WORKING PAPER

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Abstract

Social economy initiatives are often considered as the most effective social inclusion strategy both in policy guidelines and academic discourse. In particular, social enterprises are expected to provide work integration for those furthest away from the labor market, to foster the development of deprived areas and to contribute to social cohesion. It is the intention of this paper to unfold the relevant discourses around social exclusion and explore the role they attribute to third sector organizations in general and social enterprises in particular. In order to do so, we construct a typology of multiple social exclusion discourses and critically examine the centrality they attribute to work integration and to collective regulations of social problems. This theoretical contribution guides our exploration of the role of social cooperatives for persons with mental health problems in Greece. The results presented refer mainly to goal mixes and work integration outcomes. These results bear in turn important insights for policy orientation in the field of social economy. Social economy initiatives may strive better as a social inclusion strategy if they are not restricted to mere work integration but are allowed to unfold their potential in a multiplicity of fields (socialization, social movement formation, empowerment, etc.) and are internally linked to coherent social protection policies.

Keywords: social exclusion, social enterprises, work integration, Greece.

I. Introduction

Social economy initiatives are often considered as the most effective social inclusion vehicles in policy guidelines and academic discourse. In particular, social enterprises are expected to provide work integration for those furthest away from the labor market, to foster the development of deprived areas and to contribute to social cohesion. This line of thinking has led some to prioritize a narrow view of social economy initiatives as instruments for social inclusion at the expense of other equally important contributions. Moreover, it is often the case that the first institutionalized social enterprises are active in the field of work integration and social inclusion. The objective of this paper is to examine the way social economy initiatives and social inclusion policies are interlinked both theoretically and empirically. The theoretical contribution intends to unfold the multiple discourses around social exclusion, the differential role they attribute to work integration and the expectations they raise towards third sector organizations. At the empirical front, this paper intends to examine the way work integration is addressed in the context of the social cooperatives of limited liability (KOISPE) in Greece.

In accordance with the two-fold objective of this paper, the first section elaborates a typology of discourses on social exclusion based on a comparison of the work by Levitas (2005), Byrne (2005) and Gough et al. (2006). In this regard, it becomes evident that neither the centrality attributed to work integration is equally shared, nor the same expectations are raised towards third sector organizations. Having developed the different discourses of social exclusion, we examine the relevance of this typology in the context of social cooperatives of KOISPE. In the second section, we illuminate the context within which the first institutionalized work integration social enterprises emerged and we describe the main innovations associated with the introduction of Law 2716/1999 on Social Cooperatives of Limited Liability addressing the socio-economic integration of people with mental health problems. In the third section, we present these cooperatives in terms of their regional dispersion and institutional affiliations. In the fourth section, we analyze the goal mixes and work integration outcomes for the 14 social cooperatives which participated in the survey and had already developed productive activities. These results bear important insights for policy orientation in the field of social economy which are discussed in the final section. First, social economy initiatives may strive better if they are not instrumentalized as mere work integration vehicles by dominant policy guidelines. Second, their ability to contribute to the fight against social exclusion does not necessarily translate into mere work integration but may entail a lot more (socialization, social movement formation, empowerment, etc.). Third, the simplistic dichotomy between social protection and active inclusion strategies could be overcome through a careful policy design which builds on and further expands existing rights instead of undermining them.

II. Social exclusion and third sector organizations: a proposed typology

Social exclusion has a long and interesting history in the field of social policy (Pierson, 2002; Marlier et al., 2007). The following typology is based on a combined assessment of the contributions by Levitas (2005), Byrne (2005) and Gough et al. (2006). Levitas examines how the concept of social exclusion is linked with the issue of (re)-distribution. Byrne discusses to what extent social exclusion is treated as a social problem which necessitates a collective response or as an individual failure in need of personal rectification. For Gough et al., the central question lies at the need to defend or surpass the status quo in order to address problems of social exclusion. Our focus of interest lies on the centrality of work integration as a social inclusion strategy and the role attributed to third sector organizations in each framework and re-assesses all former typologies in this light.

Starting from the right-hand side of Table 1, the individualist tradition treats social exclusion as a problem attributed to the norms and values of the poor which transcend generations and lead to idleness, welfare dependence and criminality. This tradition encloses both Murray's concept of underclass as well as the new communitarian discourse developed by Etzioni in the US and by Green and Dennis in the UK. According to Byrne, new communitarianism emphasizes the obligations of the poor towards the community while disregarding the proportional obligations of the rich. Both approaches presuppose minimal interference by the state only to the extent that the work ethic is enforced. This is why we include both approaches under the Moral Underclass Discourse as developed by Levitas.

Moving to the central column of Table 1, we discuss theories which acknowledge the necessity of collective responses but differ in their political foundations. The first is based on the traditions of the Catholic Church and the associated principle of subsidiarity according to which the state should only interfere when lower level institutions fail. Solidarity is to be promoted along differential professional and social divisions. According to Levitas, New Labour Third Way should also be included in this framework since paid work is regarded as the royal road to social inclusion while the state is expected to foster the employability of the excluded through limited passive (income protection) and extensive active labor market policies (i.e. training, employers' subsidies).

Reaching the left-hand side of Table 1, we present three discourses which associate social exclusion with poverty and inequality as inherent problems of capitalism. Their differences are related to the extent to which they acknowledge the latter as the normal or desirable social organization. The associationalist tradition raises the lack of economic democracy and supports the development of citizens' initiatives as a way to fill this gap. These initiatives are expected to co-exist with typical capitalist enterprises and rectify their excesses. In this framework, the state is expected to support and not suffocate collective endeavors addressing social exclusion at the local level. A greater role for the

state is envisaged within the social democratic and Keynesian traditions. The state should be active in guaranteeing full employment, income support for the unemployed and public provision of goods and services. Finally, the social transformation tradition considers that the socially excluded are a by-product of normal capitalist production, useful as a reserve army able to permit restructuring in periods of crisis. In this framework, social exclusion enriches the classical Marxian concept of exploitation by introducing the existence of other than class (race, gender, disability) social divisions. According to Fraser (1997), social justice presupposes simultaneously recognition and redistribution.

Having outlined this schematic representation, it is no wonder that third sector organizations are accommodated in various social exclusion discourses, albeit with different expectations. Moving from the right to the left, third sector organizations are assigned a multiplicity of roles: instilling work ethic in poor houses and traditional philanthropy, facilitating the move from passive to active labor market policies in Third Way thinking, developing a democratic ethos through collective associations, advocating for new social rights, developing alternative solidarity economy practices surpassing existing capitalist production. In this framework, the exact role third sector organizations are expected to fulfill in relation to social exclusion depends on the context of their emergence, their institutional affiliations and the way they define the social problem to be addressed by their intervention.

Table 1: Typology of social exclusion and social economy discourses							
	(Re)Distribution			Social Integration		Moral Underclass	
Focus of interest	Exploitation - domination	Poverty-inequality	Democratic deficit	Social order	Wage labour	Community degradation	Underclass
Political tradition	Marxism, post-marxism	Social-democracy, Keynesianism	Associationalism	Catholic church, solidarity-subsidiarity	Third Way	Moral communitarianism	Individualism
Welfare state	Domination mechanism but also contested field	Central for poverty and inequality reduction	Co-existence and promotion of citizens' associations and initiatives	Corporatist, reproducing existing professional and social divisions	Supportive to well-functioning markets	Minimum interference	Punitive
Strategy	Social transformation	Full employment, unemployment and welfare benefits	Basic income and support of citizens' initiatives	Labor market integration	Immediate labor market integration even in poorly-paid and low-qualified jobs	Community reform	Workfare
Third sector	Solidarity economy	Advocacy organizations	Social economy	Church and other voluntary organizations	Non-profit and voluntary sector	Philanthropy	Work houses offering "work therapy"

Source: Comparative assessment of the contributions by Levitas (2004), Byrne (2005) and Gough et al. (2006).

III. The emergence of Social Cooperatives of Limited Liability in Greece

The first institutionalized work integration social enterprises in Greece emerge in association with the mental health reform. Greece is a latecomer in terms of coordinated efforts to dismantle psychiatric stigma and develop alternative psychiatric rehabilitation practices. In contrast with the experience of other western European countries, which displayed an outburst of new social movements in the 1960's and 1970's, Greece was under a dictatorship during the same period which was not conducive to similar social experimentation. However, after the collapse of the military coup in 1974, psychiatrists exposed to new social movements abroad gradually started to organize psychiatric reform in Greece. The main influence came from the experience of the movement for democratic psychiatry in Italy with the prominent figure of Franco Basaglia.

In order to illustrate how Greek social cooperatives initially endorsed a confrontational agenda towards dominant psychiatric practices and a new social policy paradigm, it is necessary to present in brief the course of the inspirational Basaglian reforms. The starting point is 1961 in the psychiatric hospital of Goritzia where Basaglia intends to apply the model of the therapeutic community developed by Thomas Pains and Maxwell Jones. According to this model, confinement and work therapy are forbidden, drug use is restricted to the suppression of symptoms while a democratic co-management culture is promoted through the participation of all stakeholders (doctors, nurses, management and technical staff and persons with mental health problems) (Dell'Acqua and Cogliati-Dezza, 1985). This experience leads Basaglia to a re-assessment of the therapeutic community model; he perceives freedom as the main therapeutic strategy and he acknowledges the limits posed by mental health hospitals as oppressive institutions. Therefore, he starts to develop an alternative paradigm based on community services. The place to apply these new ideas is Trieste where he is appointed as director of the mental health hospital. By 1980, the movement for democratic psychiatry succeeds in the accreditation of these new practices by law 180 often cited as Basaglian law since then (Crossley, 2006).

As far as work rehabilitation is concerned, the first cooperative in Italy is created in 1973 and is named "Cooperative of United Workers". It offers cleaning and maintenance services with the intention to transform former work therapy practices into regular work with all the associated rights (Davidson et al., 2010). It is interesting to note that this is achieved through a common strike organized by nursing staff and residents-persons with mental health problems. Hereafter and with increasing collaboration with trade unions, cooperatives multiply and diversify the range of services they offer (Leff and Warner, 2006, Davidson et al., 2010). This experience leads to the accreditation of social cooperatives of type b which aim at the work integration and empowerment of

vulnerable social groups in general (not restricted to people with mental health problems) (Borzaga and Santuari, 2000).

The experience of social cooperatives in Italy is particularly influential at the beginning of the psychiatric reform in Greece for the following reasons:

- The cooperative model fits with the spirit of community mental health reform (closing down of large mental health institutions and their substitution with open community mental health services).
- The stigma associated with mental health problems is hardly reconcilable with the demands of the free market and there is a need to create targeted employment opportunities.
- Cooperatives are conducive to an open, friendly and democratic work environment which is regarded as more accommodative and empowering for people with mental health problems.
- Mental health hospitals possess infrastructure and employ support staff which can be transformed from confinement places and guards into work settings and cooperative members-workers respectively.

These initial expectations due to the exchange of practices between members of the new social movements abroad and members of the psychiatric community in Greece coincide with Greece's adhesion to the EEC in 1981. Given the international shock created by the description of the conditions in the mental health hospital of Leros,[1] the EEC demands the immediate improvement of psychiatric care in Greece and makes available funds for this purpose in the framework of Regulation 815/84. This Regulation intends to fund initiatives related to the decentralization of mental health services, the development of psychiatric services within general hospitals and of primary mental health care centers, the initiation of work integration projects (i.e. protected workshops, cooperative units, work integration courses) as well as the education of staff members according to the new psychiatric model. However, apart from certain successful initiatives in Athens and Thessaloniki,[2] mental health reform is virtually non-existent in other places including Leros. Once again, the situation is portrayed internationally and provokes public dismay (Loukas, 2007),[3] while suspicions for mismanagement of European funds are raised (Madianos, 1994). After a new round of consultation with the relevant European authorities leading to the enforcement of monitoring mechanisms, Regulation 4130/88 is signed which entails the prolongation of funding (Greek Ministry of Health and Social

[1] A team of psychiatrists has organized the disclosure of the conditions in the mental health hospital of Leros in international scientific conferences and press conferences since 1981 (Mpilanakis, 1991).

[2] The biggest Greek cities.

[3] In September 1989, an article of Observer titled "Europe's guilty secret" describes the mental health hospital in Leros as a concentration camp. One year later, a BBC documentary by Jane Gabriel titled "Leros: The Island of Outcasts" presents the inhuman conditions prevailing there (http://www.youtube.com/watch?v=qbloZg3PLtg).

Solidarity, 2010). Since then, two new programs are initiated under the names Leros I and Leros II which involve, among other actions, the development of cooperative therapeutic communities for the work rehabilitation of former psychiatric residents. The psychiatric reform is further extended under program Psychargos. In the framework of the latter, KOISPE are institutionalized by article 12 of Law 2716/1999 for the 'Development and Modernization of Mental Health Services'. This law intends to resolve a series of problems associated with the operation of the former cooperative therapeutic units (compatibility with social protection benefits, fiscal and social insurance issues) and is innovative in the following aspects.

- KOISPE are multi-stakeholder entities with a minimum 35% of members coming from category A (people with mental health problems), a maximum 45% from category B (mental health professionals) and a maximum 20% from category C (other natural persons and legal entities such as municipalities, third-sector organizations, etc.)
- People with mental health problems can become members irrespective of their diagnosis and residence and without having full capacity to participate in legal transactions on their own behalf.
- The Management Board should include obligatorily two members from category A with the only precondition that they are not fully deprived from their capacity to participate in legal transactions on their own behalf.[4]
- Employees from category A are entitled to all their social protection benefits (i.e. rehabilitation benefit, disability pension) regardless of the level of pay in the cooperative.

In conclusion, the first institutionalized form of work integration social enterprises in Greece emerges in the context of psychiatric reform and when relevant social movements in other western European countries have already been institutionalized. As such, KOISPE hold an uneasy position in the social exclusion discourse typology outlined in the previous section. On the one hand, they endorse the innovative and liberating agenda of the reforms associated with the new social movements abroad. On the other hand, they face top-down pressures to replicate and advance these reforms in a context where new social movements are virtually non-existent or in their infancy in Greece. What is the end result of this conjuncture? The next sections intend to answer this question.

[4] It is important to note that: a) people with mental health problems can participate as members in the Management Board but are excluded from the position of President and Treasurer. b) Partial removal of legal transaction rights does not entail that people with mental health problems cannot be members of the Management Board.

IV. Regional dispersion and institutional affiliations of KOISPE

Research was implemented during the period of July-November 2011 through field visits and a survey questionnaire with 29 representatives from 15 social cooperatives; 14 from category A (persons with mental health problems) and 15 from category B (health care professionals).

In total, 16 cooperatives were founded in Greece. As it can be seen from Table 2, KOISPE were not created in each one of the 13 regions, let alone in each of the mental health sectors envisaged by the decentralization process of mental health services in Greece.[5] As a result, the goal of 55 KOISPE according to the second phase of the Psychargos program has not been materialized. In contrast, KOISPE were mostly formed in conjunction with large mental health hospitals. In addition, there was a delay between the institutionalization of this type of work integration social enterprises (1999) and the first registered KOISPE (2002) which implies inertia in law application.

Table 2: Regional dispersion of KOISPE

Region	Number
Attica	6
East Macedonia-Thrace	0
Central Macedonia	2
West Macedonia	0
Epirus	1
Thessaly	0
Ionian islands	2
Western Greece	1
Peloponnese	0
Central Greece	1
Northern Aegean	1
Southern Aegean	1
Crete	1
Total	**16**

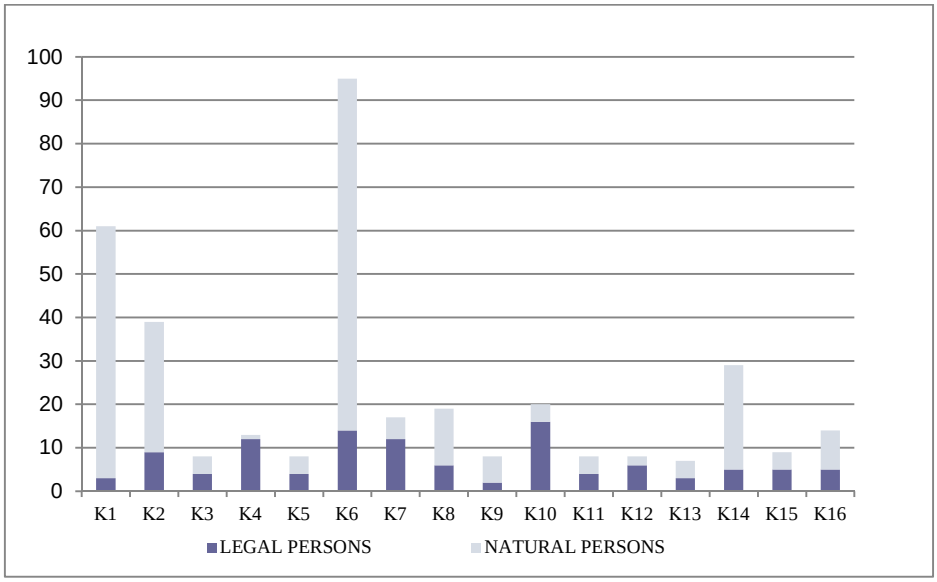
Source: http://www.pokoispe.gr (access 10/5/2011).

Since the existence of multiple stakeholders is obligatory by law (both in membership and management board), we cannot take for granted the functions and challenges of this structure as it has been stated in the relevant literature on social enterprises (Campi et al., 2006). Instead, we decided to delve into the composition of category C members since they are the only ones not directly linked to (mental) health institutions. Therefore, we explore: a) the distinction of

[5] Each mental health sector corresponds to the administrative level of prefecture with the exception of very small ones which are combined together and the large urban centers of Thessaloniki (3 mental health sectors) and Athens (13 mental health sectors).

category C members between natural and legal entities, b) the relation between the number of members/legal entities and the population size of the area where the cooperative is established, c) the institutional classification of these legal entities.

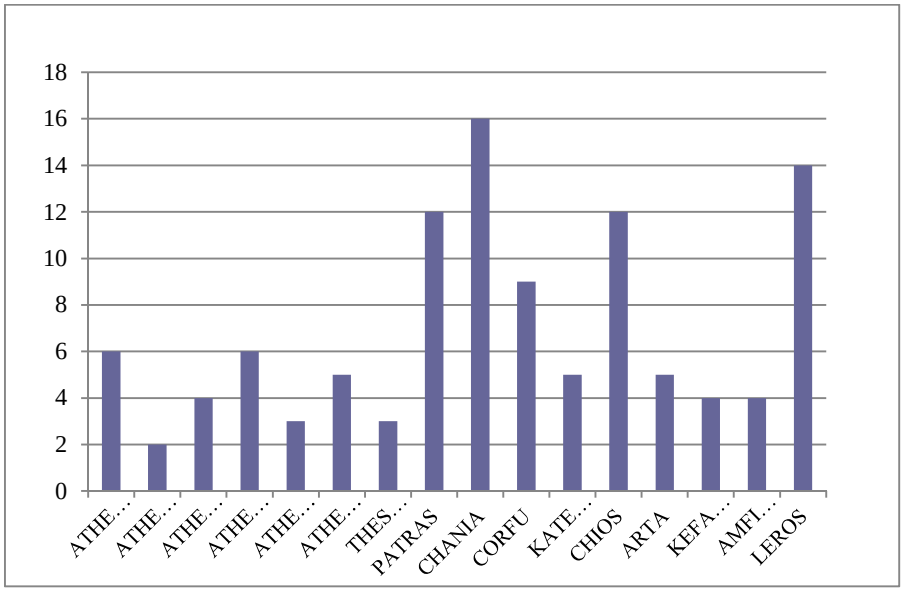
Graph 1: Composition of category C members in KOISPE



Source: processed results from the survey with category B members and publicized material.

According to Graph 1, there is significant variation in the number of category C members and in their distinction between natural and legal persons. In addition, we observe an inverse relationship between the population size of the area and the number of category C legal entities (Graph 2).

Graph 2: Number of legal entities-category C members and population size of the municipality where KOISPE is active in descending order of population size

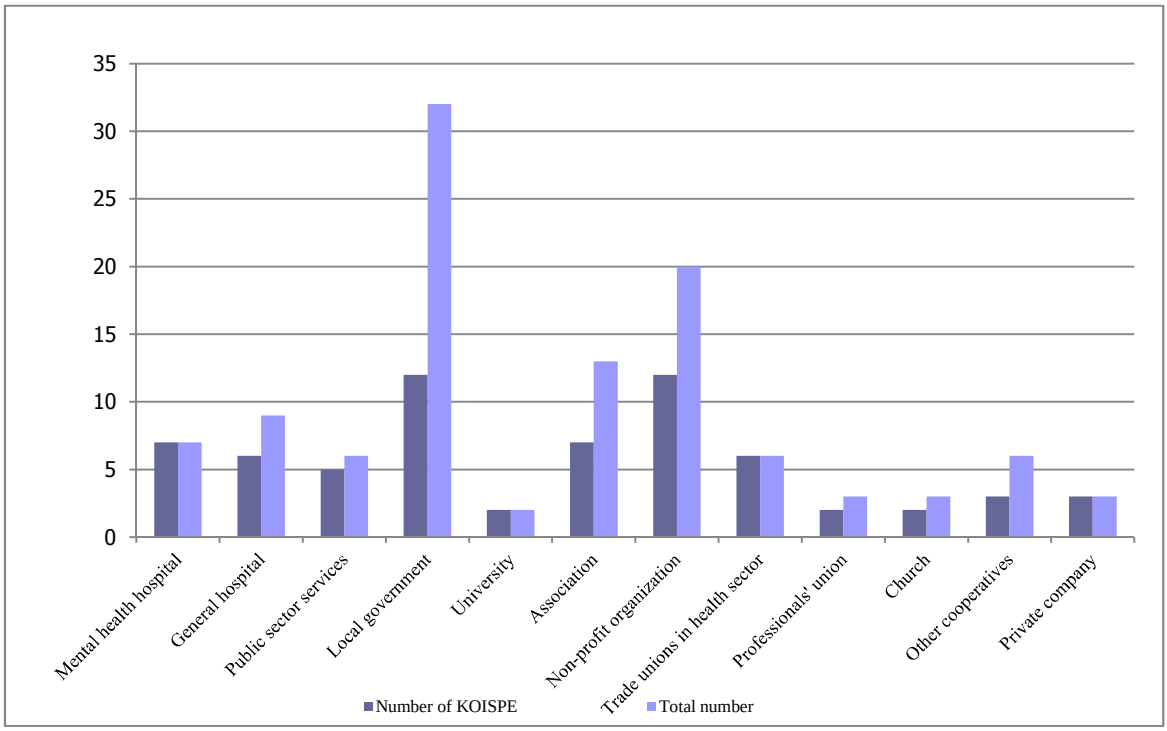


Source: processed results from the survey with category B members and publicized material.

In particular, there is tendency to include more legal entities in smaller and island areas (notably Chania, Leros, Chios and Corfu). This result is counter-intuitive if we take into account the plethora of third sector organizations in Greek urban centers (mostly Athens and Thessaloniki). Could that be a sign of the ease to involve stakeholders in local communities as opposed to impersonal urban areas? It is possible, but we have to be prudent given that according to the representatives of at least two KOISPE, category C members sometimes do not even fulfill their initial financial obligations (purchase of cooperative share) with the end result of their eventual removal from membership lists.

What kind of legal entities are involved in the 16 cooperatives? Graph 3 presents the institutional type of category C legal entities. Local government agencies come first. Next, we find non-profit organizations and associations, clear-cut representatives of the third sector. Given the special character of KOISPE within the framework of psychiatric reform, general and mental health hospitals are following. Next are public sector services, trade unions of health sector employees and other cooperatives. In the last positions, we find the Greek Church, private for profit-companies, professional's associations and universities. How can we interpret these results in terms of the multi-stakeholder character of KOISPE?

Graph 3: Institutional type of category C legal entities: number of KOISPE where they participate and total number of their representation in all KOISPE



Source: processed results from the survey with category B members and publicized material.

KOISPE appear to be strongly embedded in the public sector (central and local government agencies, general and mental health hospitals) given the top-down pressure for psychiatric reform. The comparable representation of third sector organizations (non-profit organizations, associations) seems to validate the hypothesis that social enterprises constitute new dynamics within more traditional entities of the third sector (Defourny & Nyssens, 2006). However, given the increasing involvement of public-financed non-profit organizations in the psychiatric reform in Greece (Megalooikonomou, 2007), the participation of these entities does not necessarily entail a dynamic third sector but a path of soft privatization of public mental health services. What is also interesting is that the private profit-making sector is not involved in this type of social enterprises possibly reflecting the underdeveloped corporate social responsibility in Greece. The relative absence of the Greek Church denotes a different trajectory in comparison with its Catholic counterpart. Greek Church is mostly involved with traditional philanthropy based on its own initiative. Last but not least, the minimal participation of universities manifests a belated academic interest in social economy despite the potential for fruitful collaboration in many respects (i.e. training of social workers, clinical psychologists and management students).

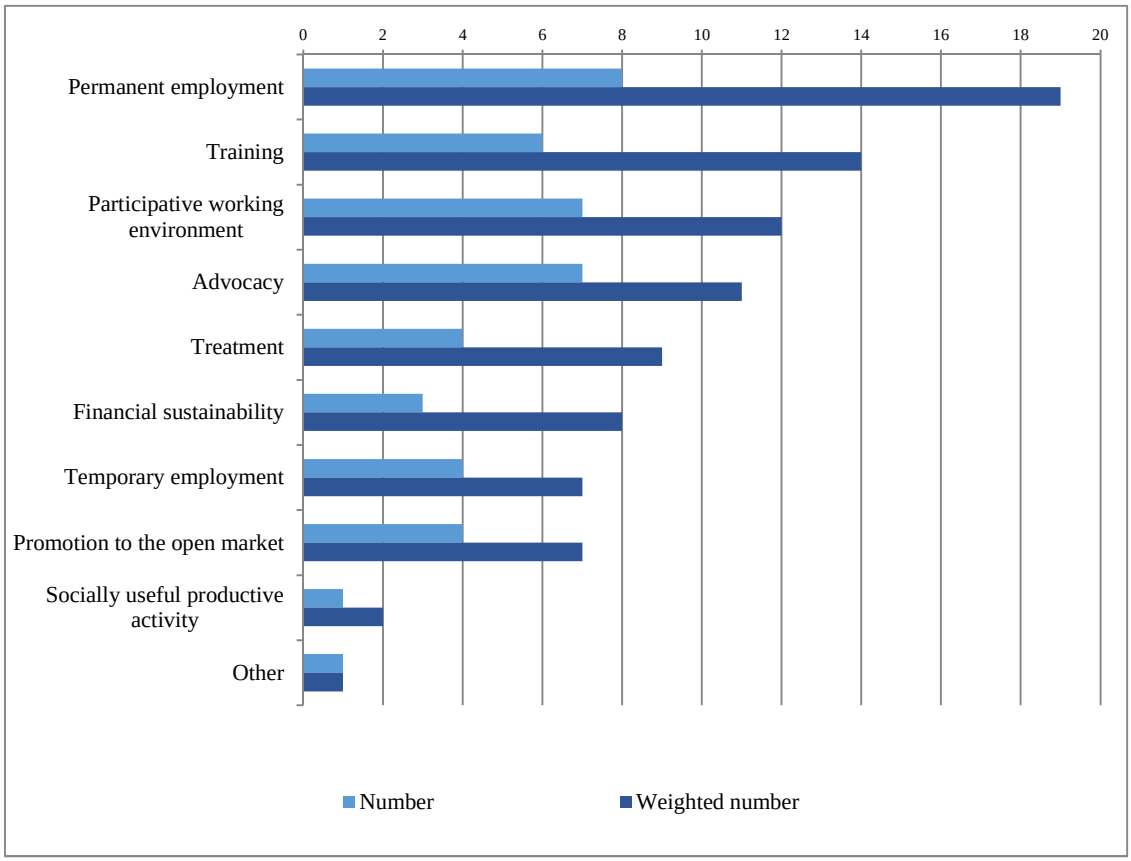
A final remark which could elucidate further the stakeholder composition of KOISPE is that representatives of category C members do not participate in the Management Boards of 7 social cooperatives. In the remaining 8 cooperatives,[6] their participation coincides with non-profit organizations acting as founding members and demanding their representation in the management board. Given these results, we can state that KOISPE have not been significantly successful in building strong and diverse local synergies and transform them into a functional asset.

V. Goal mixes and work integration outcomes

As far as the goal mixes are concerned, we have asked 15 representatives of category B members to identify and prioritize the goal mixes of the cooperatives they represent. The list included 9 goals: treatment, training, temporary employment, permanent employment, integration to the open labor market, financial sustainability, socially useful productive activity, empowering/participative working environment and advocacy for the rights of people with mental health problems. In addition to these, interviewees could define another goal if the listed answers were not considered adequate.

[6] Out of the 16 KOISPE detected at the time, 15 participated in the survey and 14 had already developed productive activities.

Graph 4: Goal mixes with and without weights based on priority selection



Source: processed results from the survey with category B members. The first priority is multiplied by 3, the second by 2 and the third by 1, total without weights equals 45 and the weighted total equals 90.

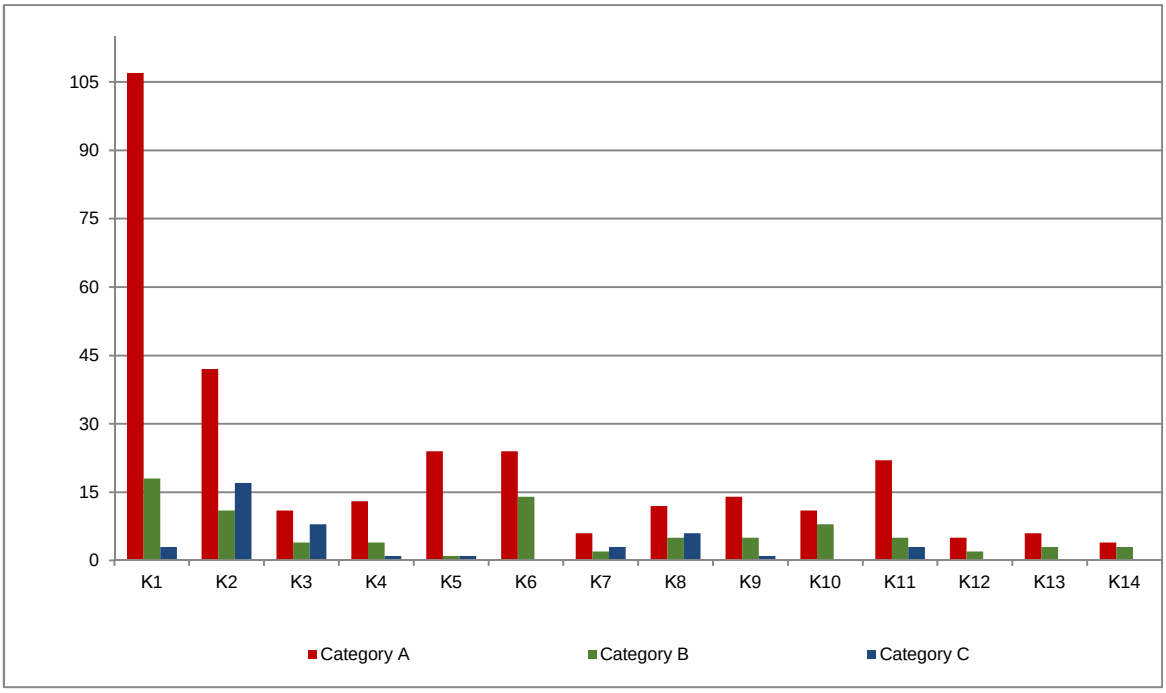
The goal of permanent employment was dominant since for 8 representatives social cooperatives constitute the place where people with mental health problems are expected to work and not a transitional labor market. Taking into account the order of selection, training/development of professional skills comes next. This stage is regarded as critical and as a precondition for any further development such as employment in the social cooperative or in the open labor market. It is important to note, that none of the representatives selected both temporary and permanent employment. These goals are treated as substitutes, possibly because they entail different modus operandi within the cooperative. In the third position, we find the goal of creating a participative/empowering working environment. Advocacy for the rights of people with mental health problems follows with slight difference in the fourth position. Treatment has been given less importance due to the discredited tradition of work therapy and other stigmatizing practices associated with mental health institutions. Given the increasing lack of public funding, 3 representatives selected the goal of financial sustainability as important. In contrast with the experience of other western European countries, the development of socially useful productive activities (i.e. environmental protection services as noted by Anastasiadis & Mair, 2009) is not particularly relevant in the context of Greek social cooperatives. The goal of

permanent employment creation is treated as the top priority and over-determines the selection of productive activities. Finally, only one representative identified as one of the goals the development of the local economy where the social cooperative is established.

The representatives were also asked to identify challenges associated with the existence of multiple goals. For 10 of them, no inherent conflict exists while for the remaining interviewees, the goal of financial sustainability is the hardest to reconcile with treatment, permanent employment positions and a participative working environment. In addition, 6 representatives clearly stated that their goal mixes have changed since the beginning mostly because of overestimated initial aspirations and an undesirable increasing dependence on the mental health hospital with which they are affiliated.

Given that permanent employment was identified as the dominant priority, it is worth exploring to what extent they achieve it and under what conditions. The total number of category A employees is 301 persons, of category B employees 85 and of category C employees 43.

Graph 5: Number of employees per (potential) membership category



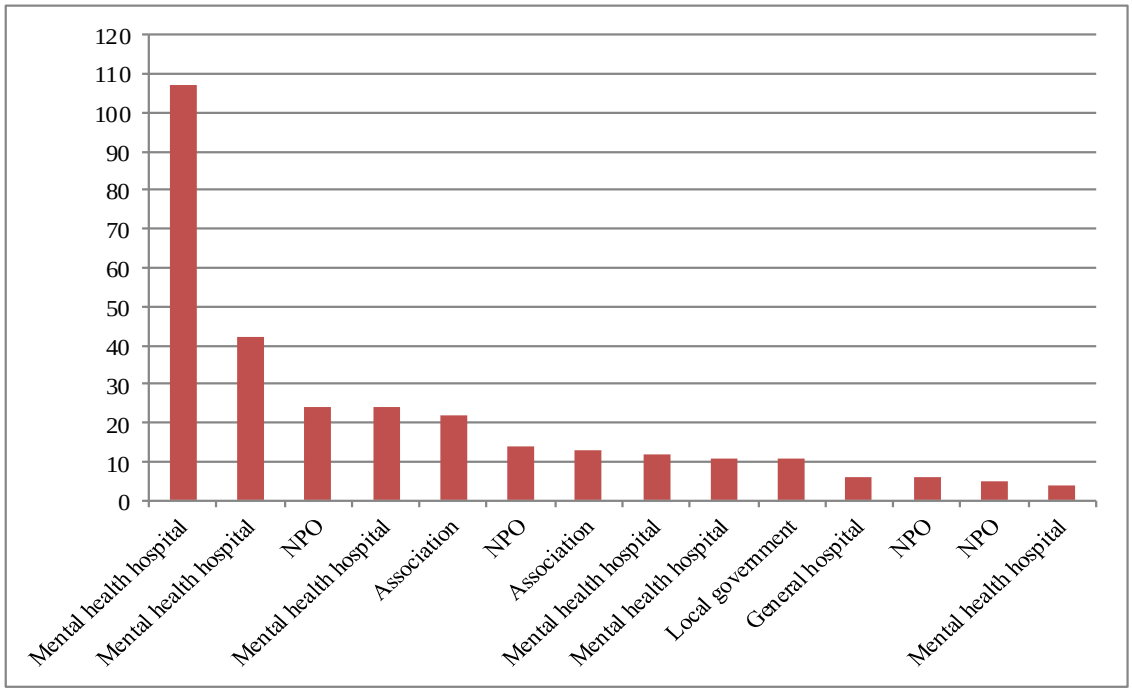
Source: processed results from the survey with category B members.

According to Graph 5, the number of employees varies significantly both as a total number and per member's category. In order to clarify this further, we need to take into account that: a) As category A employees, we sum up all persons with mental health problems working in KOISPE regardless of having formal contracts or not, of the number of working hours, of the pay levels and the associated social insurance rights. b) As category B employees, we sum up all health professionals working in the cooperative regardless of being paid by the

social cooperative or not.[7] c) Non-members employees are included in the category they would belong to had they become members in the social cooperative. In the 14 social cooperatives which participated in the research and had already developed some productive activity, we detected 45 non-members of which 26 are people from the target group (potentially category A), one is a health professional (potentially category B) and 18 are professionals from other sectors (i.e. administrative staff, potentially category C).

There is significant variation in the number of category A employees since this ranges from 4 to 107 persons. This variation is attributed to the specific trajectory of each cooperative, the work integration model adopted as well as the strategy of the founding body (i.e. mental health hospital, non-profit organization). If we compare the number of category A employees with the institutional type of the founding body, we get the results presented in Graph 6.

Graph 6: Number of category A employees per foundation body



Source: processed results from the survey with category B members.

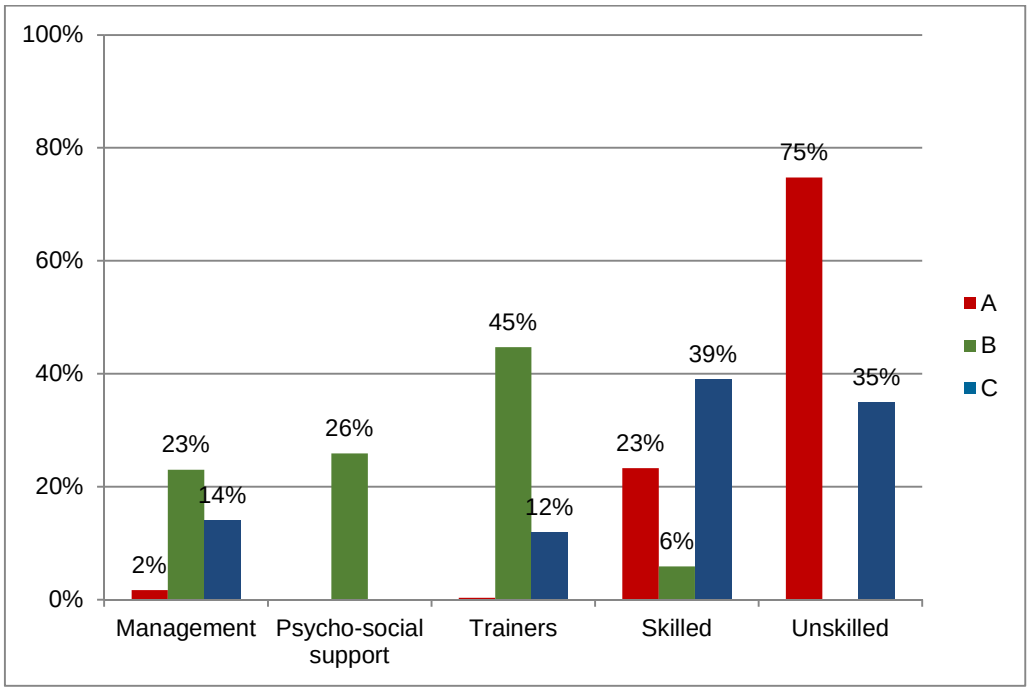
Out of the 5 social cooperatives with more than 20 category A employees, 3 of them are associated with a mental health hospital. In particular, given that the first KOISPE were developed under the pressure to drastically change the type of psychiatric care, there was greater demand to accommodate more persons in work settings regardless of the objective capacity of the particular cooperatives to financially sustain that.

This pressure is further explored in terms of the skill content of the employment positions created. This aspect is of particular importance given that

[7] According to Law 2716/1999, the public sector is allowed to detach employees to KOISPE. The public agency where they come from still covers their salaries and social contributions.

social cooperatives are expected to fulfill a dual role: a) develop the professional skills of the target group and b) promote a participative working environment where persons with mental health problems can work side by side with other professionals on equal footing. Graph 7 presents the results in terms of the skill content of the employment positions per category of employees.

Graph 7: Skill content of employment positions per category



Source: processed results from the survey with category B members.

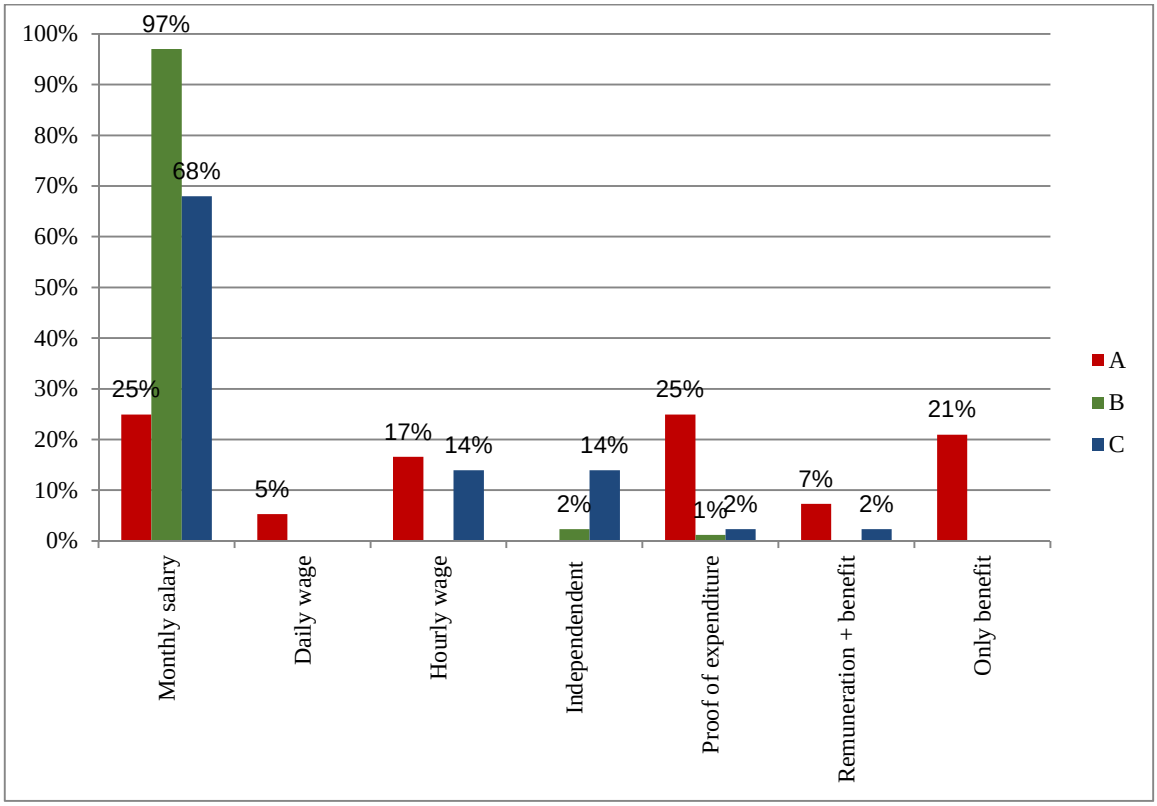
As indicated by Graph 7, the majority (75%) of category A employees are engaged in unskilled productive positions. As expected, category B employees are engaged as trainers (45%), psycho-social supporters (26%), managers (23%) and skilled workers (6%). Category C employees hold skilled productive positions (39%), unskilled ones (35%), management related (14%) and training (12%). To put it in a nutshell, KOISPE were not able to distribute the skill content of employment positions in a manner conducive to an equitable working environment, even though we acknowledge that this is an unquestionably difficult task. However, we would also like to highlight the absence of category A employees in psycho-social support positions even though peer support practices have gained momentum as an empowering strategy in the field of mental health reforms (Nelson et al, 2001).

As far as the employment status is concerned, the vast majority (98%) of category A members work part-time, whereas the majority of category B (67%) and C (56%) employees work full-time. The prevalence of part-time work among category A employees can be attributed to either their inability to respond to the pressure of a full-time schedule, or the inability of the cooperative to cover full-time salaries for its employees. It is necessary to remind that, in contrast with category A members which are always remunerated by the

cooperative, a significant part of mostly category B employees is being paid by the public agency from which they are detached (mainly mental health hospitals).

What about work contracts and pay levels? Even though KOISPE are regulated by the same institutional framework, we find a plethora of arrangements addressed to category A employees (Graph 8).

Graph 8: Work arrangements per category of employees



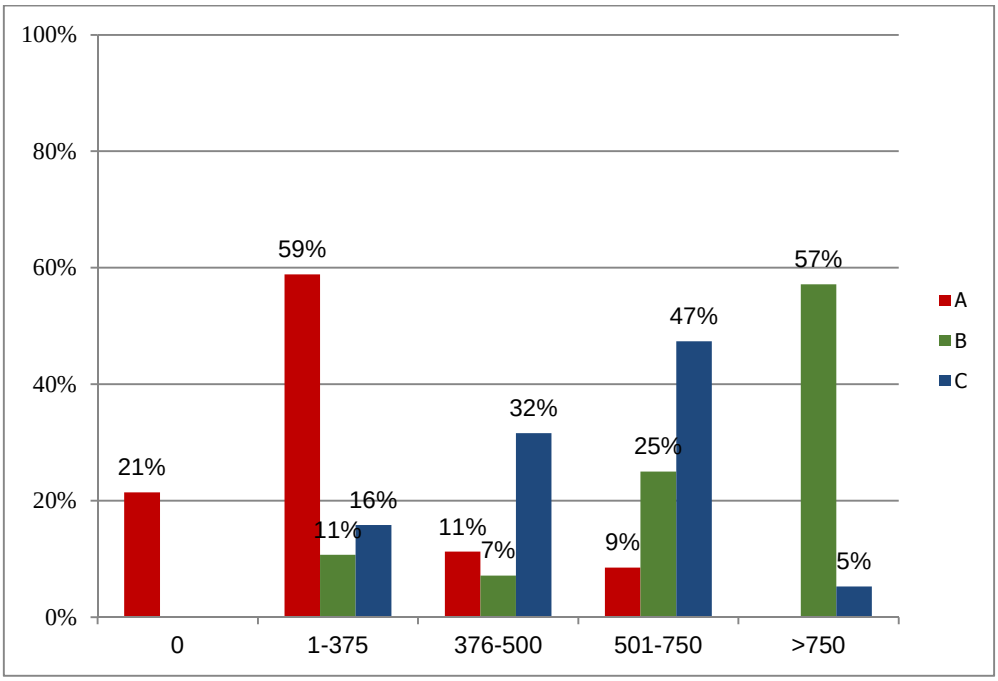
Source: processed results from the survey with category B members.

According to Graph 8, the majority (53%) of category A employees is engaged informally (proof of expenditure, remuneration and benefit, only benefit). 21% of category A employees receive only the social protection benefit they are entitled regardless of being engaged in any type of employment. This practice which strongly reminds former work therapy models is adopted in 2 social cooperatives. In one of them reflects the pressure to engage more persons than financial sustainability would allow for and underdeveloped management practices. In the other cooperative, the applied work integration model presupposes a stage of professional development with unpaid work activity. In contrast, the majority of category B and C employees is being employed under relatively formal arrangements.

In terms of pay levels (Graphs 9 & 10), the picture does not get significantly different. The majority (80%) of part-time category A employees does not receive more than 375 Euros gross monthly income (including social insurance or any other related charges) with a significant 21% not receiving any remuneration at all apart from eligible social protection benefits. As for

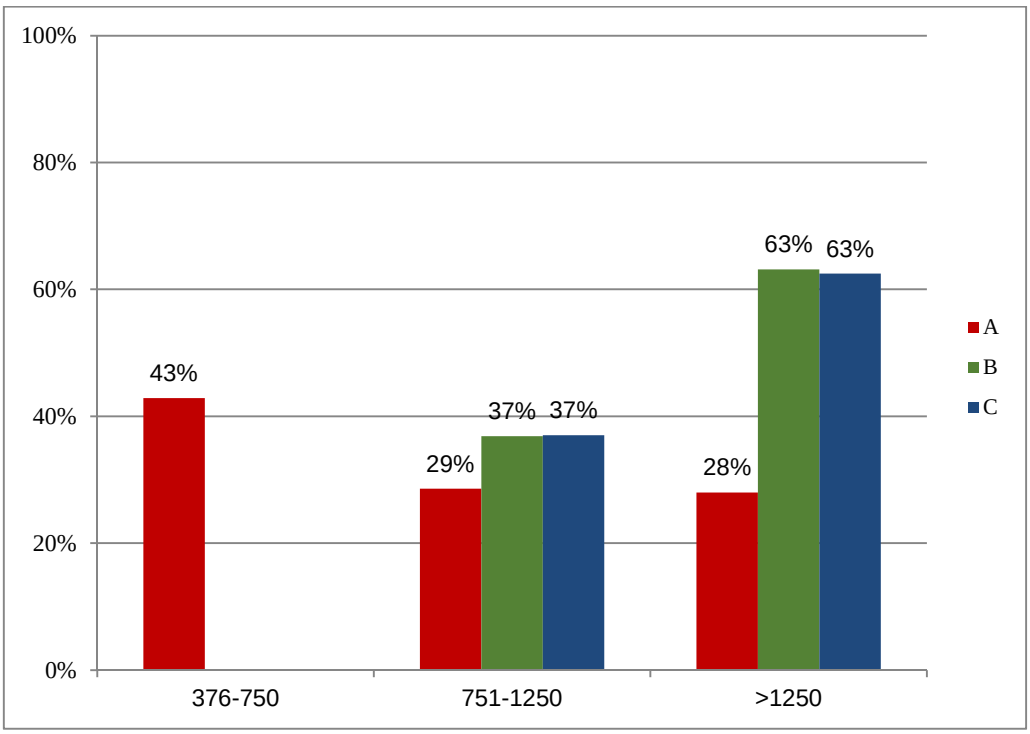
category B employees, the few part-time employees fall mostly (57%) within the upper pay level. Category C employees approach but fall behind category B employees in terms of pay levels. Regarding full-time work, out of only 7 category A employees under this status, only 2 manage to surpass the threshold of 1,250 Euros gross monthly income whereas category B and C employees by majority (almost 63%) surpass this threshold.

Graph 9: Pay level for part-time work per category of employees



Source: processed results from the survey with category B members.

Graph 10: Pay level for full-time work per category of employees



Source: processed results from the survey with category B members.

The previous discussion is illustrative for a number of reasons. First, it shows that the dominant goal of permanent employment creation does not manifest in satisfactory employment conditions for the majority of employees coming from the target group. Second, in most of the social cooperatives visited, a discrepancy is observed between employees along their membership category. To some extent, this discrepancy can be attributed to the lower employability of the target group. However, the dominant rhetoric around work integration social enterprises is exactly the opposite; namely the closing of the gap between socially excluded people and the rest of society. Third, the experience of KOISPE in Greece blurs the well-known dichotomy between active and passive social inclusion policies. Given the relatively low levels of pay for category A employees, it is of outmost importance that these people are still entitled to the social protection benefits they receive. Actually, it seems that any benefits that accrue to them from their participation in the cooperative (i.e. socialization, empowerment, remuneration) are made possible thanks to the security provided by the parallel adherence to these "passive" benefits.

VI. Concluding remarks

In this paper we dealt theoretically and empirically with the potential of social economy initiatives, in particular social enterprises, to address problems of social exclusion. The main intent was to show that the ability to address social problems is strongly related to the way the social problem is framed in the first place, the institutional type of the main actors involved and the context in which collective initiatives flourish. In other words, there are diverse discourses around social exclusion and diverse expectations raised from third sector organizations.

The relatively recent experience of social cooperatives (KOISPE) in Greece was presented in order to delve further into these theoretical insights. We described how these social cooperatives emerged as a result of a top-down pressure to step up the process of psychiatric reform without strong social movements pushing in this direction. As such, these social cooperatives tried to replicate the transformative agenda of their Italian counterparts in a drastically different context. Their strong dependence on the public sector (mental health hospitals) led to a process of rapid institutionalization with the goal of work integration becoming dominant to the detriment of other equally important contributions, namely empowerment, social rights defense, etc. Even so, their instrumentalization as work integration devices did not translate in satisfactory outcomes on this front. Actually, in terms of work integration outcomes, KOISPE were not able to guarantee exit from poverty levels or accomplish significant skill and professional development for the target group, even though significant exceptions do emerge among them.

In this light, it might be interesting to explore the potential of social enterprises to achieve more in terms of work integration if they aim further than that. In order to do so, it is important to rethink the role of work, the structural

difficulties of the existing labor market, the social usefulness of products and services and their internal democracy. In addition, what has been blamed as passive social protection may regain its validity as a social right while activation may be seen as the ability for social experimentation and participation. It is for this reason that the right of people with mental problems to preserve their social protection benefits while working in the cooperative should not be undermined but further expanded to other employment opportunities (i.e. open market) and other target groups.

In the context of the Greek crisis, a series of bottom-up initiatives has emerged (i.e. worker cooperatives, social medical centers of solidarity) which demonstrate a growing dynamism in many respects (social movement formation, innovative productive activities). KOISPE could gain from this social and solidarity economy momentum in order to transform themselves and face their structural limitations.

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