fragmentation and dualism of social protection. And so, in the mid-1990s we observe great inequalities in per capita expenditure and cash benefits of social insurance organizations. As shown in table 1, per capita expenditure for medical care, drugs, hospital treatment and other health care services is lowest for TEBE (the social insurance fund for self-employed artisans and craftsmen), amounting to only 26 per cent of total per capita health care expenditure of the fund covering Credit Bank, the General Bank of Greece and American Express. Also, TEBE does not grant a sickness benefit; nor do the funds covering various groups of the liberal professions (e.g. TSMEDE, the social insurance fund for engineers, architects and surveyors, as well as the social insurance funds for lawyers). Equally low is total per capita health care expenditure and cash benefits by IKA/TEAM.

Table 1

Per capita expenditure and cash benefits by some of the major social insurance funds in 1994 (percentages calculated by setting per capita expenditure and cash benefits of the social insurance fund of Credit Bank etc. at 100)

Social insurance funds	Medical care	Medicines	Hospital treatment	Dental treatment	Other medical services	Total expenditure	Sickness benefits	Maternity benefits	Total benefits
	(1)	(2)	(3)	(4)	(5)	(1)to(5)	(6)	(7)	(6)&(7)
IKA/TEAM	38	61	77	0	38	48	23	67	60
TEBE	24	24	32	0	0	26	0	33	2
Credit Bank of Greece etc.	100	100	100	100	100	100	100	100	100
Agricultural Bank of Greece	172	91	132	160	113	132	0	0	0
ETBA	86	67	109	100	50	84	0	33	9
OSE	45	58	77	0	0	47	45	33	25
TAP-OTE	79	58	64	90	63	65	0	0	0
DAP-DEH	24	82	95	100	275	81	0	0	16
TSMEDE	38	33	145	70	0	57	0	67	7
Lawyers of Athens	52	58	100	40	38	59	0	0	0
Lawyers of Thessaloniki	76	18	141	80	38	65	0	200	14
Lawyers of the rest of the country	38	42	114	70	50	57	0	0	0
OGA	0	67	164	0	0	55	0	0	0

IKA/TEAM social insurance fund for blue- and white-collar workers

TEBE fund for self-employed artisans and craftsmen

Credit Bank etc. fund for employees in Credit Bank, General Bank of Greece and American Express

ETBA fund for employees in the Greek Bank of Industrial Development

OSE fund for employees in Greek Rail

TAP-OTE fund of employees in the organization of Greek telecommunications

DAP-DEH fund of employees in the public enterprise of electricity

TSMEDE fund for engineers, architects and surveyors

OGA fund for peasants

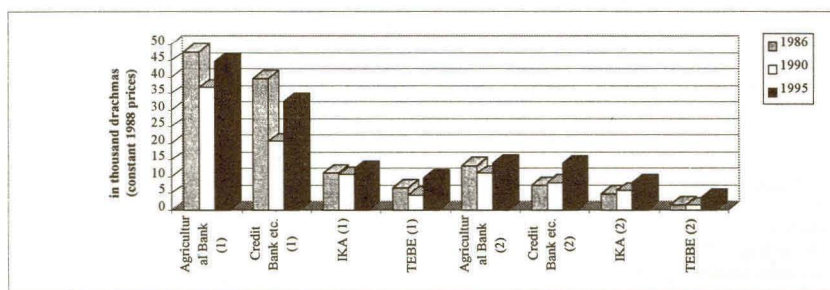
Source: Ministry of Health, Welfare and Social Insurance (1995)

What is striking is that inequalities exist not only between the different occupational categories, but even within them (e.g. the inequalities in per capita health expenditure and cash benefits among the different social funds of lawyers), a feature reflecting the particularistic, discretionary appropriation of welfare resources.

Figure 7 shows the changes in per capita expenditure (at constant 1988 prices) for health care and drugs in four social insurance funds (Agricultural Bank of Greece, Credit Bank etc., IKA and TEBE) from the mid-1980s to the mid-1990s. The inequalities in per capita expenditure among these four social insurance organizations (covering approximately two-thirds of the population) remained wide until the mid-1990s. Moreover, in 1990 a flat-rate users charge in drugs was introduced (25 per cent for most drugs; 10 per cent for specific illnesses; no contribution for chronic diseases), worsening substantially the welfare of the more needy social groups (elderly people with low pensions, unemployed, etc.).

Figure 7

Per capita expenditure for health care and drugs (constant 1988 prices)



(1) per capita health care expenditure

(2) per capita expenditure for drugs

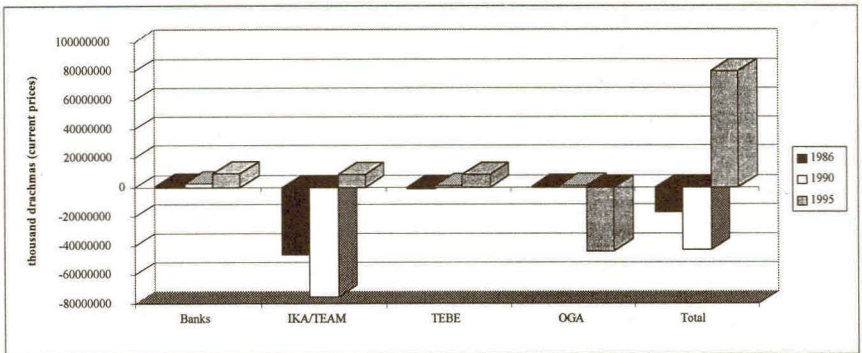
Source: Ministry of Health, Welfare and Social Insurance (1986, 1990 and 1995)

Although health care expenditure dropped in all four social insurance institutions examined here in the late 1980s, in the first half of the 1990s we observe an increase of about 45 per cent, mainly due to the escalating costs of drugs (e.g. by almost 200 per cent and 42 per cent in TEBE and IKA respectively), and fast-increasing hospital fees and costs for diagnostic tests, rather than because of expansion and improvement of universal coverage. Soon, the health branches of many social insurance funds experienced increasing deficits, which came to be added to the widening deficits of pension funds. Figure 8 depicts the surplus/deficit of some of the major social insurance funds (first-tier general insurance schemes), as well as of the totality of social insurance organizations in Greece, for the period 1986–95.⁷

Great inequalities and discretionary policies are also observed in the way state subsidies and grants are distributed to social insurance organizations. For instance, in 1995, central government contribution to IKA/TEAM amounted to 24 per cent of its total revenue, to TEBE 26 per cent, while to the pensions fund of the Agricultural Bank of Greece 45 per cent of its total revenue. Thus, an employee of the Agricultural Bank of Greece costs the state approximately 1¹/₂ million drachmas, while a worker insured in IKA/TEAM costs a little more than 100,000 drachmas. To this one must add the great inequalities in the level of employer/employee contributions (Petmesidou 1991: 38), as well as various discretionary benefits granted to some categories of public employees (i.e. “free of charge phone call units” offered to employees of the Organization of Telecommunications of Greece, “free train tickets” to those employed in Greek Rail etc. (see Lampsias 1989)), all of these having a perverse redistribution effect and largely sustaining “soft budgeting” by families and individuals.

Figure 8

Surplus/deficit of social insurance funds



Source: as in figure 7.

Closely related to these phenomena is the huge contributions evasion. It is estimated that IKA loses approximately 300 billion drachmas each year through large-scale evasion of contributions by enterprises—and huge debts, which more often than not are cancelled by ministerial decree after some time.⁸ Furthermore, 800,000 Greek and foreign workers remain uninsured, as irregular workers in the black market (Megas 1995).

Legislation passed in the early 1990s (i.e. laws 1902/1990, 1976/1991 and 2084/1992) was targeted mainly at reducing the public debt and social security deficits (Sissouras and Amitsis 1994): the pensionable age of public employees and minimum requirements of working days for retirement under

the general scheme (IKA/TEAM) were increased, contributions were raised and the indexing of pensions to wages was discontinued. In parallel, expectations of benefit have been reduced, as new entrants into the general scheme when they have completed a working career of 35 years, cannot earn a pension representing "more than 60 per cent of gross pensionable earnings, i.e. revalued earnings of the last 5 years" (European Commission 1994b: 15).⁹

These measures may have had a slightly positive fiscal effect (Leandros 1996: 51), yet they hardly succeeded in rationalizing the system and overcoming fragmentation (Katrougalos 1996: 55). On the contrary, they increased polarization as the number of pensioners receiving the minimum pension increased significantly (amounting to 71 per cent of all pensioners of the National Insurance Fund in 1996, see table 2), while the level of minimum monthly pensions deteriorated by falling from an equivalent of 20 wages to that of 16.8 wages of the unskilled worker.

Table 2

Level of pensions of IKA/TEAM

Levels of pensions	Number of pensioners	Total number of pensioners(%)
(1) Pensioners with a full working career	661,469	90.0
<90,000*	519,798	70.7
90,000-100,000	30,251	4.1
100,001-120,000	32,823	4.5
120,001-180,000	50,304	6.8
180,001-200,000	10,121	1.4
200,001-250,000	14,260	1.9
250,001-300,000	3,430	0.5
>300,001	482	0.1
(2) Pensioners without a full working career, receiving reduced pensions	73,465	10.0
Total	734,934	100

* Even lower are minimum pensions of TEBE (21,000 drs per month), of NAT (70,000 drs per month) and in the public sector (43,000 drs per month)

Source: Data provided by the Ministry of Labour and Social Insurance

It is estimated that, in total, about 1 million pensioners received minimum benefits (less than 100,000 drs), which are below the "poverty line" (that is, below 50 per cent of the average per capita income). Moreover, about one-

fourth of this group of pensioners have no additional means of support thus experiencing extreme hardship.

Increasing disadvantage amongst pensioners has led to a dynamic mobilization of their associations in the last two years and acute confrontations with the government. The meagre increase of 0.1 per cent (of the lowest pension) approved recently for the most deprived groups of pensions of IKA, TEBE etc. (to be granted on a means-tested basis), further intensified mobilizations. Trade unions and associations of pensioners insist on the indexing of pensions to wages. As an alternative, ministry officials and experts suggested the establishment of a Solidarity Fund which will provide (means-tested) social assistance benefits to all those receiving meagre pensions.

Reforming social insurance constitutes a hotly debated issue, though up to now no major decisions have been taken in this direction. An attempt to reduce fragmentation and rationalize expenditure is reflected in the proposal to create a unified fund for bank employees by abolishing the existing five different first-tier general schemes covering 27,000 people. This unified fund will also include about 23,000 bank employees (of the Commercial Bank of Greece and of various private banks) who are insured in IKA. It is held by public officials that such a reform in the banking sector will, if successful, influence positively the process of unification of other social insurance funds and offer a "pilot plan" to overcome fragmentation and polarization of income maintenance. The negative reaction to this proposal by the association of employees of the Bank of Greece, and the ensuing exemption of this Bank from the plan for a unified social fund, creates doubts as to the success of the reform. Other minor changes, such as the inclusion of some deficit-ridden supplementary pension funds (covering construction workers and workers in the metal industry) into IKA were more easily effected, yet their overall impact on the overcoming of fragmentation is limited.

As regards the social insurance of peasants, in addition to a general scheme financed through taxation, Law 1745 introduced a supplementary contributive pension scheme which covered about 1 million peasants in 1987. According to a recent law proposal, this scheme will be upgraded into a main social insurance scheme for peasants after January 1997. Given the huge deficit of OGA, it is held that moving from tax-based to contributions-based funding will help to overcome the financial crisis and raise minimum pensions (though the prospects are not very encouraging, as at present about 50 per cent of the insured peasants in the supplementary scheme hardly pay their contributions).

Proposals by social-policy experts aiming to tackle the fiscal crisis of social insurance are further distanced from the even weak universalism of the previous decade. Apart from the proposal by the General Confederation of Workers in Greece, which emphasizes the need for a unified pensions scheme, indexing pensions to wages,¹⁰ and the institutionalization of a tripartite funding of social insurance, expected to reduce inequalities,¹¹ all other proposals (by the Ministry of Social Insurance, the Institute of Economic and Industrial Research (IOBE) and top government advisers) more or less converge on the need for a reform introducing a mix of public and private

pension schemes. The proposed system is based on three axes: (1) a universal scheme granting a guaranteed minimum pension and funded by the insured, the employers and the state, (2) a compulsory supplementary pension scheme operating on a contributory basis, and (3) a voluntary supplementary scheme based on private insurance (Leandros 1996, Megas 1996).¹²

Regarding health care, an expert committee, appointed by the Ministry of Health to evaluate ESY, stressed that citizen dissatisfaction with health services in Greece is the highest among EU countries (Abel-Smith *et al.* 1994). The committee proposed the following changes: (1) the establishment of a unified fund to which the revenue of all the existing health insurance funds will be transferred; (2) the institutionalization of a family General Practitioner (paid by capitation); (3) financial and administrative decentralization of health services with the creation of Regional Health Councils; and (4) introduction of managerial criteria in hospital administration.

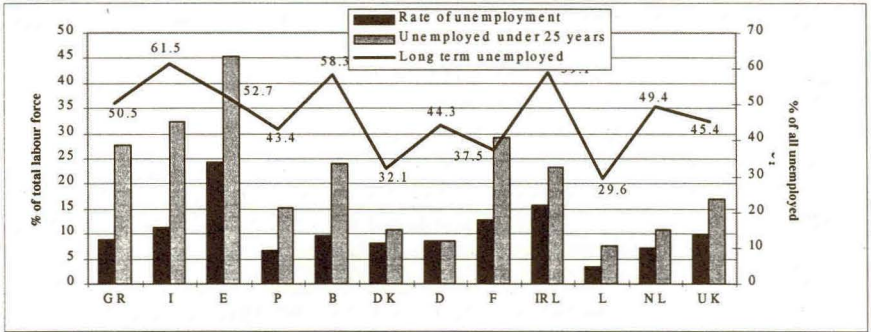
A draft law—in the light of the above suggestions—announced a few months ago by the government proposed significant changes in the structure and administration of hospitals, stressing among other things the urgent need for qualified management personnel to undertake hospital administration, and for medical staff to undergo a longer probation time before acquiring permanence. Yet the draft proposal does not tackle effectively some of the main causes of inefficiency: the enormous waste of public money and perverse distribution, which are linked to the fragmentation of occupational insurance schemes and phenomena of extensive corruption, e.g. widely practised informal economic transactions by hospital doctors and patients and well-established circuits of public/private providers, politicians and administrators creating high commissions and profits.

Unemployment: Another major "hot issue" in social policy debates

Phenomena of deindustrialization and low economic growth, in conjunction with a stabilization policy which has been intensively followed since the early 1990s under the pressure of the Maastricht Treaty requirements, have increased unemployment over the past decade and are expected to increase it further in the near future. In comparison to the other EU countries, the unemployment rate in Greece is relatively low (8.9 per cent, see figure 9), although in some regions of the country (Lavrión, Evia, Magnesia etc.), greatly hit by deindustrialization, the problem is more acute. Despite the gravity of the problem, a social policy vacuum persists, and social protection of the unemployed relies primarily on family and kin (Leontidou 1993).

What is more important, Greece lacks any income support schemes for the long-term unemployed, who amount to 50.5 per cent of those out of work. Unemployment benefits are granted for a short time (12 months only) and are the lowest in the EU, while any social assistance schemes for the young unemployed are totally lacking and active employment measures (i.e. vocational training, subsidized employment) are rather rudimentary, amounting to only 0.4 per cent of the GDP (the lowest rate among EU countries, see table 3).

Figure 9
Unemployment



Source: Eurostat (1995b)

Table 3
Passive and active labour market measures

	GR	I	E	P	B	DK	D	F	IRL	L	NL	UK
Active labour market measures (% of GDP) ¹	0.39	0.90	0.53	0.84	1.26	1.81	1.32	1.21	1.47	0.24	1.21	0.59
administration	—	0.08	0.11	0.13	0.21	0.11	0.24	0.15	0.14	0.04	0.20	0.24
labour market training	0.16	0.02	0.15	0.33	0.27	0.47	0.42	0.44	0.48	0.04	0.18	0.16
youth measures	0.04	0.80	0.09	0.27	—	0.34	0.06	0.28	0.43	0.09	0.11	0.14
subsidized employment measures for the disabled	0.08	—	0.18	0.07	0.62	0.43	0.34	0.26	0.28	0.02	0.13	0.02
for the disabled	0.01	—	0.01	0.05	0.15	0.46	0.26	0.08	0.14	0.05	0.59	0.03
Passive labour market measures (% of GDP)	0.81	0.87	3.11	1.13	3.07	5.19	2.52	2.10	2.81	0.98	2.61	1.59
Duration and level of unemployment benefits ²												
1st period												
months	12	6	6	21	12	30	12	12	12	12	24	12
% of incomes	28	26	80	81	79	73	63	80	41	85	74	23
2nd period (months)	0	0	18	21	indef.	indef.	indef.	indef.	indef.	indef.	indef.	indef.
% of incomes	0	0	70	44	63	63	56	67-33	32-35	46	49	23

Data on active labour market measures refer to 1992 for Greece and Italy, 1991 for Ireland, 1993 for France, 1993 for Belgium and Luxembourg; for the rest of the countries the data refer to 1994.

Source: ¹ OECD (1995). ² European Commission (1994a).

These institutional deficiencies are also reflected in people's attitudes. According to a survey undertaken in 1990, only 11 per cent of the unemployed participated in employment programmes by OAED (Organization for Employment of the Labour Force), while the average for the EU was 78 per cent, and none of them relied solely on OAED to find a job (Tsamourgelis 1993: 37).

Undoubtedly, the resources for unemployment benefits, training schemes and employment measures have been increasing since the late 1980s, due to the assistance by the structural funds of the EU to Greece, even in the absence of an established policy environment. In the context of the first Community Support framework (1989-93), Greece absorbed 17 per cent of total ESF financing (for Objective 1 Regions). Given the chronic problem of underinvestment in human resources, Community Aid helped to increase the percentage of GDP devoted to education by an average of 0.22 per cent, and contributed to the introduction of some active labour market measures, as a large part of this money was earmarked for vocational training (European Commission 1995: 22).

A thorough evaluation of the impact of ESF funding on Greece is lacking, yet it is widely accepted (even by government officials) that the 700 billion drachmas of the first CSP for labour market policy were spent "without planning, without a developmental and social policy orientation and, consequently, without any substantial impact on the enhancement of human resources" (in the words of an ex-minister of labour).

With regard to vocational training especially, a particular collusion of public/private agencies and politicians gave rise to a machinery of "fake" vocational training programmes. Over a few years 1 million non-profit organizations (!) were established which, in collaboration with enterprises, undertook the organization and operation of training programmes. Many of these enterprises and non-profit organizations lack any infrastructure and experience in training, aiming primarily at appropriating the money as a windfall return; while workers and the unemployed co-operate in this collusive manipulation in return for a meagre benefit.

A recent law targeted at rationalizing vocational training introduced stricter rules for the operation of training centres and the distribution of resources.¹³ Only "certified" Centres of Vocational Training (KEKs) can operate training programmes. A relevant committee is responsible for the certification of KEKs after a thorough evaluation of their infrastructural, educational and operational capacity. However, despite stricter regulations, abuse is widespread, as repeated control procedures bring up cases of inadequate or "fictitious" KEKs (which should not have been granted a licence in the first place).¹⁴ It is obvious that this situation differs greatly from the "workfare policies" adopted by the more advanced countries of the EU over the last decade (see Jones 1996).

A draft law for unemployment was discussed for about two years in various committees and governmental agencies, to lead only recently to the introduction of a policy of "work coupons" for the unemployed which can be exchanged for unemployment benefits or training programmes (or a combination of both). Other measures taken recently concern the provision of health

insurance (in IKA) to about 40,000 unemployed over 55 years of age who, however, have covered 3,000 days of work. The cost of this insurance will be paid by O.A.E.D. On the other hand, for the young unemployed (20–30 years of age) a programme of subsidization of the non-wage cost (for 12 months) to enterprises who will employ them has been announced, under the condition that the worker employed under this programme will stay in the enterprise for at least 18 months.

Needless to say, the success of even these fragmentary measures depends very much on substantial institutional changes which will limit the particularistic appropriation of welfare benefits and will allow a thorough rationalization of social policies.

Finally, another aspect of labour market policy concerns the rapidly increasing number of foreign (mostly illegal) immigrants to Greece since the late 1980s. As is the case with the other south European countries, Greece has become a receiving country, although she was for many years a country of out-migration. This of course has not happened because south Europe (and certainly not Greece) has suddenly become a prosperous place, with plenty of jobs, for both entrepreneurs and workers to choose it as their favourite place to live in. On the contrary, this occurred because the European Union has discouraged migration from the south and east to northwestern Europe. Moreover, the collapse of Communist regimes in eastern Europe and ex-USSR created new migratory patterns exacerbating illegal migration towards south Europe.

In the early 1990s the total number of foreign immigrants with a work permit was almost 34,000 (18,500 men and 15,500 women) in Greece. Illegal immigrants, however, are about 350–400 thousand. In the mid-1990s, the total number of immigrants reached 9 per cent of Greece's population or 15 per cent of the salaried and wage-earners, a high percentage by EU standards.

Social policies in Greece concerning the status of immigrants typically reflect the statist logic of leaving all problems open to political bargaining. Illegal immigration never stops, deportation is not an effective way to deal with it, and immigrants cannot get a work permit. None the less, immigrants are employed in the fields, in construction, in manufacturing plants and in low-grade service jobs, with the lowest wages and in most cases without any insurance. The presence of immigrants has created serious problems in the labour market, while new pockets of poverty and social marginalization have emerged in Greek society. Given the low development of the welfare state and the fact that immigrants lack any family and kin safety net for the alleviation of hardship, they become the most deprived and exploited social group.

Concluding Remarks: The Challenges Facing Social Protection

The crisis of social protection in the 1990s necessitates significant changes in Greek society and culture. Most importantly, the statist/clientelistic mode of production and distribution of income and wealth has created severe deadlocks, has intensified social fragmentation and has increased social tensions (large-scale corruption during the last decade being an indication of

these deadlocks). This has severely eroded the social legitimation and effectiveness of the statist mode of social organization, very much weakening any social consensus (i.e. about legitimate credentials of access to the state, "distribution" of public jobs etc.), that in the previous decades sustained social cohesion. Furthermore, low economic growth, a deepening fiscal crisis of the state, and changing trends in family patterns (i.e. increasing participation of women in the labour force, growing rates of divorce and of one-parent families) have seriously limited the capacity of the traditional model of social protection, linking statism to "soft-budgeting" practices by families and households, to respond to pressing social needs arising from growing unemployment (especially among the young), impoverishment and social exclusion. Consequently, a process of corrosion of the social fabric is under way, manifesting itself in the deterioration of living standards and increasing social disadvantage for a great many social groups (such as elderly people, unemployed, immigrants, etc.).

In this process of change, there are significant dilemmas to be faced. The "new regime" in social protection needs to be not only effective in fiscal terms (that is, to reduce fiscal deficits), but also socially just, so as to be able to tackle major challenges in social welfare, such as the need for effective and universal social assistance measures (including a universal income safety net), the shift from a welfare philosophy based upon income maintenance to one based on the provision of services which respond to local problems, the need for an efficient employment policy to combat unemployment, restructure skills, and regulate casual labour and illegal migration. However, for such deep changes in welfare philosophy and institutions to take place, a new social balance based on strong collective solidarities promoting the full maturation of universalist values is required.

As Greek society has been unable to develop collective solidarities, one could imagine that external pressures deriving from a solidaristic supranational social policy (i.e. a reinvigorated social Europe) could play a crucial role in precipitating the required social reforms in this country (rationalization of the state and of the social protection system and enhancement of universalist principles in welfare). Needless to say, if the social dimension of the European Union does not proceed very fast, it is very likely that the less advanced regions of Europe will experience deep shocks with devastating effects for social integration. Already the target of monetary union reflected in the stipulations of the Maastricht Treaty, has dealt a severe blow to the rather weak welfare states of southern Europe (and particularly so in Greece). The one-dimensional focus on fiscal discipline has greatly reduced social spending with detrimental effects on the living standards of the population.

If these priorities persist, a pessimistic scenario will be more likely. Given the fact that traditional structures of support are fading away without being replaced by a new welfare philosophy of universal well-being (triggered off either from the inside or the outside), it is most probable that European integration will cause extensive destabilization and will intensify the present institutional crisis in Greece.

Notes

1. In the early 1970s about 31 per cent of all households and 25 per cent of the total population were poor (Karantinos 1985).
2. Thus, in the 1950s and 1960s, more than 1 million Greeks emigrated to northwest Europe, and predominantly to Germany as *gastarbeiters*. A similar phenomenon is also observed in the other south European countries (see, for instance, Ayala 1994: 183).
3. Between 1961 and 1991, the age-group of over 65 years increased from 8 to 14 per cent of total population and is expected to reach 19 per cent in 2021 (Emke- Pouloupoulou 1994).
4. Nevertheless, there are still great margins for rendering private services in the informal economy for the majority of hospital doctors. The phenomenon of illegally charging fees to hospital patients is widespread (for instance, it is estimated that illegal fees paid only to heart surgeons—who are hospital doctors—amount to over 10 billion drachmas per year; Papandropoulos 1995: 37).
5. According to Fakiolas, the head of the Committee which in the early 1990s produced the report for the reform of social security in Greece, “many of these cases of invalidity should be re-examined for reasons of social justice” (Nikolaou 1992).
6. For a comparative examination of similar trends in all four south European countries see Kurth *et al.* 1993.
7. The ageing of the population and increasing unemployment diminished the ratio of working persons to pensioners: from 3.53:1 in 1975 to 2.31:1 in 1994. This is expected to decrease further to 1:1 by the end of the 1990s (Nikolaou 1992), causing great financial strain on social insurance funds.
8. For instance, the government decided recently to cancel the debt of approximately 300 billion drachmas by enterprises to social insurance funds (and mostly IKA/TEAM), a decision which was strongly opposed by trade unions, given the detrimental effects of this policy on the financial balance of the social insurance funds.
9. Also, recent legislation lifted limitations to capital investment by social insurance funds (Nikolaou 1996).
10. Minimum pension set at 20 wages and maximum at 100 wages.
11. Two-ninths by employees, four-ninths by employers and three-ninths by the state.
12. Up to now, the Greek market of private insurance has been one of the smallest among the OECD countries (amounting to 1.4 per cent of GDP and \$78 per inhabitant, see Besis 1993: 92).
13. Amounting to 1.5 thousand billion drachmas in the context of the second Community Support Framework.
14. According to Commissioner Padraig Flynn, the 600 (!) certified KEKs in Greece are indeed a large number by EU standards, creating a wide spreading of resources and low efficiency and effectiveness (*To Vima* 1996).

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