Revisiting the “At Risk” Pervasive Construct

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Abstract

Despite the long and prolific literature advocating the deconstruction of *at risk* and its negative connotations for those characterized by it, the persistence of the term makes the topic a crucial matter of discussion. The real-life problems posed to those labeled at risk justifies yet another critical analysis. This paper draws from both literature and experience accumulated from our long commitment with the Roma community to illustrate the destructive consequences of categorizing children and families on the basis of their origin, ability, and other traits of their identities. We focus on our work with Roma children and, in particular, with disabled Roma children to demonstrate the intersection between Elizabeth Swadener’s work and our own to deconstruct the negative, bleak conceptualization of at risk children and families.

Key Terms: At-promise, disability, Roma children, individualisation, pathologisation

In this paper, we discuss and critique the negative, bleak conceptualization of at risk children and families based on data concerning our work with Roma communities. We are all faculty members at the same school of education who have long shared common academic and research interests. The culmination of these parallel academic trajectories has been our work with Roma communities: the last two authors' commitment to and work with the Roma dates back to the early 90s. In fact, it became the common ground of collaboration with Elizabeth Swadener when, in 1997, she was a visiting professor in our school of education in Greece.

She has followed and supported our work with the Roma ever since, especially when, along with our younger colleagues, we ran a 10-year European Union project for the inclusion and education of Roma children in Northern Greece (2010-2019).[1] The first author collaborated from the beginning in planning and coordinating the program, adding the parameter of disability—a very serious and highly neglected aspect of the Roma community—in its design and implementation. The second author, with her interest in the sociology of childhood, cooperated with the three coordinators/other three authors in analyzing and interpreting the plethora of data that came from the thick observation, recording, and research conducted in the field.

A Vicious Circle

According to Swadener (2012), the term at risk is the latest in a long line of rhetoric that describes those “who are socially excluded or at risk of failure in various systems or contexts, including education, future employment, and access to ‘the good life’” (p.7). The concept's origins are medical, thus pathologising and often stigmatizing those who live at the margins of society. Poverty, which is the most prominent characteristic of those who are at risk, is usually seen as an individual and behavioral trait, ignoring social contexts.

When focusing on the rhetoric, one could argue that when a person or social group is labeled as being at risk, the label serves to treat them as a problem because of their risk factors. The question then becomes whether we could escape the bleak consequences of this labeling by changing the language. The term *at promise* suggested by Beth and others (Swadener & Lubeck, 1995; Swadener & Niles, 1991) was not proposed as a language-labeling game, but as an effort "to interrupt the hegemony of the risk rhetoric and ideology" (Swadener, 2012, p. 8) and,

> . . . encourage everyone working with children and families to look for and build upon the promise in all children and to concentrate valuable energies and resources on building on these strengths while addressing the many structural and environmental factors that have been argued to place many children "at risk" (Swadener, 2012, p.10).

This signifies a deep ideological and political turn that questions the social order, by introducing analysis of socioeconomic and political contexts to reveal the dominant Discourse about *high-risk* individuals and social groups.[2] In the Foucauldian sense, the label *children at risk* cannot be interpreted as mere language use, as it is indeed constructed in Discourse and shaped by social forces, economic interests, political decisions, and cultural phenomena (Foucault, 1982).

Pathologising and individualising are two strategies that neoliberal ideology and practices employ to sustain and reproduce social inequalities. The tendency is to pathologise the poor as well as to individualize the causes of their life conditions—that is, to blame the victims for their own situation. In addition, the way we talk about these issues constructs a specific rhetoric and a dominant Discourse that strengthens the efficiency of the above strategies. Trapped in this complicated web are those individuals and social groups who fight to stay alive, both materially and symbolically (Barnes & Mercer, 1996; Conrad & Barker, 2010).

Biomedicine also endorses the construct of individualization and pathologisation by failing to address how individuals' and population groups' health, quality of life, and prosperity are obstructed by social and structural causes (Rose, 1994). These ideologies perpetuate the Discourse and practices of public institutions affecting the lives of people and, most profoundly, the lives of those who are at the margins of society (Oliver, 1990; Zola, 1978). One such group is the Roma population. In their case, all the above-mentioned strategies are often used by the state, social institutions, and appear in public policies, having acquired the force of "common sense," blocking this social group from basic human rights. Education, the focus of our program, adheres to the same ideology, evoking clinical imagery in categorizing students and compartmentalizing services according to their alleged needs.

The Roma Today

Roma people are among those labeled at risk of failure in almost every aspect of their lives. Roma are the largest and oldest minority population in Europe, comprising a total of 10 to 12 million people. They have settled in Europe since the 14th century, nevertheless, an estimated 90% of the Roma population still live far below the poverty level. Life expectancy is 10-15 times lower than that of the non-Roma population. Also, even though their birth rate is higher than that of the non-Roma population, infant mortality is two to six times higher.[3] Despite cross-country variations, no European country can claim full and successful inclusion of their Roma citizens (Mitakidou et al., 2014).

In Greece, Roma people have experienced a long and continuous process of alienation and discrimination mainly on the basis of race. Their "otherness" assumes characteristics of the so-called underclass, such as proneness to alcoholism, delinquency, immorality, and neglect for health and education, as well as immaturity in creating families due to early marriages, unplanned pregnancies and large families. Embezzlement of social benefits and exploitation of the welfare system are also stereotypically attributed to Roma (Mitakidou, 2015; Tressou & Mitakidou, 2015). The negative connotations of delinquency, idleness, and flippancy have accompanied Roma for many decades (Bereményi, 2011). In reality, all the above are generalizations of behaviors that have acquired a universal character applied to the entire Roma population (Tressou & Mitakidou, 2015).

Our Program

The object of the program we referred to earlier was education. However, we knew that while the school could function as a means of inclusion, it also—unfortunately—could become a powerful mechanism of exclusion. We also knew that efforts for inclusion in education are futile unless complemented by concurrent interventions with Roma families and communities, as well as in the wider non-Roma community. Aware of our privileges as members of the dominant group working as allies of a chronically excluded group, our efforts from day one focused on critically mediating between the Roma population, the school, and the wider community, not in order to surrogate, but in order to create a common space of interface between Roma and non-Roma populations, where terms of equality, justice, and dignity prevail. In a word, we tried to create a network of allies.

We created this network by building coalitions and working to prepare and inspire our collaborators (i.e., Roma mediators, schools, educators, psychologists, social workers, and artists) to work towards a common vision: the equitable and effective inclusion of Roma children in school. We have done this by relying on and valuing everyone's input and strength, aspiring that all of our associates felt their work counted and contributed to the larger vision.

From the very beginning of the program, we relied on research to be able to examine and confirm our options of intervention. We mostly relied on action research, which facilitated reflection on and contextualization of our data. It also enabled us to understand and include the voices of all stakeholders involved in the program, which added to our research's scientific validity and supported compliance with ethics rules.

The "Hard Data"

Our data showed serious material deprivation (Karagianni et al., 2013). The basic causes for the Roma situation and the consequent negative connotations for the population are their living conditions and their poverty. Family nutritional habits in our results showed that many families could not meet their nutritional needs. Dietary deprivation was closely associated with their living conditions. Insufficient food supply was recorded by a very high percentage (90.3%) of Roma who lived in settlements (Karagianni & Vlahou, 2015).

The occupational map of our adult population predicted further deterioration of the children's condition, as only 45.7% had steady jobs and another 22.8% did not work at all. The remaining 31.5%, were employed seasonally or in part-time jobs. The poverty and social exclusion of parents usually obliges children to limited access to goods and services, including education (Karagianni & Vlahou, 2015).

Studies in the field of cultural anthropology have often interpreted the poverty of Roma as a way of life (Lydaki, 1997), or have focused on attributing the Roma poverty to their inability to adjust to wider socioeconomic conditions (Doubek et al., 2015). The problem with these kinds of studies is their relativistic character; if we attribute a cultural dimension to poverty, we attribute the responsibility for poverty to Roma themselves (Kende et al., 2021). Thus, their culture is pathologised.

In an effort to deconstruct this ideology of pathologisation, in our program we sought to solve situations of *informational poverty* for the Roma community. For instance, our collaborators, social workers, and psychologists[4] worked with the community extensively to facilitate their access to public services. Instead of acting for them, however, they worked with Roma people to support them in gaining visibility and claiming their rights.

The Construction of Disability

Whatever view of poverty one adopts for the Roma, it is burdened with elements of pathologisation and individualisation, connected to an adherence to specific discourse and practices, and disassociated from the socio-economic and political processes. It is a vicious circle. The discussion about poverty is obviously not limited to economic dimensions alone, as poverty is a complex, multidimensional phenomenon. It is intergenerational and is associated with issues of life expectancy, education, access to cultural resources and to legal processes and political decisions (Karagianni, 2017). The poverty of Roma people, then, is a complex phenomenon that demands multiple analyses. The best paradigm of its complexity is when we consider the combination of Roma and disability. Disability here is examined on the basis of the social model, according to which impairment exists and disability is constructed and manifested (Karagianni, 2017).

With a materialistic view of history as a starting point, the social model of disability shifts the focus and redirects the interest from the functional limitations of impairment to the social arrangements and structures that produce a disabling society (Oliver, 1990). According to this view, we can critically examine the main ideology of individualization, which incorporates the interrelated ideologies of medicalization, ableism, and normalization. Therefore, in line with the social model, disability "consists of everything that limits disabled people: from individual prejudices to institutional discriminations, from inaccessible public buildings to inaccessible means of public transportation, from discriminatory education to exclusion in workplaces, etc." (Campell & Oliver, 1996, p. 33).

During the whole era of modernity up to now, medicalization has been adopted as the dominant mechanism of disablement. The medicalization of disability obliges us to understand it as a condition of permanent incompetence and limitation of the individual, which necessitates treatment and rehabilitation (Oliver, 1990).

Disabled people are perceived as incomplete, flawed, incompetent, immature, and inefficient beings, highly vulnerable and dependent, which explains and legitimizes the need for care and protection and, predominantly, the need for control and supervision. Such perceptions, coupled with scientific "validation," are associated with specific practices and policies, with the pretext of "wellbeing," which marginalize and exclude disabled children and adults from many aspects of social life. Special education in Greece remains a medicalized field, employing legal taxonomies to determine eligibility and the means of medical psychometry and medical therapy in the effort to "fix" disabled children.

Impairment as a Result of Poverty

Just as poverty is not randomly distributed at a national and international level, the same is true of impairment. Impairment and poverty are two interrelated conditions. According to Oliver (1990), social and economic forces play a decisive role in people's prospects for health, wellbeing, sickness, and death; he suggests that impairments and illnesses do not happen by chance, but rather they are consequences of poverty. Impairments ensue from contagious illnesses, bad living conditions, limited access to information—all outcomes of poverty—as well as the failure of health systems to cater to everyone's needs. Several studies show that poverty of the Roma population is intergenerational (Abdalla et al., 2013; Hanssens et al., 2016). Roma people have the lowest life expectancy, the highest infant mortality, and run the highest risk of being infected by serious illnesses (Abdalla et al., 2013; Hanssens et al., 2016). Our research revealed that 1 out of 5 Roma children live with health problems (e.g., respiratory, cardiological, orthopedic) and half of them with impairment (e.g., hearing loss, deafness, blindness, bodily impairments, etc.) (Karagianni & Vlahou, 2015, p. 153). These phenomena are often dangerously interpreted as *cultural* or otherwise as a result of *natural* pathology.

Our work is grounded in the perspective that medical and psychological characteristics are attributed to behaviors without the existence of intrinsic impairments (Oliver, 1990).

Racism Is Disabling

As Erevelles and Minear (2010) point out, it is quite common for non-White racial groups to be attributed characteristics of reduced mental ability and mental illness. This has to do with perceptions developed in the previous century by eugenicists and psychologists, who studied racial differences in intelligence that were unrelated to any socioeconomic context (Trubeta, 2013). In these studies, intelligence was unquestionably assumed to be a genetically susceptible trait.

Similar conclusions have been drawn about Roma people by contemporary eugenicists who have been trying to demonstrate that Roma people's intelligence quotients are congenitally determined (Bakalar, 2004; Čvorović, 2014; Čvorović et al., 2008; Rushton et al., 2007). In this vein, genetic susceptibility is associated with the way of life and the development of certain characteristics, such as high fertility, short lifespan, greater inclination for high-risk behaviors, and lower attention to or investment in every child, positioning the Roma as *incurably other*.

The same studies employ the continuous failure of Roma students in intelligence tests to prove their low intelligence. At the same time, state sectors and institutions related to health, education, and occupation adopt mechanisms that reinforce the above pseudo-assumptions for Roma. For example, in the case of Roma children, the ways of assessment used by medical-pedagogical and diagnostic centers are directly related to intelligence tests. These tests have long been the main means of measuring school and language skills, and on the basis of the numerical scale, they determine children’s intelligence quotient, which is considered innate and accompanies them to adulthood (Mitakidou et al., 2014; Richardson, 2002).

The particular tests, however, do not take into consideration the children’s first language, Romani; the existent problem of irregular school attendance, and the different cultural capital (i.e., rich cultural knowledge) Roma people possess. On the contrary, the tests manufacture deficits and impairments which pathologise children, (re)producing social injustices. Schools evaluate struggling learners by what they do not know, ignoring and even devaluing their home language, culture, and ways of knowing; as a result, Roma children are often represented as incompetent learners, while their families are accused of devaluing education and poor parenting (Mitakidou et al., 2015; for a related discussion see Gaches, this issue). The majority of the Roma student population, either officially or unofficially diagnosed, attend the so-called “inclusive” classes, which, ironically, operate outside the main classes. This works as a precursor for children’s basic development and their prospects of future occupation (Galloway et al., 2004; Mitakidou et al., 2016; Tomlinson, 1981).

In our program’s schools, the forms of impairment and disability mainly attributed to Roma children, both through official diagnosis and unofficial teacher assessment, were learning difficulties, behavioral problems, and mental impairment without the existence of a syndrome (Karagianni & Vlahou, 2015). This is another instance where instrumentation (i.e., testing), surveillance (e.g., teachers' observations), and pathologising assumptions interact to construct racialized/disabled children who “contaminate” classrooms' (and society's) falsified homogeneity and purity. These work together to construct Roma people as “unsuccessful” students, “deviant” adolescents, and “immature” parents. All of these labels are considered commonsense and, consistent with neoliberal individualism, obscure any social responsibility to the Roma, other than controlling and seeking to cure them. All the above construct a Roma child as an unsuccessful student, foreshadowing a deviant adolescent, and an early, immature parent.

The identities of adult Roma people seem to be transferred to Roma children, thus maintaining and (re)producing historically-shaped, distorted identities. The dominant mechanism of this process is education in complicity with medicine-educational and diagnostic centers that operate on a reductionist basis. Thus, an at risk childhood is constructed, allowing the perpetuation of a vicious circle affecting the whole community. It is a deviant form of childhood, far apart from the idealized western norm and conceptualization of the child. A Roma childhood is an inverted mirror of the "normal" and "healthy" childhood.[6]

Reframing the "At Promise" Representation

What happens when poverty, race, impairment, and disability coexist? We have intersectional oppression. The disabled Roma children are simultaneously oppressed due to poverty and impairment in their community, and due to poverty, race, and impairment outside their community. Building on a theoretical framework that combines multicultural and disability studies, we employ two indicative examples to demonstrate the dialectics of multiple or simultaneous oppression and the way we address them in our program—namely, via academic activism and Roma resistance. In the first example, we examine macro-level issues related to policies and their associations to the production of knowledge. The second example emerges from this analysis and describes a form of Roma resistance against simultaneous oppression due to race and disability, which scholars need to recognize, welcome, and join.

Example 1: Academic Activism.

Using both multicultural and disability studies lenses, we have a holistic understanding of social issues. Therefore, we avoid the compartmentalization of knowledge in informing policies. Specifically, each scientific field is de-historicized and assumes an inner unique logic, which defines the work of participants in it (Mitakidou et al., 2010). Under this condition, research data and scientific practices are strictly homogenized due to research tools and methods, thus reinforcing distinct and separate traditions. Adherence to a specific tradition does not allow dialogue between scientific fields, resulting in their fragmentation and disconnection from people's lived realities (Feyerabend, 1993; Foucault, 1982). Combining these different perspectives and knowledge bases has productively shaped our work with Roma people.

Our program started in 2010. The activities for disabled children did not start until four years later, even though they were among our first priorities. Apart from the administrative and technical difficulties of running such an extended program,[7] our plans were delayed by the Ministry of Education, which specified that a focus on both disability and race could not coexist in one program. This reflects state and official institutions' lack of knowledge about, denial of, and difficulty recognizing the multiple mechanisms of oppression and exclusion various social groups suffer. As a further illustration of this problem, up to that time, the concept of "disabled Roma" had never appeared in the Greek literature. We succeeded in disrupting a durable discourse by persisting in our negotiations with the authorities to reach a mutual understanding and add the disability dimension to the program's activities. At the level of action, we fulfilled our vision by designing a course, training teachers to implement it, and offering tutoring to disabled Roma children.

Example 2: Women Resisting and Expanding Spaces of Inclusion and Belonging

This example came to our attention through our work with disabled Roma children and describes a profound act of Roma resistance against simultaneous oppression and the role we scholars can play as allies when we recognize, welcome, and support people's promise. Through our work we came to know a hearing mother of two deaf daughters, 12 and 19 years old, who created a way to communicate with her children based on a unique use of signs. We consider this an act of resistance on her part against dominant Discourse, as she created a new means of communication with her deaf children based on two modes of orality, improvised Romani signs, and Romani itself (Roma people’s oral language). At the beginning, this was not easy for us to perceive.

It was a devised language, a remarkable communication code, developed in the security of the family circle and informed by the salient world of orality, with its dynamism, fluidity, mobility, its ever-shifting, experiential, interactive, personal and polemicist nature, as Ong (2002) describes it. At the same time, the mother persisted to have the written Greek language precede Greek sign language.

The children did not know how to read or write, even though the youngest daughter had attended a special school. It took us some time to realize that the school, following a deep-rooted, dominant logic of education for the deaf, never took into consideration that the Greek sign language is a third additional language for deaf Roma children, something that can explain the low school performance of the youngest daughter. The mother’s aspiration was similar to the school’s. She wanted her daughters to learn written Greek, but her sense led her correctly to attempt this through their own first language, quite in harmony with what the literature on second language acquisition supports (Mitakidou, 2003).

The disruption attempted by the mother in creating a signed Romani language was her reaction to the need to open channels of communication for her children inside their community, and also to expand their prospects for marriage, a prominent life goal in the Roma culture. At the same time, the mother’s interest to have her children learn the written Greek language comes from her desire to empower them and facilitate their communication with the wider, non-Roma community. Through the power of familial/familiar bonds, the mother sought to ensure perseverance in the family/community, cultural continuation, and sociopolitical independence for her children. We treasured her paradigm and found ways to build on it in our program.

Concluding Thoughts

History and experience have taught us that intellectualized attempts to deconstruct the at risk discourse are not enough. This kind of critical scholarship has become a heavy academic industry, entrenched in its internal needs and vested interests, but affecting little or no change in the lives of at risk groups. We accept that the at promise discourse broadened the horizons of understanding others, putting them socially in focus; however, it soon became evident to us that changing words does not guarantee social change. Radical reframing is required so that all facets of racism, disablism, and other exclusions are revealed, be it at the level of language, thought, policy, and praxis. Deconstructing the at risk label then becomes useful as a first phase of fighting for visibility and recognition of excluded groups, by showing the prevalence of oppressive rhetoric—and how this pervades practice. However, the next, necessary phases involve identifying the many ways oppressed people are at promise, in order to facilitate the mobilization and formulation of specific favorable policies for these groups.

We consider ourselves very fortunate to have had the opportunity to work with the Roma community. The field, a highly complex and multidimensional scene, vibrated with many difficulties but also promises that we learned to discern and capitalize on. The lessons learned through close collaboration with the gigantic network we created are innumerable: We learned to question our certainties, but at the same time be adamant in pursuing our visions rooted in scientific knowledge and ideological/political orientation; we realized the power of negotiation as a more effective, even if more time-consuming, means of achieving our goals. We learned to rely on mixed research methodology, combining quantitative with qualitative approaches for in-depth and holistic analyses of our sensitive research site; an added benefit was the chance it gave us to invite and acknowledge the participants’ contributions to the research process. We learned to assume a learning stance to benefit from the ways of knowing of our Roma and non-Roma collaborators. And we were often affected by Roma traits, such as resourcefulness, imagination, resilience, generosity, and enthusiasm for life, all characteristics seldom attributed to the Roma, who are usually associated with stereotypical dominant representations.

References

Abdalla, S., Kelleher, C., Quirke, B., & Daly, L. (2013). Social inequalities in health expectancy and the contribution of mortality and morbidity: The case of Irish Travellers. *Journal of Public Health, 35*(4), 533-540.

Barnes, C., & Mercer, G. (Eds.). (1996). *Exploring the divide: Illness and disability*. Disability Press.

Bereményi, B. Á. (2011). Intercultural policies and the contradictory views of teachers: The Roma in Catalonian schools. *Intercultural Education*, *22*(5), 355-369.

Bakalar, P. (2004). The IQ of Gypsies in Central Europe. *The Mankind Quarterly*, *XLIV*(3 – 4), 291-300.

Campell, J., & Oliver, M. (1996). *Disability politics: Understanding our past, changing our future*. Routledge.

Conrad, P., & Barker, K. K. (2010). The social construction of illness: Key insights and policy implications. *Journal of Health and Social Behavior*, *51*(1_suppl), S67-S79. https://doi.org/10.1177/0022146510383495

Čvorović, J. (2014). *The Roma: A Balkan underclass*. Ulster Institute for Social Research.

Čvorović, J., Rushton, J.P., & Tenjevic, L. (2008). Maternal IQ and child mortality in 222 Serbian Roma (Gypsy) women. *Personality and Individual Differences*, *44*, 1604-1609.

Doubek, D., Levínská, M., & Bittnerová, D. (2015). Roma as the others. *Intercultural Education*, *26*(2), 131-152.

Erevelles, N., & Minear, A. (2010). Unspeakable offenses: Untangling race and disability in discourses of intersectionality. *Journal of Literary & Cultural Disability Studies*, *4*(2), 127-146.

Feyerabend, P. (1993). *Against method*. Verso.

Foucault, M. (1982). The subject and power. *Critical Inquiry*, *8*(4), 777-795.

Galloway, D. M., Armstrong, D., & Tomlinson, S. (2004). *The assessment of special educational needs: Whose problem?* Routledge.

Gleeson, B. J. (1999). *Geographies of disability*. Routledge.

Hanssens, L., Devisch, I., Lobbestael, J., Cottenie, B., & Willems, S. (2016). Accessible health care for Roma: A Gypsy's tale, a qualitative in-depth study of access to health care for Roma in Ghent. *International Journal for Equity in Health*, *15*(38). https://doi.org/10.1186/s12939-016-0327-7

Karagianni, P. (2017). *Η αναπηρία στην Ελλάδα της κρίσης.* [*Disability in the time of crisis*.] Gutenberg.

Karagianni, P., Mitakidou, S., & Tressou, E. (2013). What's right in children's rights? The subtext of dependency. In B. B. Swadener, L. Lundy, J. Habashi, & N. Blanchet-Cohen (Eds.), *Children's Rights and Education. International Perspectives* (pp. 82-95). Peter Lang Publishing Co.

Karagianni, P., & Vlahou, A. (2015). Αναπηρία, προβλήματα υγείας και Ρομά παιδιά. Στο Σ. Μητακίδου (Επιμ.). Ένταξη Ρομά – Διεθνής και ελληνική εμπειρία. Το παρόν μιας διάρκειας. [Roma children: Health issues and disability]. In S. Mitakidou (Ed.), *Roma inclusion: International and Greek experience. The present of a continuum* (pp. 145-163). CopyCity.

Kende, A., Hadarics, M., Bigazzi, S., Boza, M., Kunst, J. R., Lantos, N. A., & Urbiola, A. (2021). The last acceptable prejudice in Europe? Anti-Gypsyism as the obstacle to Roma inclusion. *Group Processes & Intergroup Relations*, *24*(3), 388-410.

Lydaki, A. (1997). Μπαλαμέ και Ρομά - Οι Τσιγγάνοι των Άνω Λιοσίων. Καστανιώτη [Balame and Roma – Gypsies of Ano Liosia]. Kastaniotis.

Mitakidou, S. (2003). First and second language: A complementary or an antagonistic relationship? In G. Tsiakalos, & D. Kongidou (Eds.), *Human* *dignity and social exclusion–Educational policies in Europe* (pp. 77-84). Paratiritis.

Mitakidou, S. (2015). Παίρνουν τα επιδόματα και κάθονται. Επιδοματικές πολιτικές και Ρομά. [They take social benefits and laze around. Social policies and Roma]. In S. Mitakidou (Ed.), *Roma inclusion: International and Greek experience. The present of a continuum* (pp. 129-144). CopyCity.

Mitakidou, S., Karagianni, P., & Tressou, E. (2010). Inclusive and cross-cultural education: Reflections on common theoretical fields and alienated policy and practice. In A. Sipitanou, & N. G. Angeloska (Eds.), *12th International Conference on Inclusive Education in the Balkan Countries: Policy and Practice* (pp. 261-267). Kyriakidis Publishing House.

Mitakidou, S., Tressou, E., & Karagianni, P. (2014). Implementing culturally sensitive assessment tools for the inclusion of Roma children in mainstream schools. In S. Hood, R. Hopson, H. Frierson, & K. Obeidat (Eds.), *Continuing the Journey to Reposition Culture and Cultural Context in Evaluation Theory and Practice* (pp. 233-250). Information Age Publishing.

Mitakidou, S., Tressou, E., & Karagianni, P. (2015). Social skills as the means to a successful educational experience of Roma children [Paper presentation]. 23rd Reconceptualizing Early Childhood Education Conference. Dublin, Ireland.

Mitakidou, S., Karagianni, P., & Tressou, E. (2016). Researching Marginalized Groups: The challenges and agony of researchers in a diverse marginalised context. In K. Bhopal, & D. Ross (Eds.), *The complexities and dilemmas of researching marginalised groups* (pp. 36-49). Routledge.

Oliver, M. (1990). *Politics of disablement*. Macmillan International Higher Education.

Ong, W. J., (2002). *Orality and literacy: The technologizing of the word*. Routledge.

Richardson, K. (2002). What IQ tests test. *Theory & Psychology, 12*(3), 283–314.

Rose N., (1994). Medicine, history, and the present. In R. Porter (Ed.), *Reassessing Foucault: Power, medicine, and the body* (pp. 48-72). Routledge.

Rushton, J. P., Čvorović, J., & Bons, T. A. (2007). General mental ability in South Asians: Data from three Roma (Gypsy) communities in Serbia. *Intelligence*, *35*(1), 1-12.

Swadener, B. B. (2012). "At Risk" or "At Promise"? From deficit constructions of the "other childhood" to possibilities for authentic alliances with children and families. *International Critical Childhood Policy Studies Journal*, *3*(1), 7-29.

Swadener, B. B., & Niles, K. (1991). Children and families "at promise:" Making home-school-community connections. *Democracy and Education, 5*(*3), 13-18.*

Swadener, B. B., & Lubeck, S. (Eds.) (1995). *Children and families "at promise": Deconstructing the discourse of risk.* State University of New York Press.

Swadener, B. B., & Nagasawa, M., (2015). Confronting common sense assumptions and social exclusions: Transnational stories and call to action. In S. Mitakidou (Ed.), *Roma inclusion: International and Greek experiences. The present of a continuum* (pp. 37-50). CopyCity.

Tressou, E., & Mitakidou, S. (2015). Complexities of inclusion: The case of Roma. In E. Tressou, S. Mitakidou, S., & G. Karagianni (Eds.), *Roma inclusion: International and Greek experiences. The present of a continuum* (pp. 13-20). CopyCity.

Trubeta, S. (2013). *Physical anthropology, race, and eugenics in Greece (1880s–1970s)*. Brill Academic Publishers.

Tomlinson, S. (1982). *A sociology of special education*. Routledge.

Zola, I. K. (1978). Medicine as an institution of social control. In J. Ehrenreich (Ed.), *The cultural crisis of modern medicine* (pp. 80-100). Review Press.

Footnotes

[1] Project title: Inclusion and Education of Roma Children in the Regions of Central Macedonia, Western Macedonia, Eastern Macedonia, and Thrace.

[2] Editors' note: The authors capitalize Discourse on purpose. This is used to convey the ways that knowledge, language, and power work together to *construct truths* about (and actions toward) particular people, categories of people, and the world.

This can be distinguished from what some call “small d” discourse, which refers to interpersonal language use. These are, of course, related to each other. For more on this, see James Gee’s (2015) entry in the Wiley Online Library.

[3] For additional information on Roma people and communities, see the Council of Europe, Ad Hoc Committee of Experts on Roma and Traveller Issues (2019) report and the Council of Europe’s Roma and Travellers Team website.

[4] Social workers and psychologists worked daily in the field in pairs, away from the “armchair” and door-to-door to gain the community’s trust and establish equitable collaborations to support them in their encounters with the wider community and public services.

[5] Materialism refers to economics, means of production, ideology, and the ways their interrelation determines the social world.

[6] On the basis of the normative western ideal of childhood, Roma children are perceived as early adults whose adulthood, however, is identified with that of their parents. In this sense, Roma adults are perceived to behave like children based on the western ideal of adulthood (they do not follow the rules of parenthood, treat their children immaturely, and do not care for their health and education). The fluidity of age limits in the Roma population, which refers to pre-modern forms of social life, becomes an object of criticism and disapproval in the dominant Discourse, without any consideration to the lived realities and priorities of the population itself.

[7] The program covered large areas of Northern Greece and Thrace, catering to the needs of hundreds of schools and Roma neighborhoods and settlements.