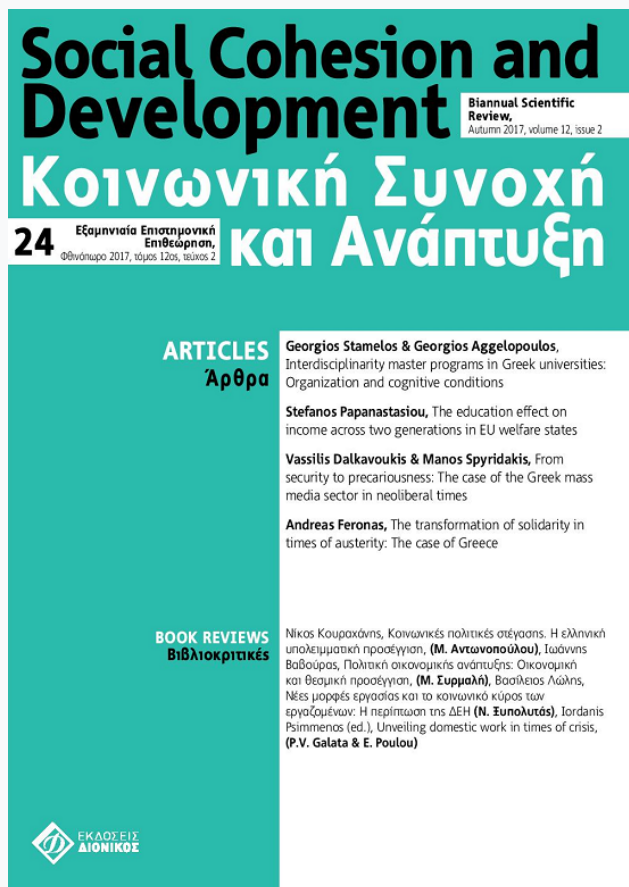


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The transformation of solidarity in times of austerity: The case of Greece

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The transformation of solidarity in times of austerity: The case of Greece

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Ο μετασχηματισμός της κοινωνικής αλληλεγγύης στην εποχή της λιτότητας: Η ελληνική περίπτωση

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ABSTRACT

The severe economic crisis that has surfaced in Greece over the last eight years, not only has resulted to an unprecedented social crisis but has also challenged long established domestic patterns of solidarity. By defining social solidarity very generally as “the willingness to share social risks” this paper aims at highlighting two parallel processes of transformation of solidarity in Greece in the context of the ongoing crisis. First, a process of retrenchment of an already problematic formal welfare state solidarity, largely imposed by the successive bail out agreements with the Troika. Secondly, the emergence of various forms of informal solidarity, aimed at supporting the social groups most affected by the crisis. The paper concludes that although the latter has played an important role in offering immediate relief to those “in need”, is far from being considered, neither as a panacea for solving social problems nor as a substitute to welfare state solidarity, at a time when the demand for social protection has increased dramatically.

ΠΕΡΙΛΗΨΗ

Η εμμένουσα σοβαρή οικονομική κρίση που βιώνει η Ελλάδα τα τελευταία οκτώ χρόνια, δεν έχει μόνο οδηγήσει σε μια πρωτοφανή κοινωνική κρίση, αλλά έχει επίσης θέσει σε αμφισβήτηση τα παραδοσιακά εδραιωμένα πρότυπα κοινωνικής αλληλεγγύης. Υιοθετώντας έναν ευρύ ορισμό της κοινωνικής αλληλεγγύης, ως «της προθυμίας για διαμοιρασμό των κοινωνικών κινδύνων», το παρόν άρθρο στοχεύει στην ανάδειξη δύο παράλληλων διαδικασιών μετασχηματισμού της κοινωνικής αλληλεγγύης στην Ελλάδα στο πλαίσιο της τρέχουσας κρίσης. Πρώτον, τη σημαντική περιστολή μιας ήδη προβληματικής (πριν από την κρίση) θεσμοποιημένης αλληλεγγύης του κράτους πρόνοιας, που επιβλήθηκε σε μεγάλο βαθμό από τις διαδοχικές συμφωνίες διάσωσης με την Τρόικα. Δεύτερον, την ανάπτυξη μιας πληθώρας μορφών άτυπης κοινωνικής αλληλεγγύης, με σκοπό τη στήριξη των κοινωνικών ομάδων που επλήγησαν περισσότερο από την κρίση. Το άρθρο καταλήγει στο συμπέρασμα ότι αν και η τελευταία έχει διαδραματίσει ένα σημαντικό ρόλο στην παροχή άμεσης ανακούφισης στις πιο ευάλωτες κοινωνικές ομάδες, δεν πρέπει να θεωρείται ούτε πανάκεια για την επίλυση κοινωνικών προβλημάτων ούτε ως υποκατάστατο της θεσμοποιημένης αλληλεγγύης του κράτους πρόνοιας, σε μια εποχή που η ζήτηση για την κοινωνική προστασία έχει αυξηθεί δραματικά.

KEY WORDS: Social solidarity, austerity, welfare state, civil society, Greece.

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ: Κοινωνική αλληλεγγύη, λιτότητα, κράτος πρόνοιας, κοινωνία πολιτών, Ελλάδα.

1. Introduction

The aim of this paper is to highlight some key aspects of transformation of social solidarity in Greece after the crisis. More specifically, it focuses on the changing balance between formal and informal solidarity taking place in the country, as a result of the ongoing economic crisis that has had obvious painful consequences for the social well-being of large sections of the population.

«Social solidarity» is, over time, one of the core but also most complex and controversial concepts in social science. It is approached in different ways by different sociological schools and theoretical traditions, but it is also constantly transforming, reflecting the rapid economic, social and cultural changes in society (Oosterlynck and van Bouchaute 2013). Etymologically it draws its origin from the legal concept of Roman law «in solidum», referring to the joint responsibility of a group for the debts of one of the group members (Bayertz 1999). With this meaning it was adopted by French lawyers in the 16th century and subsequently included in the Napoleonic Code in 1804 (Stjerno 2004: 27). In the context of Christian ethics, and in particular in Catholic teaching, it was identified with the concept of «brotherhood» which was expressed in the acts of love and charity towards the fellow man (Stjerno 2004). During the French Revolution, the concept of «brotherhood» gradually acquired political content in order to declare a sense of political community, while the phrase «equality, freedom, brotherhood» constituted one of the fundamental values of Western modernity. In the 19th century, religious interpretations of the organization and functioning of society are gradually receding and the concept of «brotherhood» is replaced by the concept of «solidarity». At that time, French utopians and social philosophers, such as Fourier and Leroux, began to use «solidarity» as a concept that states the attitude and relationships that are characterized by mutual sympathy among individuals who are united in a community. Fourier was the first to link solidarity with social policy, arguing that it should include the allocation of resources to people in need, a minimum guaranteed income and public support for families. Then, the classical sociologists (Comte, Durkheim, Simmel, Weber, etc.) began to systematically elaborate on the concept of «solidarity», trying to identify the sources of social cohesion in the transition from traditional to modern industrial society (Stjerno 2004).

Despite the fact that the sociological interest in social solidarity was fallen during most of the 20th century (Crow 2002; Wilde 2007), it has been rejuvenated, during the last decades, through the works of prominent contemporary sociologists (Beck 1997; Giddens 1994; Habermas 1995). Obviously, the classic question raised by Durkheim ([1893], 1984), namely «what are the bonds which unite men one with another and to society?» is set today on different terms, reflecting the rapid structural changes that marked the transition to modern post-industrial societies. These changes have posed significant challenges on how social solidarity is conceptually constituted, collectively organized and institutionally expressed through the welfare state, and also have contributed to the development of new forms of social solidarity (Wilde 2007; Feronas 2015).

For the purposes of this paper we define social solidarity very broadly as “the willingness to share social risks”. We consider this definition very useful for two reasons. First, with its emphasis on “willingness to share”, it reminds us that ‘positive’ feelings and attitudes must be acted on if the idea of solidarity is to have any substance (Wilde 2007:172). As Stjerno (2004:3) has pointed out solidarity is not morally good *per se* and the adjective “positive” is meant to distinguish solidarity, either from the negative relation between people or groups who are fighting or

are competitive to each other (de Beer and Koster 2009:15) or from illegal group practices (eg. criminal organizations) (Kantzara 2014:266). In this paper, solidarity has an inclusive rather than an exclusive character, meaning that the well-being of one person or of one group is positively related to the well-being of another person or group in society (Van Oorschot 1991, as cited in De Beer and Koster 2009:15).

Second, this definition allows for different forms of the “delivery” of solidarity to be considered. An important distinction here is between formal and informal solidarity. Formal solidarity implies ‘the preparedness to share resources with others by personal contribution to those in struggle or in need through taxation and redistribution organised by the state’ (Stjerno 2004:2). In this regard the welfare state embodies most of the formal compulsory solidarity (De Beer and Koster 2009: 41), since its gradual development from the late 19th century could be approached as the result of three parallel processes. Firstly, an awareness of the social nature of social risks (eg. poverty, illness, disability, old age, etc.), that is the assumption that the latter do not arise from an individual choice but are products of the social system. Second, the willingness to collectively cover social risks and third, the gradual development of a series of social institutions designed to manage social risks, such as social security, health care, labor market regulation, social assistance, etc. (Van de Veer, et al. 2012). Comparative research in the field of social policy (eg. G. Esping Andersen 1990) has shown that the traditional welfare state in Europe has not developed in a uniform way, reflecting the diversity of the philosophical and theoretical traditions of social solidarity (liberal, conservative corporatist, social democratic, etc.). The relationship between social solidarity and the development of a welfare state is two-way and complex. The strong support of individuals for state redistribution and service provision can be a prerequisite for the development and maintenance of a strong welfare state, but the opposite is also true. The existence of a generous welfare state is a powerful lever to maintain and strengthen social solidarity among individuals (de Beer and Kostner 2009: 51).

On the other hand, informal solidarity concerns mostly voluntary solidarity (either organized or not) and springs from a direct involvement and sympathy with fellow human beings. The most intense forms of informal solidarity are usually found within the family, while less intense forms concern help and support between friends, neighbors, colleagues, within civil society organizations and social networks or even towards strangers on the street (de Beer and Koster 2009:20-21).

The argument put forward in this paper is that the ongoing economic crisis in Greece has challenged long established domestic patterns of solidarity. In particular, it has marked a double transformation in the way solidarity is organized and delivered. On the one hand, a substantial decline in compulsory formal welfare state solidarity, largely imposed by the successive bail out agreements with the Troika. On the other hand, the emergence of informal solidarity, through an extensive civil society mobilization in setting up various groups and organizations in order to help those “vulnerable groups” most affected by the crisis. The paper concludes that although the latter has played an important role in offering immediate relief to those “in need”, is far from being considered neither as a panacea for solving social problems nor as a substitute to welfare state solidarity at a time when the demand for social protection has increased dramatically.

The paper is structured as follows. Section two provides a brief account of the traditional patterns of solidarity in Greece before the crisis that were strongly embedded in the southern model of welfare. Section three critically discusses recent changes in the way social solidarity is organized and expressed in the context of the ongoing economic crisis. Finally, section four summarizes the main conclusions drawn from the foregoing analysis.

2. Traditional Patterns of Solidarity in pre-crisis Greece

Formal solidarity in Greece before the economic crisis was manifested in the context of a welfare state that has been classified as belonging to a distinct 'Southern welfare regime', being characterized by underdeveloped state provision; extreme fragmentation of the social security system; large gaps in social protection, the selective distribution of benefits through clientelism and strong familism in social protection and service provision; (Leibfried 1992; Ferrera 1996). Indeed, the Greek welfare state before the crisis exhibited practically all characteristics associated with the aforementioned welfare model. A segmented labour market, where those regularly employed, the so called insiders (e.g. civil servants, employees of state-owned enterprises, the liberal professions) were often over-protected and enjoyed generous benefits while those without regular employment and the unemployed (outsiders) were left with no protection and scant social benefits. A public, first pillar, earnings related and highly fragmented and particularistic social insurance system, which reinforced the above mentioned divide between insiders and outsiders in the labour market. A National Health System (NHS), which introduced in 1983, combined with a large number of occupational-based health insurance funds which provided unequal access to health services. And, finally, a social assistance system which was characterized by considerable gaps in the social safety net, the selective distribution of benefits through clientelism and the absence of a minimum guaranteed income scheme, which would provide for the social protection of all the population in case of need (Sakellaropoulos and Economou 2006; Matsaganis 2013).

As for informal solidarity, the Greek family has traditionally played a central role in protecting its members from the exposure to social risks (Zambarloukou 2015), partly compensating for the failures of the formal sector. It is indicative that for some scholars Greece, as well as the rest of the southern European countries, are part of a particular type of welfare model - which they identify as 'familistic welfare model' - where family plays a key role as an institution that provides 'decommodification' when its members are out of the labour market or lack the necessary resources to maintain their living standard (Papadopoulos and Roumbakis 2009:5). That role of the family is not only confined to household members but refers to an extensive network of kin that 'provides a mechanism for aggregating and redistributing resources among its members' (Allen and Scruggs 2004: 116).

Apart from the key role of the family and compared to other Western European countries, Greece had a weak civil society both in terms of its quantitative dimension and its formal/institutional composition (Afouxenidis 2004). Moreover, it was characterized by a widespread apathy towards voluntarism, a lack of civic engagement among citizens and a low stock of social capital and confidence (Afouxenidis 2004, 2006; Sotiropoulos and Karmagioli 2006). The underdevelopment of civil society in Greece has been attributed to a number of reasons, such as its dependence on an inflated state (Tsoukalas 1986), the prevalence of clientelistic relations (Sotiropoulos 2001), the existence of powerful political parties (Voulgaris 2001) and the dependence of certain unions on the state (Mavrogradatos 1988).

In brief, social solidarity in Greece before the crisis was fragmented, inequitable, politically and socially biased and ineffective, with the family playing a key role in covering the gaps of the formal welfare state sector.

3. The changing patterns of solidarity in Greece after the crisis

3.1. The social consequences of the crisis

The persistent economic and social crisis experienced by Greece has obvious painful consequences for the social well-being of citizens. Between 2010 and 2016 GDP had shrunk by 24.4 %. In 2013, unemployment reached its highest levels at 27.5 % and still remains the highest in the EU (23.5% in January 2017), while youth unemployment stood at 61% (48 % in early 2017). Moreover, in 2016 the poverty risk estimated at the 2008 poverty line, more than doubled (from 20% to 48%), showing the highest increase among EU Member States over the same period, while 35.7% of the country's population ran the risk of poverty or social exclusion. In the same year, the share of those who were severely materially deprived was 22.2%, while the people aged 0-59 living in jobless households was 16.8%. Finally, a significant increase in the risk of child poverty is particularly worrying (Table 1).

Table 1: The Social Consequences of the Crisis

Selected social indicators	2009	2010	2011	2012	2013	2014	2015	2016
ΑΕΠ	-4,3	-5,5	-9,1	-7,3	-3,2	0,4	-0,2	0,0
Unemployment rate	9,6	12,7	17,9	24,5	27,5	26,5	24,9	23,6
Youth unemployment rate	25,7	33	44,7	55,3	58,3	52,4	49,8	47,3
Percentage of the population aged 0-59 living in households with very low work intensity	6,6	7,6	12	14,2	18,2	17,2	16,8	17,2
At risk of poverty rate	19,1	19,3	20,9	22,5	22,4	22,2	21,5	21,2
At risk of poverty rate anchored at a fixed moment in time (2008)	18,9	18	24,9	35,8	44,3	48	48	48,9
Severe material deprivation	11	11,6	15,2	19,5	20,3	21,5	22,2	22,4
At risk of poverty and/or social exclusion	27,6	27,7	31	34,6	35,7	36	35,7	35,6
Child poverty rate	23,4	22,3	23,3	26,5	28,7	25,3	26,1	25,6

Πηγή: Eurostat

As will be shown in the next sections, the humanitarian crisis caused by the economic crisis has influenced a transformation in the way social solidarity is organized and delivered, namely a further retrenchment of an already problematic formal welfare state solidarity and an emergence of new forms of voluntary informal solidarity.

3.2. The “external” imposition of a decline of formal welfare state solidarity

The crisis has highlighted the inefficiency of the formal welfare state solidarity. And despite the fact that the extreme social conditions that have been created have made it imperative to undertake public policy initiatives on “cushioning” the social consequences of the crisis, this has not

happened. Neoliberal “austerity”, which already had emerged since the mid-2000s in the context of international organizations (Sakellariopoulos, 2011:54), became the dominant policy response to deal with the EMU crisis and the sovereign debt crisis of the most troubled countries in the European periphery (Schmidt and Thatcher, 2013). The reforms launched under the country’s successive Memorandum of Understandings (MoUs), from 2010 onwards, have led to the further degradation of an already perforated social safety net. While social spending cuts were universal (health, social security, social welfare, etc.), the measures to support the most vulnerable social groups were sporadic and fragmentary, unable to compensate for the huge losses caused by the great waves of austerity (Sotiropoulos 2014b). The overall result of the reforms in major social policy fields reveals a process of retrenchment of formal welfare state solidarity. Pensions and labour market policies were the two traditional pillars of the Greek welfare state which experienced radical institutional changes, while severe cuts were imposed in other social policy fields (health care, social assistance, etc.) (Guillen and Pavolini 2015). In what follows we briefly review recent major welfare state reforms¹.

In the area of pensions, a comprehensive reform, that changed central characteristics of the system, was required already by the first MoU (2010) with the aim of controlling the increase in pension spending (Theodoropoulou 2014). The resultant path-breaking reform (L.3864/2010) replaced the Bismarkian social insurance system with a unified, multi-tier system that distinguishes between a basic (quasi-universal²) non-contributory pension funded from the central budget which, based on 2016 prices, will amount to 384 euros, and a contributory pension which will be calculated taking into account the entire working life of the individual and years in employment. This structural change was accompanied by parametric changes, such as the rise of retirement age from 65 to 67, the elimination of early retirement and the lowering of replacement rates (Feronas 2013; Zambarloukou 2015). Current retirees also saw their pensions to be reduced dramatically through successive rounds of cuts in primary and auxiliary pensions and the gradual reduction of EKAS, a supplementary benefit for low income pensioners³. Some of the changes stipulated did indeed served to introduce some long overdue elements of modernization into the Greek system (eg. the integration of pension funds into three major funds: the salary employees, the self-employed and the farmers; the streamlining of benefits; the implementation of similar criteria to all occupational groups, etc.), but they still have remained incomplete. Some scholars have argued that the structure of the new system could almost be described as Scandinavian (Matsaganis 2012:11). However, the basic pension provided by the new system is very low and the combination of shrinking pensionable income and lower replacement rates will significantly reduce pensions of future retirees (Feronas 2013:140; Petmesidou and Glatzer 2015).

In labour market policy, retrenchment was also the dominant trend, despite the massive increase in unemployment since 2008 (Theodoropoulou, 2018:16). This was firstly evident in the level of unemployment benefits. The unemployment insurance benefit was reduced (360 euros per month), following the reduction in the minimum wage (from 454 euros, before the crisis, to 360 in 2012) and the eligibility criteria became stricter⁴. On the other hand, the unemployment assistance benefit has remained stable since 2003, thus resulting to a decline to 24 per cent of the minimum wage in 2012, compared to 38 per cent in 2003 (Matsaganis 2018). As a result, according to calculations of a recent study using ELSTAT and OAED data (Matsaganis and Leventi 2017), in 2010, when the number of unemployed was still 639,000, the beneficiaries of the regular unemployment benefit were 224,000 (coverage rate 35.1%). By contrast, in the first ten months of 2017, while the number of unemployed had reached 1,030,000, the number of those receiving unemployment ben-

efits had dropped to 121,000 (coverage rate 11,8%) (Table 2). In the area of Employment Protection Legislation (EPL) measures aimed at (a) relaxing the employment protection legislation of workers on regular contracts, (b) facilitating greater use of temporary and fixed-term contracts and (c) increasing flexibility in working time arrangements (Theodoropoulou 2014:28). As regards the collective bargaining system, the scope of the national collective wage agreement was almost abolished by making the determination of minimum wages statutory rather than collectively agreed. Moreover, reforms in this area have effectively dismantled the collective regulation of working conditions, since employment agreements have increasingly sifted away from the national/sectoral level to the decentralized/enterprise level (Petmesidou and Glatzer 2015; Guilen and Pavolini 2015). Overall, labour market reforms have seriously damaged labor rights and have led to the development of a “flexicarity” model, that is flexibility without security (Petmesidou 2018).

In health care, dramatic spending cuts and receding public provision have also been the main drivers of reforms. Between 2009 and 2015 Greece experienced the largest average annual reduction in health expenditure (6.6%) and showed one of the lowest percentages in public health spending: 5% compared with 7.8%, which is the EU average. At the same time private health spending accounted for 39% of total health spending, the fourth highest figure in the EU after Cyprus, Bulgaria and Latvia (OECD/EU 2016). The reorganization of health insurance under a new single entity (EOPYY – National Organization of Health Care) in 2011 has resulted to a reduction of the new unified and standardized reimbursement services for the insured. In addition, rising user charges in public hospital and health center outpatient departments, increasing co-payments for medicines and rationing through increasing waiting times and other stalling mechanisms, have had negative effects, especially for vulnerable groups (Economou 2015). According to the latest Eurostat data, in 2015 about a fifth of the population in the lowest income quintile declared unmet health care needs due to high cost, long waiting lists or distance. In 2014, a new law was voted for Primary health Care, provided for the establishing of a Primary Health Care Network (PEDY) coordinated by the Regional Health Authorities and of a referral system based on family general practitioners (GPs). This resulted to a purchaser/provider split: EOPYY has been assigned the function of a funding organization, while PEDY has been assigned the function of a unified primary care network (Petmesidou and Glatzer 2015). However, lack of adequate funding undermines the potential benefits of these, otherwise, positive developments. EOPYY is expected to cover an increasing part of health expenditures at a time when it's seriously underfunded by the central budget (its debt is currently set about 2 billion euros), while its revenues are severely hampered by shrinking contributions due to high unemployment (Petmesidou, et al 2014, 2015; Zambaloukou 2015). On the other hand, the operation of PEDY is also undermined by reduced public funding, the shortage of doctors and medical practitioners⁵, while the referral system based on family GPs has not yet been implemented⁶. It seems that the content and the process of changes in the health sector, so far, have been reduced to a strictly technocratic/managerial exercise without adequate consideration of the real health needs of the population. As a recent study notes ‘in order for the Greek health care system to achieve its stated objectives – to provide comprehensive and high-quality services equitably, universally and free at the point of delivery – it should be geared towards citizens and facilitate patients’ orientation within the system’ (Economou et al 2015:131). A positive development to that direction is a recent legislation⁷ passed by the new Syriza government, which provides for the universal access to health care and medicines without having to contribute to their cost from 1 June 2016 for all uninsured⁸ and financially vulnerable Greek citizens, as well as for other vulnerable categories.

Finally, in the field of social assistance, although a rhetoric for a social benefits' system "rationalization" permeates MoUs instigated reforms in this area, the new measures introduced, with the blessings if not the imposition by the international creditors, were also sporadic and fragmented and have been seriously constrained by fiscal considerations. They concern mainly:

- The extension of the coverage of long-term unemployment benefit and the institutionalization of self-employed unemployed (L.4093/12). Yet, the very strict eligibility criteria have resulted in the number of beneficiaries remaining extremely low (4.135 in 2016).
- The double reforming of the structure of the family allowance system (Laws 4093/12 and 4512/18), with a view to rationalizing the system by redistributing family benefits to families with 1 and 2 children, abolishing the special benefit of 500 euros per child for families with 3 or more children and further tightening the income criteria for their provision.
- The full implementation of Social Solidarity Income (SSI) from 1/1/2017 with a view to addressing extreme poverty (FEK128 / 24.01.2017). The program is structured in three pillars, including income support, promotion and safeguarding access to social services and goods and integration and reintegration into the labor market (by April 2017 the beneficiaries were 187.187). The implementation of the SSI also includes the package of interim measures to address the humanitarian crisis of Law 4320/2015 and Joint Ministerial Decision 494/2015.

In the traditionally underdeveloped public long-term care sector, supply is unable to meet demand due to insufficient positions, limited coverage by public insurance organizations and the reduction of social spending (Petmesidou 2017:165). On the other hand, an effort is being made to continue the operation of some successful open-care programs created in previous years, notably through their integration into EU funding programs (eg. nurseries, child care structures, "Help at Home" programs etc.) (Petmesidou 2011).

In addition, some new structures and programs that have been created also depend on European funding. These concern, for example, (a) the establishment of the Community Centers (L.4368/2016) at the Municipal level to support the implementation of social protection policies and the development of a local reference point for reception, service and interconnection of citizens with the corresponding programs implemented in the area of their responsibility, (b) the Housing and Reintegration Program for the provision of housing and social support and rehabilitation services for the homeless (extended until 31.12.2017 (Law 4445/2016) and the Fund for European Aid to the Most Deprived (FEAD), which supports the distribution of food and basic materials to the most deprived and is implemented throughout the country through Social Partnerships.

An overall first assessment of the welfare state reforms implemented in Greece during the crisis highlights an obvious asymmetry between the extent and intensity of the social and humanitarian crisis and the public policy measures taken to address it (Sotiropoulos 2014b). As Matsaganis (2013:25) has noted 'the balance of retrenchment versus expansionary policy changes remains overwhelmingly tilted towards the former. For every 100 euros saved as a result of cuts in pensions and social benefits...less than 5 euros is being reinvested in the policies for improving social protection...'. The dominance of the doctrine of neo-liberal austerity and its imposition on Greece during the period of the crisis has led to the further deregulation of an already problematic welfare state. The recipe that is being implemented leads to shrinking the middle class and transferring resources from the less vulnerable to the totally poor and impoverished, widening the gap between the few privileged and a rapidly growing number of precariously working, vulnerable, poor and socially excluded.

In short, after 2010, social policy reforms in Greece marked a substantial decline in formal welfare state solidarity.

3.3. The rise of informal solidarity

As the economic crisis evolved, it was evident that most people in need could not rely on a constantly retreating formal welfare state solidarity. Moreover, the capacity of the Greek family to play its traditional role in providing social care for its members has been significantly constrained (Lyberaki and Tinios 2014). In a context of extreme deterioration in economic conditions, women face the difficulty of combining work and family care due to the lack of adequate public social structures and the growing need for care in the family caused by the return of adult children home due to the crisis (Petmesidou 2013). In other words, the family is called upon to play an even more prominent role in protecting its members against social risks within a context where its capacity to consolidate and mobilize resources is dramatically reduced (Papadopoulos and Roubakis 2009:18).

The huge gaps in social protection created by the crisis and the inability of the welfare state and the family to effectively mitigate its social consequences are seen as the main factors that facilitated the rise of informal solidarity in post-crisis Greece (Sotiropoulos and Bourikos 2014; Sotiropoulos 2014a; Tzifakis, Petropoulos and Huliaras 2017; Kavoulakos and Gritzas 2015; Simiti 2014; Kantzara 2014). We could distinguish two main aspects of transformation of informal solidarity in Greece after the crisis.

Firstly, a gradual change in the organization and operation of typical⁹ social solidarity organizations (mainly NGO's). On the one hand, most of them came under severe economic strain or even stopped their operation as government limited and eventually stopped (in 2012) state funding, while at the same time their revenues from small private donations and CSR programs were drastically reduced (Tzifakis, Petropoulos and Huliaras 2017). On the other hand, new NGOs were formed and along with the remaining older ones became more active in social solidarity aiming at complementing welfare state provision. Counting on an increased number of volunteers they collaborate with state actors, the Greek Orthodox Church, private business and not for profit foundations, providing care not only for their traditional target groups, but also for newly impoverished Greek citizens seeking social services and basic consumer goods (Sotiropoulos and Bourikos 2014:51). Moreover, the crisis has helped to reduce their dependence on the state and gave rise to new sources of funding, most importantly EU programs and large private Foundations (eg. Niarchos Foundation, Bodossaki Foundation, Onassis Foundation etc.) (Sotiropoulos 2014a; Simiti 2014; Kavoulakos and Gritzas 2015).

Secondly and most importantly, the emergence and expansion, for the first time, of new atypical¹⁰ social solidarity organizations, networks and forms of action, ranging from spontaneous protests, civil disobedience and the formation of alternative political, economic and social spaces (Kavoulakos and Gritzas 2015:338). A typical example of spontaneous protest were the 'square movements' which, at the time of Memorandum's vote, became symbolic points of questioning the dominant economic and political system. This spontaneous mobilization of et-eronymous social groups expressed the democratic feeling of civil society, revealing at the same time the strengthening of cohesion at the micro-level, as well as the lifting of confidence in the macro-society. The rejection of the two major parties (ND and PASOK) in the 2012 elections and the mass withdrawal of deposits from the banking system clearly showed the growing distrust of the Greek people over the political institutions and the magnitude of the widespread social

crisis (Sotiropoulos 2014; Koniordos 2015). Another type of civil society's protest took the form of civil disobedience actions, such as the "do not pay" movement. A significant proportion of the Greek population refused to pay tolls, taxes and electricity rebate fees and participated in efforts to avoid auctions. These initiatives, in spite of their fragmentary nature, have contributed to the questioning of the dominant policy of coping with the crisis, highlighting the importance of self-organization and collective claims (Kavoulakos and Gritzas 2015:345).

In parallel, and partly as a consequence from the above protest movements a large number of new social solidarity structures and initiatives emerged and became active in most sub-sectors of social protection (eg. health care, social assistance, education, etc.) offering help to those most affected by the crisis. They include 'time banks' (that is voluntary networks in which participants commit time to help one another), social medical centers, social pharmacies, social grocery stores, intermediary markets, community kitchens, 'social cramming schools' (koinonika frontistiria) and other informal groups and networks (Sotiropoulos and Bourikos 2014). Recent field research has recorded more than 500 new alternative projects and initiatives in the area of social solidarity that have emerged across the country over the last 6 years (Afouxenidis 2015:331). Although their variety and diversity make generalization difficult, these social structures and initiatives differ in many respects from traditional forms of civil society, such as NGOs and associations. They are usually atypical, self-organized, often lack legal status, are economically independent of the state and the market, take their decisions through democratic processes, they challenge the dominant political social and economic practices and values and develop new ones based on solidarity, reciprocity, equality, respect for diversity and the right to self-determination (Kavoulakos and Gritzas 2015:346). In this respect, 'they want to treat the beneficiaries of their activities as participants in the collective production and distribution of social assistance, and view social solidarity in the context of the economic crisis as part of a wider political movement to construct alternative forms of social and economic life' (Sotiropoulos and Bourikos 2014:52).

Admittedly, the rise of informal solidarity (both typical and atypical) has played an important role in offering immediate relief to those suffering from the social consequences of the economic crisis. Relevant literature has highlighted the added value of the involvement of - mostly the atypical - social solidarity organizations and networks in the provision of social services. First, they are closer to, more familiar and more flexible in terms of meeting the changing needs of their target groups. Second, they do not stigmatize their beneficiaries since the latter are also participants rather than passive receivers of goods and services (Bourikos and Sotiropoulos 2014:48-49). Some scholars have adopted an even more radical view by arguing that informal solidarity, as expressed during the crisis, could contribute to changing society from bottom up and gradually lead to a new "paradigm" of organizing social relations, alternative to the prevailing neoliberal capitalism (Katzara 2014:276).

In our view, what is most important is the clarification of the real social impact, future potential as well as the limits of informal solidarity. Obviously, the answer to these questions requires a systematic field research with regard to the density, duration, values as well as the quantity and quality of services offered by informal social solidarity organizations (Bourikos 2013:29). In this respect, recent preliminary research results seem to put in question some of the aforementioned advantages of the involvement of informal social solidarity organizations in the provision of social services. The accessibility of services seems to be unequal, with spatial inequalities being the most typical example: concentration of social programs in specific municipalities and non-existence in others, which adds to a differentiated access to welfare coverage. The universal-

ity on the basis of gender, religion, belief, language, origin seems to be a demand, since social initiatives of groups and parties with clear racial and intolerant orientation are being developed, excluding "others" from any social assistance offered. The duration of their operation is one of the major challenges in order to provide a stable safety net for people in need. Moreover, the criterion of respect for the rights and personality of the target groups is violated by the practice of several typical and atypical initiatives (eg, television coverage without their own approval, violation of sensitive personal data etc.). Finally, in many cases a paternalistic and moral assessment of the service providers is preferred, with no regard for ensuring their participation in the planning, provision and evaluation of the services provided (Bourikos 2013:28).

A second key question concerns the relationship between informal social solidarity organizations and the welfare state. The recognition of the failure of a problematic – already before the crisis - formal welfare state solidarity to cope with the social consequences of the economic crisis does not automatically imply neither an unconditional shift to informal solidarity nor a legitimization of a welfare state inertia or inaction. The great danger that lies here for social solidarity is to gradually lose its institutional status as a social right fulfilled by the welfare state and to result in a minimal, residual and differentiated coverage of immediate survival needs in a voluntary manner by informal civil society organizations. The welfare state, as the main expression of the collective in modern democracies, must remain at any cost the guarantor of social solidarity in good and hard times, at a time when neo-liberal capitalism has dominated the world (Sakellariopoulos 2011:61).

4. Conclusion

Traditionally, social solidarity in Greece was fragmented, inequitable, politically and socially biased and inefficient, with the family playing a key role in covering the gaps of the formal welfare state sector. In this paper we have argued that the severe economic crisis that has surfaced in Greece over the last seven years, not only has resulted to an unprecedented social crisis but has also challenged long established domestic patterns of solidarity. What comes out from the foregoing analysis is a double transformation.

First, the crisis has contributed to a process of retrenchment of formal welfare state solidarity, largely imposed by the successive bail out agreements with the Troika. It has highlighted the inefficiency of the Greek welfare state and despite the fact that the extreme social conditions that have been created have made it imperative to undertake public policy initiatives on "cushioning" the social consequences of the crisis, this has not happened. Instead, the reforms launched under the country's successive Memorandum of Understandings (MoUs), from 2010 onwards, have led to a further degradation of an already perforated social safety net. While social spending cuts were universal (health, social security, social welfare, etc.), the measures to support the most vulnerable social groups were sporadic and fragmentary, unable to compensate for the huge losses caused by the great waves of austerity. Moreover, in a context of extreme deterioration in economic conditions, the capacity of the Greek family to play its traditional role in providing social care for its members has been significantly constrained.

Second, the crisis has influenced a substantial rise in informal solidarity. The huge gaps in social protection created by the crisis and the inability of the welfare state and the family to effectively mitigate its social consequences were the main factors that facilitated the emergence

and expansion of informal solidarity that took two main forms: (a) the transformation of traditional typical civil society organizations (NGOs) in terms of their aims, organization structures, activities, sources of funding and relations with the state; and, (b) the mobilization of a vast variety of new atypical social structures, groups and initiatives in providing immediate relief to the ‘victims’ of the economic crisis.

Undoubtedly, the rise of informal solidarity (both typical and atypical) has played an important role in offering immediate relief to those suffering from the social consequences of the economic crisis. However, it has not managed to fill the huge social protection gaps, left over after the welfare state had receded. In this respect, informal solidarity is far from being considered neither as a panacea for solving social problems nor as a substitute to welfare state solidarity at a time when the demand for social protection has increased dramatically.

Notes

1. A detailed analysis of these changes is beyond of the scope of this paper. For a comprehensive review of the Greek welfare state reforms under the MoUs see Matsaganis 2013; Petmesidou and Glatzer 2015; Theodoropoulou 2014; Zambarloukou 2015, Adam and Papatheodorou 2016.
2. The basic pension will also be provided to the non-insured, but only if they meet the age, income and years of residence criteria.
3. On average, of 30 per cent, going up to 60 per cent for the high pension benefit brackets (Petmesidou and Glatzer 2015:166). By 2019 the abolition of EKAS and a new round of pension cuts of up to 18% is foreseen under the commitments of the third MoU.
4. In 2013 an additional restriction was introduced whereby eligibility for the unemployment benefit could not exceed 450 days, within a four year period, while in 2014 this was further reduced to 400 days.
5. Many doctors didn't choose to join PEDY due to the fact that they would have to give up their private practice, while at the same time their salaries as public sector doctors were substantially reduced (see Zambarloukou 2015:664).
6. The reform of primary care is still underway by the Ministry of Health. The new system provides for the activation of the concept of the family doctor, either through public structures like the Local Health Units (TOMY) or through contracts with freelance doctors, who will navigate citizens through the Health care system.
7. Joint Ministerial Decision A3(g)/GP/oik. 25132/2016, "Regulations to ensure access of the uninsured to the Public Health System", Official Government Gazette, Issue B, No 908 / 4-4-2016.
8. According to the National Social Insurance Registry (ATLAS), approximately 2.5 million of the population has no insurance coverage for health care.
9. They have been formally set up by registering with the first instance civil court of their region. They have their own standing orders or by-laws and a recognizable, usually elected, administrative board (see Sotiropoulos and Bourikos 2014:34).
10. Networks and groups in which individuals participate, forming informal ties both amongst them and with the beneficiaries of their activities. They may still be understood as organizations although they do not adopt an officially approved name nor are they registered with judicial authorities, as is the case with formal organizations (see Sotiropoulos and Bourikos 2014:34).

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