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Child Protection in Times of Crisis in Greece

Theano Kallinikaki ^{1,*}

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*Correspondence: thkallin@socadm.duth.gr

¹ Democritus University of Thrace, Greece

Child Protection in Times of Crisis in Greece

Theano Kallinikaki*, Democritus University of Thrace, Greece

THEORY

PRACTICE

RESEARCH

Children's upbringing and wellbeing in Greece have been deeply affected by the bailout programme agreed between Greece and the IMF-EU-ECB, which has caused a dramatic increase in unemployment, poverty, inequality, racism and social disruption. Health insurance and welfare provision have collapsed under the acute pressure to reduce public cost, while the huge wave of youth immigration has weakened the existing 'family based' welfare.

Uncertainty, insecurity, the sudden and complete overthrow of living conditions and prospects, and the loss of dignity have severely threatened daily social functioning and parents' mental health, with obvious consequences on children's wellbeing. Although Greek families are child oriented, the new conditions have affected inter-generational solidarity and led to a vicious circle of risks causing child neglect or maltreatment.

Following an outline of the traditional welfare in Greece, this paper briefly discusses welfare issues under the crisis conditions and the 'adjustment plan' before raising questions about welfare services' responsiveness to the needs of children and youth living in 'new poor' families and deprived communities.

The paper emphasizes the continued shortage of 'permissive factors for effective parenting' (Buchanan, 1996, p. 8) and of protective factors for children's development in schools and communities as well as the rapid increase of out-home care provision.

Drawing on a social work perspective, it traces the specific clinical-family crisis, foster care interventions, and community interventions in schools and neighbourhoods. Among the pressing priorities is to make sure that children's vulnerabilities are visible on policy agendas, and both children and their families are included in policies targeted at combating poverty, educational and health inequalities.

Key words: child poverty, foster care, crisis impact on children, social work.

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Introduction

Greek family has remained the most important provider of welfare and mechanism for the redistribution of resources. It is child-oriented, and parents invest into their children's future living conditions and in their earning potential through investment in education. They supplement children's education with private tutorials, foreign languages, music and athletics. This is due to limited role of the state in offering social care, the fragmented and more demographically focused family policies (for families with three or more children) and the lack of community services, (Kallinikaki, 2010). Family ties are strong, and protection/overprotection and cohabitation with children takes longer, which is maximized in cases of members with disability.

Since 2009, the majority of Greek families have been experiencing the full impact of the deep economic recession and the many significant changes occurring at economic, social and political level. A considerable number of the traditional middle-class strata (self-employed, small entrepreneurs, public sector employees) has decimated and sunk into the ranks of the new poor (Petmesidou, 2013). In 2014, the official unemployment rate was at 27%, and for youth it was 60,4% (Hellenic Statistical Authority, 2014), while only about 20% of the unemployed received a small benefit payment for a period of 12 months or less, depending on the time worked before unemployment. The current generation of young people is recognized as a lost generation, while 'Greek society, which is sacrificing it, is itself a lost society' (Vergopoulos, 2014, p. 24). A nationwide research by the National Social Research Centre on 'the social portrait of Greece in 2012' verified that unemployment is the major issue in Greek society (Mouriki et al., 2012).

As a result of parental unemployment and poverty, a significant reduction in pensions and welfare benefits, living standards have deteriorated and inter-family support has enormously diminished. In addition, the evolution of the deep economic crisis found Greece's social welfare and health care system in a long-term state of insufficient reform, aimed at harmonizing it with the conditions born from family's transition from the male breadwinner and female home-carer to a dual earner household with both spouses working. But, innovations instigated mainly by EU-funding for promoting the reconciliation of work and family obligations, and active labour market policies (such as nurseries, centres for creative activities for children, day care centres for elderly people, home-help for elderly and disabled people, and centres for promotion to employment) were the easy victims of austerity measures (Petmesidou, 2013a). Social care services have been under enormous pressure to reduce costs and to increase the provision of services in order to respond to the growing demands for new services. They have been pressed to offer more services with fewer, lower paid staff, to reduce research and staff training, to merge projects, and to bureaucratize services in order to respond to the new process of control-evaluation. Most of these services are closed down, or in partial function with few and unpaid staff (such as hostels, home-help and various day units). Social welfare is developing into a power state, authoritative, concentrating, bureaucratic and stigmatizing. Care provisions of major importance are transferred to the private sector.

In 2013, homelessness increased by 20-25%, with 20,000 people sleeping rough in the streets in Athens and other big cities (Klimaka, 2014). Moreover, 725,000 households in the country did not use the central heating in their houses in 2013 (Hellenic Statistical Authority, 2014). Consequently there was an overuse of improper combustible material instead of firewood, mainly in the biggest cities, causing serious air pollution.

According to the annual reports by the biggest NGOs and institutions, there is an increase of families in need of food supplies. For instance, in 2012 the NGO *Kivotos* offered food to 400 families compared to 100 in 2011; similarly *SOS village* fed 400 compared to 70 in 2011, and the institution *Hatzikosta* offered food to twice the number of families (100 in 2012 compared to 50 in 2011). A large number of families have received free food from municipality-run soup kitchens across the big cities and the church (10,500 adults and 3,000 children were the beneficiaries of soup kitchens of the Municipality of Athens in 2013).

The deepening economic crisis is forecast to have further negative effects on the population's health, while poorly developed public (and preventative) health care policies partly account for the conditions under crisis (Kentikelenis et al., 2011). The demand for public health services has risen significantly (by about 35% over the last couple of years, according to the Ministry of Health). Yet, dramatic cuts in health-care spending, a shrinking number of hospital beds (even in intensive care units), decreasing public health personnel and a roll-back of health insurance coverage do not augur well for meeting an increasing demand for public provision (Petmesidou, 2013b, p. 194). A flat 'ticket payment' and private provision within the public one is expanding.

As the focus in this paper is more specifically on the consequences for children, it is important to know some key numbers. When discussing children's welfare or social needs in Greece, we refer to 1,889,916 persons under the age of 18 (51.2% boys and 48.8% girls), who constitute about 17.5% of the total resident population (10,815,197, 2011-Census). 23.5% of Greek households include children under 15. There are 181,000 with migration background, mainly from Albania (70.5% of them), and these constitute 9.6% of the total of minors (up from 7.8% in 2001). There has been a large reduction in the number of children in Greece since 2001. The underage population shrunk by 9% in the decade between the 2001 and 2011 census, at a faster rate than the overall population, which fell by 1.1% (Unicef, 2014).

A recent Unicef report, titled 'The situation of children in Greece, 2014: The impact of the economic crisis on children', suggests that some 686,000 children, or 35.4% of the total, are at risk of poverty or social exclusion, up from 30.4% in the previous year. The most vulnerable were children in single-parent households (where 74.7% were deemed at risk) and in families with three or more children (43.7%). The number of children living in households with no working adults rose to 292,000, or 13.2% of the total in 2012, having increased by 204,000 compared with 2008 (Unicef, 2014). Among households with depended children and no employed family member, poverty has risen to 54% (Mitrakos, 2013, p. 53).

Children's wellbeing is inextricably linked to poverty and to stress factors in their families, and children needs cannot be seen separated from issues relating to the whole complex of the family. The current ongoing economic crisis thus affects not only families but also the school, peer and social environment of children, and the impact is more profound for those who are already marginalized or disadvantaged.

This paper is written at the time of crisis, whilst its significant visible and invisible impacts on children are still going on and are indeed worsening. Empirical studies are limited, and the recent annual reports of state services and NGOs publicize only a number of general categories of needs, while organizations committed to promoting children rights under the frame of UN Convention are still addressing the current and future risks. This paper discusses these data from a social work perspective and traces possible preventive, supportive and resilient interventions in children and family crisis conditions.

The impact of the crisis on children

Child poverty¹ permeates every aspect of children's lives at home, at school, in their neighbourhood and the community. It damages them economically, materially, socially and on a deep personal level (Ridge, 2002).

¹ According to Eurostat, the poverty and/or social exclusion indicator refers to the share of the population in at least one of the following conditions: (1) living below the poverty line (cut-off point is the 60% of the median average income), (2) experiencing severe material deprivation, and (3) living in a household with very low work intensity.

In the case of Greece, where poverty and risks have increased and protection has collapsed, children are being hit hardest. Significant, complex needs and factors that may lead to child neglect or maltreatment are unmet. Five of these bounded aspects of life are briefly discussed below.

Living in poverty

During the school year 2012-2013, one in four (27%) pupils in 152 schools across the country (a sample from 15,897) reported 'food insecurity with hunger', while 59,900 pupils accessed soup kitchens in their 395 schools (Niarchos, 2013). The NGO *Kivotos tou kosmou* offers food to 1,300 persons, on a daily basis, most of whom are single and homeless mothers and their children (Kivotos tou kosmou, 2014). In 2013, '10,547 children and their families with severe difficulties to survive' were been supported by the NGO *Hamogelo tou paidiou* (Hamogelo, 2013).

The institution *Agios Stelianos* saw an increase in the number of applications for children's placements from financially weak families, mostly from immigrant mothers unable to care for their children after having lost their jobs. 'Six (6) of the 29 children under treatment in this institution, are staying till their parents can stand "on their own feet", while only 14 children are accommodated in foster families. Applications for adoptions have also considerably increased (from 86 in 2012 to 83 in the first six months of 2013)' (<http://www.mothersblog.gr/news/item/12894>). Recently, the *Nursery of Kallithea* in Athens (for children from 2.5 up to 6 years of age) announced its inability to respond to the increasing number of Greek mothers pleading for a place for children they can no longer nourish, citing that it has no further capacity, staff members are exhausted and have gone unpaid for six months (news paper *Eleftherotypia*, 8/7/2013).

A significant number of children have no access to health care as a result of their parents' loss of social insurance coverage. In 2013, parents of 1,852 children applied to the NGO *Hamogelo* for treatment of serious health problems, whilst the same NGO supported 9,816 children in hospitals and undertook the transfer of 2,459 emergency cases (newborns and children) to hospitals.

Communications procedures handled by the Ombudsman on social protection issues in 2013 show an increase of about 54%, while those concerning children's rights have increased by 49% in comparison to 2011 (Synigoros, 2014).

As for adolescents, a lack of opportunities for employment has impacted on their individual prospects and aims, perceptions of self, and financial independence from family.

Family income poverty and its direct consequences (homelessness, family instability) are but one side of the coin, with their invisible impacts forming the other side of it. Growing up in stressful conditions, with high levels of uncertainty and fears about the future, is an invisible high-risk factor with serious consequences for children's psycho-social development and social adjustment.

Living in uncertainty, insecurity and stress

Unemployment, economic disadvantage and a lack of insurance and welfare provision produce tenseness and insecurity, diminish parents' tolerance and further deteriorate families' quality of life (Synigoros, 2014, p. 83). Most parents lack what they require in order to perform the essential task of protecting their young. Their skills are affected by the diminishment of the necessary 'permitting circumstances' (Buchanan, 1996, p. 9), such as financial well-being, adequate housing, friends' and community support and social integration. This situation is not only temporary. Disadvantageous social factors lower the threshold at which parents can parent effectively, and these patterns can affect parenting over two or more generations.

Children share their parents' traumatic experience of their life project being overthrown suddenly, faced with unemployment, loss of income, deadlocked in debt management and stringent obligations. Parents who are unemployed, forced to work longer hours or to move into riskier and

lower-status forms of employment often feel disappointed, offended, betrayed (having lost their rights to social insurance, allowances and having to pay new, unexpected taxes). Many of them are forced to change their life conditions, such as moving house, migrating abroad (either as one parent or as a family), thus leading to additional losses for children, such as having to change schools, losing friends, etc. Most of them internalize a feeling of social injustice, impatience and indignation with anger and fear of future losses. As their self-esteem, capacity for self-regulation and self-control are reduced, they become morose, irritable, inflexible, inconsistent and leave tensions and conflicts revealed in their parents' relationship. They lack the time, disposition and courage for talking to and sharing their children's interests, experiences and emotions, thus focusing less on their emotional development.

Moreover, as families' ability to cover the prospects and needs of their own members has weakened, their values and sense of dignity have become threatened too. Being unable to pay their daily cost and taxes and depending on food handouts from the church are sources of serious frustration for adults as well as youngsters. Another repercussion of the economic crisis is that the average age for young adults leaving the parental home has increased.

The 'new poor' parents need time to adapt to the new conditions, but their children are given only one opportunity for both their physical and psychosocial development; if this is lost, the impact could last for their entire life.

The impact on mental health

The stress of living in poverty and social deprivation are major socioeconomic risk factors for mental health problems and disorders. Research by Hudson (2005) has shown a strong negative correlation between socioeconomic conditions and mental health. The World Health Organization (2011) addressed the direct correlation between poverty and psychiatric disorders. It suggests that 4 of the 10 main forms of disability across the world are related to problems arising from psychiatric disorders, mainly affecting individuals of lower financial means, living in disadvantaged areas.

Research findings indicate that, combined with a sharp increase in unemployment, economic crises lead to a tripling of psychotic episodes, a doubling of alcohol abuse, a doubling or tripling depressive episodes, increased suicides, homicides and general psychiatric disorders (Giotakos, 2010; Bouras et al., 2011). According to a nationwide cross-sectional epidemiological survey by the University Mental Health Research Institute, 1 in 6 Greeks aged 18-70 has developed clinically significant psychopathology and one in 12 (600,000) severe psychopathology, while 75% of them do not receive adequate treatment (Anagnostopoulos et al., 2014). The adverse effects of the financial strain on mental health are dramatically but clearly reflected in a 40% increase of the annual suicide rate (Economou et al., 2011). As a consequence, more and more children are at risk of growing up with depressed and mentally vulnerable parents, or with greater vulnerability to mental health problems.

The substantial income reduction for families in Finland and Asia, which had entered into an economic crisis at a smaller scale and duration than Greece, had a significant impact on the mental health of children (Solantaus et al., 2004). In Greece, psychosocial problems constitute the biggest category for children visiting Mental Health Centres, while cases of borderline symptoms in adults have become common (Anagnostopoulos et al., 2013).

Child neglect and abuse

It is well documented that poverty is strongly correlated to the social protection systems and welfare services. The vast majority of children coming to the attention and into the care of social services are poor, usually dependent on state benefits. In child neglect cases, which are the predominant category for child protection referrals in the US and UK, social workers find

themselves trying to assess the relative impact of poverty and parental acts of omission on the standard of child care (Horwath, 2013).

Parents find themselves unable to offer a caring environment and cope with the cost of raising a baby, lack the skills to manage loss when it presents a serious disability, or abandon it in the Maternity Hospital. According to data released in February 2013, 13 babies from a few days to six months were accommodated in the Public Maternity Hospital *Elena Venizelos*, and 27 infants in the Nursery *Agios Stylianos* in Thessaloniki. Moreover, 73 of the 86 newborns up to 5 years who were taken into care at Attica Child Protection Centre *MHTERA* in 2011 had moved from public obstetric clinics, including 22 from children's hospitals, compared to only nine from their natural families and four from welfare services (MHTERA, 2012).

Recent data by two of the most representative agencies receiving referrals of child abuse and neglect from District Attorneys and the police show a worrying increase in the phenomenon. Following requests by the Public Prosecutor, 145 children aged between 20 days (one case) and 16 years were hospitalized for 2-4 months in the Child Psychiatry Clinic of the children's hospital *Agia Sofia* in Athens between 2008-2010; thereafter, 52% of them had to be placed in institutions (Farmakopoulou et al., 2012). The NGO *Hamogelo tou paidiou*, which accept referrals from across Greece, received 264 referrals of child neglect or abuse in 2013, 40 from the District Attorney and 158 from the police, with 193 children moved from their birth families, while the SOS helpline run by the same NGO received 679 anonymous complaints about 1,296 abused children (578 or 44.5% physically abused, mainly by their mothers) (Hamogelo, 2014). As Greek mothers are not expected to use serious corporal punishment with their children, this high percentage looks to be forced by the stress of unemployment, fear for the future, or of surviving below the poverty line.

Similarly, a Child Protection Centre in North Greece, which accommodates 25 children and youth (from 3 to 20 years old) accepted 10 new placements under the District Attorney's order within just one month (October, 2012) (Filippidou, 2012). Also, public and municipal institutions in the prefecture of East-Macedonia and Thrace are not able to cope with demands for new placements due to staff and space shortages (in Paidopolis of Drama there are 47 boys and in that of Kavala 42 girls). Because of this, the Paidopolis of Kavala has put unused old buildings under renovation (established in 1945) in order to respond to the expected demands for new admissions (see newspaper *Chronos*, April 2014) until institutions for children with disabilities in the same geographic area are fully completed.

In 2013, the centres for the protection of children of the NGO *KIVOTOS* accommodated approximately 400 children, from infants to 18-year-olds living in Attica, most of them Greek, but also from other countries (*kivotos tou kosmou*, 2014). The same year, 356 children were accommodated by the NGO *Hamogelo tou paidiou*, which had supported 4,465 children with serious welfare problems the year before (2012 – an increase of 144% compared with 2011) (Hamogelo, 2013).

According to the annual report of the Greek SOS Villages, 182 children were placed in its three villages and 35 adolescents in SOS-youth units, while the editors estimate that '28,000 children, 7,500 of whom are under 5 years old, are maltreated and deprived, every year' and underline 'a serious need for hostels for the protection and treatment of abused babies and infants (0-5 years old)' (SOS Villages, 2014, p. 1).

Whilst living conditions are better for citizens living in the provinces and on small islands, where social ties within extended families and communities are stronger, incidents of neglect and abuse have been on the increase there too. Recently, under pressure for new admissions from distant locations and islands, *Kivotos* broadened its activities at the Pogoniani Ioanninon (Epirus) near the Greek-Albanian border (established in 2013), and on the island of Chios (*kivotos tou kosmou*, 2014).

Impacts on school and community integration

Schools, which were expected to act as a 'care supplement/substitute' and a place of resilience for pupils from poor and the new poor families, are also in constant decline. Reductions of public funds dedicated to governmental policies on education, teacher salaries, and contractual arrangements have affected how schools function and the dynamics and climate in the classrooms.

The Children's Ombudsman argues that 'plenty of individual and collective problems expressed in school settings are caused by parents' unemployment, economic disadvantage, and lack of insurance and welfare provision' (Synigoros, 2013, p. 83). Silent feelings of grief and anger are manifested by aggression and violence. Drug use tends to expand in many secondary schools, simultaneously with the expansion of incidents of bullying and racist behaviours in both primary and secondary schools (Anagnostopoulos et al., 2013). With fewer resources available (staff shortage, lack of supportive staff such as school social workers, social pedagogues and psychologists), schools find themselves unable to cope with children's uncertainties, to focus on drawing out their inhibited talents and to divert children from attitudes of stigmatization and rejection to behaviours of coexistence and solidarity. A deepening of educational inequalities is inevitable.

How to respond?

The above data suggest an ominous future with further and massive increases in the number of Greek families inhibited in their parenting and forced to bring up their children in 'non-permissive' conditions. They confirm research findings indicating that the risk of child abuse is greater among families who are poor, where parents are unemployed or in poorly paid jobs (Gelles and Straus, 1988). These increased risks appear to enlarge the occurrence of poor care, neglect, abandonment, physical and sexual abuse, even children forced to beg. There are more risks and less protection for childhood and adolescence. Beyond orphans and vulnerable children there are those of the new poor families, whose rights are put aside. Among the most pressing priorities is to make sure that children's vulnerabilities are visible in policy agendas and that new policies for families are specifically targeted and not only applied to income policies.

Secure 'permitting' circumstances for children's upbringing

It is well-known that parents' employment is the main driver in the combat against child income poverty and the multidimensional deficiencies caused by it. Since labour market programmes are limited and temporal, programmes for family support and for housing, education and health become urgently important. There is a need for allocating resources to resolving and helping those families 'at risk'. As suggestions must be in agreement with the idea of services tailored to local need, interventions have to be introduced under the responsibility of municipalities and the local branches of NGOs. They are able to know and identify the 'real' needs of citizens (housing, heating, health and welfare) and the consequences borne by investment cuts in early childhood (for example, the numbers of children not in nurseries and kindergartens and life conditions of those left behind) and in child protection services (infants under insufficient care, families at risk of violence, maltreatment, etc).

Accessible municipal primary care services focussed on children's upbringing, preventing mental health problems of 'new poor' parents and detecting these early should improve life in local communities and eliminate referrals into institutional or hospital care. Both children and parents will benefit from the delivery of brief interventions in primary care. Promoting problem-solving skills may protect parents against depression, heavy drinking and suicidal behaviour. Good mental coping skills are beneficial in times of hardship. Special attention must be paid to fathers, because they do not tend to visit social services (this is seen as a woman's duty). Today they are hardly

targeted by the current policies even though many of them are at risk. Task-centred work based on short-term goals defined by them should be essential.

Provision of versatile community-based services focusing on families' strengths that have helped them cope so far, on what their aspirations, talents and abilities are and on looking for social, emotional and physical resources needed to support their growth and wellbeing could enable their adaptation to the different needs.

Connecting people and services is a long-lasting process and the practice strategy of Greek social workers. It is also a cultural characteristic of society (covering the absence of an efficient welfare state). This process could be reinforced between schools, neighbourhoods and communities. Research findings show that social ties play a beneficial role in the maintenance of psychological well-being (defined as stress reactions, including depressive symptoms and anxiety) and act as protective factors for groups with severe social problems (Kawachi & Berkman, 2001). By fostering an ecological perspective, community services should focus on facilities for children and on parent support programmes to prevent domestic violence and neglect.

Counselling should include motivating parents to put their own condition into words, to explain their inability to respond to their children's requests and to listen to their questions and concerns. Children have both a need and a right to gain a basic understanding and explanation of what is happening next to and around them. Revealing the silent, invisible effects gives them an opportunity to create meaning and control their feelings. This gives them a sense that they are involved and participate in the ongoing condition.

Social workers and other professionals have to redefine their practice. They have to disseminate a concrete analysis of the complex problems and risks for the present and the future of the infants, children and youth growing up in the new poor families.

'Home' and 'out-of-home' care

Considering the above brief description of what limits parents' permitting factors and abilities for effective child-rearing, the diminishment of interfamily support as well as the increase of institutional care, 'stay-at-home' policies become a priority. As children at risk are not orphans, the state budget and donations for 'out-of-home' residential care must be transferred to birth family support. Accommodation and soup kitchens outside of the home are not compatible with the values and habits of the given society. Parents need a salary or allowance in order to be able to feed their own children (in accordance with cultural customs and preferences, special diets) and access to educational, health and social services.

The remaining state services and NGOs are expected to turn to policies which include supportive, protective and resilience factors. Prevention and interventions in family crises combined with provision of different forms of foster care should prevent new admissions into residential care.

In Greece, besides the partial development of the typical forms of foster care, there is a strong tradition of unofficial fostering. Ever since there have been children without, or with insufficient, care or exposed to direct or future risks of maltreatment and abuse, there have also been people, usually close relatives, willing to undertake their own protection, as children or daughters of soul and boys like sons (who were expected to help and work for their new family), as their own 'rescuers'. Placements in a family of strangers under the responsibility of social services were introduced in 1861 by the Athens Nursery for infants of unmarried young girls. Due to a number of structural (the dominance of institutional care, bureaucracy, service and professional shortages for training and support) and cultural reasons (grandparents automatically replace parents in crisis situations, families do not trust state services' intervention into their own issues), birth parents who have to choose out-of-home care do not elect someone else [a better parent/family] (Mousourou et al., 2004). Because of this, foster care is usually applied only in cases of infants and children with the most disadvantaged family background (mother's death or long hospitalization,

disappeared or imprisoned father, severely disabled babies abandoned in maternity clinics), initially placed in institutions (for 3 to 4 years), and is a long-term, 'for-life' placement (12-17 years and more) (Kallinikaki, 2000; 2010). 'Professional' foster care (enacted in 1996) is not implemented, except in a few cases of kinship foster care for children of long-term institutionalized mental health patients, which was introduced through the major reform of psychiatric care (Kallinikaki, 2000). Also some institutions implement weekend placements mainly with volunteer carers. Long-term foster placement is the widely accepted form. It builds strong bonds and relationships, and placement breakdowns are very rare.

This is supported by data from qualitative research exploring the experiences of foster care in Greece ('Social work in foster care: the user's perspective'), gathered through in-depth interviews with fifteen youth who had been placed in one state agency (Kallinikaki, forthcoming). They focused on the abolition of institutional care and defined their foster parent with meaningful words, like:

- *'Rock! is the word for the (foster) mother. The rock, you lean on when you're a child and push when you're an adolescent'* (woman, 20 years old, social work student, 12 years in the same foster family).

- *'Nest' is the word and the phrase: foster care is incomparable to institutional, we must disseminate this truth to everybody, everywhere* (woman, 18 years old, studying nursing, 12 years in the same foster family).

- *'Rescue'.* *During my stay, I was all the time planning scenarios of my escape from there, and drawing the mother I wished would take me away. I painted a tall, fat woman with strong muscles like a weightlifter. I was very much surprised when I met her. She was a thin, small figure, who had been astonished listening to my first words: 'Have you ever been fat and strong?'* (19 years old, plumber, 12 years in that foster family) (ibid).

The last perception seems to give a symbolic message to social workers concerning the size/guarantee of their own decision, when they are recruiting for and choosing foster mothers.

Nowadays formal kinship arrangements and professional foster care should be a response to the above mentioned increase in demands for public and institutional care provided by NGOs. The first fits to the family values and the role of the extended family in Greek culture, while the second responds to the needs of neglected infants in maternity clinics and institutions and of children with specialized behavioural, emotional, physical health and developmental difficulties.

Training and support must be essential for foster parents, whether they are relatives or strangers, to ensure that they have the tools they need to fully meet their responsibilities towards the children they look after. A flexible use of forms of care, such as temporary and short-term placements based on detailed assessments of both the birth family's and child's needs and risks, intending to reunite the child with their family, should be effective. Therefore, there is a need for protective and resilience factors posed by policies for social care and child protection considering vulnerable families and those at risk along two axes: First, early intervention to support children in their birth family, schools, neighbourhoods and communities; Second, preparing foster families allows for failures of the first axis and helps those who experience acute crises.

The importance of neighbourhood and community

It is perhaps at the neighbourhood and community level where the greatest opportunities lie for improving protective factors for children in the present. Communities are experts in their own cultural identity and realistic about what can and should be changed and what the priorities should be. Processes focusing on collaborative empowerment can be beneficial for parents. Similarly developing strategies for involving and maintaining high levels of involvement in school and community activities can be essential for children and adolescents. Small working groups focusing

on particular topics of interest, and on mapping local opportunities for participation will motivate for actions which improve self-esteem and reinforce social integration. Opportunities for minimizing daily stress emancipate energy and fantasy to look for ways to adapt.

In cases of lacking or inadequate local facilities for children athletics and leisure activities, organized access to such facilities and small scale collective projects in schools during the weekends should offer an alternative to children from poor families who stay longer at home and are exposed to parental anxiety and family strain.

Taking responsibility and thinking creatively creates a new perspective of social justice and promotes a sense of security and inclusion. Building partnerships, strengthening networks and promoting participation are key points within social pedagogical practice, too (Petrie, 2011).

Epilogue

It is well documented that socio-political conditions and policies can influence the life standards and the role of the family in a number of ways. The major socio-economic problems (unemployment, indebtedness, poverty, deep uncertainty, etc.) created by the economic crisis act as stress factors with severe impact on effective parenting and the mental health of both parents and children. The impact is harder on families already living in poverty, on immigrants and on those with a chronically ill or disabled family member. Children are much more vulnerable. There is an increase in maltreatment incidents correlated with poverty, stress, drug abuse and inadequate food and medical care. The shortage of intergenerational solidarity due to a declining population, geographical mobility, women's employment out of house, is maximized because of the massive youth migration abroad.

The key issue for an efficient child policy intervention is fully summarized by Ridge (2002), who argues that it needs to address both the 'being' – the experience of being a child living one's childhood in poverty – and the 'becoming' – the effects of child poverty on the future. The lessons of such policies from previous economic crises in other countries will be applicable if they take into account some long-lasting parenting habits in Greece. Also, policies will be effective if they are specifically targeted to children's vulnerabilities and not applied to income policies.

Urgent policies to stop the serious exacerbation of social needs caused by increasing job losses and the meagre protection of the unemployed (Petmezidou, 2013) must be combined with investment in primary care and in the provision of various forms of foster care. Culturally approved forms of care and inter-family solidarity could be transformed to flexible, preventative ones. Critical social work provides a useful methodological frame for the values of, and practice methods for, family and community interventions in times of crisis. Social workers need to test different strategies for implementing preventative innovations in social services under the local authorities. Involving children in regular group work and activities could be beneficial for the prevention of depression, acting out behaviours and violence. But what is inevitable at this particular time is some action pressing the government for both urgency and effectiveness on ending the austerity policies and social inequalities.

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***Theano Kallinikaki** is professor of Social Work at the Democritus University of Thrace. She has extensive clinical experience in the fields of Child and Adolescent Psychiatry, Child Protection and Juvenile Delinquency. Her main research interests are in anti-oppressive and crisis interventions in socially excluded families, as well as in the impact of the socio-economic crisis on social work practice with and for children. Her follow-up research focuses on individuals with developmental pervasive disorders and on those with experience of a psychotic episode during their adolescence. She was a partner in a TEMPUS programme on 'Modernizing Russian Social Work Education and Teaching' (2009-2012) and of projects funded by the Ministry of Education and the European Commission on 'school inclusion of Muslim minority pupils with specific difficulties' (2002-2004, 2005-2007, 2010-2015), implemented in seven deprived Muslim communities in Thrace. Her monographs include: 'Introducing Social Work Theory and Practice' (2011), 'Qualitative Methods in Social Work Research' (2010), 'Multidimensional Assessment: theory and skills' (2005), 'Locality and Multiculturalism. Sapes Thrace' (2004). She has also edited the books 'Foster Care' (2001), 'Growing up in Institutions' (1988) and 'A therapeutic framework for incest survivors' (1997).

Correspondence to: Theano Kallinikaki, Democritus University of Thrace, 1 P. Tsaldari, Komotini 691 00, Greece. E-mail: thkallin@socadm.duth.gr.