Young, well-educated and unemployed: The deterioration of social support and the labour market in the Canary Islands

Canary Island report in the Work Package 4 Income and Social Protection for the DRIVERS project

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Abstract

This report presents data from the Canary Island on young graduates in the Canary Islands, asking how they perceive the labour market and the social protection system. The Canary Island has the higher rate of youth unemployment in Spain. Transversal data were collected from Quality of Life Survey in National Institute of Statistics (INE) to build up a picture of Spain and the Canary Islands in which the crisis has systematically deteriorated the welfare system in many ways. In this report, we collect qualitative evidence from a sample of graduates in nursing and social work from the University of La Laguna in Tenerife that have sought employment for at least one year, or who have lost a job in the last nine months.

1. Introduction

Spain is one of the EU countries that has felt the effects of the global economic crisis most acutely. The fast growth of unemployment was the first result of the economic depression, increasing the rate from 8.3% in 2007 to 26.4% in 2013 (the highest rate in UE) [1]. According to data from Eurostat, Spain was one of the countries in which unemployment increased the most rapidly compared to other EU countries. In just 12 months nearly 1.5 million jobs disappeared. In the last semester of 2008 a vivid cycle destruction of jobs began: the most serious Spanish society has ever faced. From 2008 until 2013 Spain lost 3,641,300 jobs, almost one in five of which had started before the crisis, to increase the unemployment

rate to 26.26% in the second quarter of 2013 [4]. The rapid growth of unemployment was in the private sector and in the public sector due to the austerity measures that the Spanish Government adopted. Table 1 shows the unemployment rate in the range of 20 to 34 years old during the hard time of crisis in Spain. We compared the national data to Canary Islands data for the purpose of this report.

<table>
<thead>
<tr>
<th></th>
<th>Spain 20-24 years</th>
<th>Spain 25-34 years</th>
<th>Canary Islands 20-24 years</th>
<th>Canary Islands 25-34 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014TII</td>
<td>12.3</td>
<td>25</td>
<td>10.7</td>
<td>26.1</td>
</tr>
<tr>
<td>2013TIV</td>
<td>12.1</td>
<td>26.8</td>
<td>12</td>
<td>28.2</td>
</tr>
<tr>
<td>2012TIV</td>
<td>12.5</td>
<td>29.2</td>
<td>13.6</td>
<td>26.6</td>
</tr>
<tr>
<td>2011TIV</td>
<td>13</td>
<td>28.5</td>
<td>9.3</td>
<td>30.7</td>
</tr>
<tr>
<td>2009TIV</td>
<td>14</td>
<td>30.5</td>
<td>12.6</td>
<td>30.6</td>
</tr>
</tbody>
</table>

Table 1. Percentage from the total of unemployment in by range of age.
Data from Spain and Canary Islands.

The level of unemployment in Spain, and youth unemployment in particular, is startling, and matched in the European Union only by Greece. It reached this level despite it having the best-educated generation ever. Data from Caritas Europe Report 2014, detailed that the 2012 employment rate was 59.3% (Eurostat, 2013f), and it was lower for older workers (44.5%) and for women (55.5%) (European Commission, 2013gg). One of the worst falls in employment in the EU (-4.3%, or -770,000 people,) was noted in the first quarter of 2013 (European Commission, 2013a, p.13, Table 20). There were also very high levels of temporary employment (European Commission, 2013gg). Temporary contracts are particularly characteristic of young employment (age 15-24) but unlike other countries (such as Germany) the majority of young temporary workers in Spain are on very short contracts (mostly 1-3 months and 4-12 months) (European Commission, 2013a). The fall in employment has particularly affected the construction industry and the public sector (European Commission, 2013gg) (see Table 2).
<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Unemployed</th>
<th>Unemployment Rate</th>
<th>Share of Long-term Unemployment</th>
<th>Youth Unemployment Rate (15-24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>5,769,000</td>
<td>25%</td>
<td>44.5%</td>
<td>53.2%</td>
</tr>
<tr>
<td>2011</td>
<td>4,999,000</td>
<td>21.7%</td>
<td>41.6%</td>
<td>46.4%</td>
</tr>
</tbody>
</table>

Note. Unemployed number, rate and share of long-term unemployed relates to ages 15-74.

Unemployment effects the daily life of families. Decisions about how to cope with lower levels of household income is the first issue that a family faces. Furthermore, in Spain many families lost their homes; in 2012 30,050 families were evicted from their homes for not paying their mortgages, and 43,172 for not paying their rent. Data shows that 70% of housing loss is associated with loss of employment. At the same time, 70% of displaced households had at least one child in their care and 77% of evicted families reported experiencing anxiety or depression [2].

The second stroke was the policy of cutbacks implemented in 2010 by the Spanish Government, which led to a reduction of 10.6% investment in education and 36.4% in social support policies between 2010 and 2013. Austerity measures in the public health system resulted in irregular immigrants not being entitled to healthcare, the system co-payment being extended to the entire population included retirees, and an increase in waiting times of up to six months to see a specialist. As a result, chronic or those suffering from long-term sickness now contribute more to the cost of their drugs.

Social cutbacks have increased the Gini coefficient from 31.9 in 2008 to 35 in 2012 [3]. The risk of poverty in Spain has also increased, from 24.5% 2008 to 28.02% in 2012. However, the risk varies by region: southern regions see risks in the range of 31% to 34% (the Canary Islands’ 33.4% being the second highest), while northern regions have a lower risk, from 8% to 16%. As expenditures in social protection have declined due to cutbacks, the response of social protection systems has deteriorated. The social protection system in Spain is based on unemployment benefits and the right to access to universal health care for those who have been in paid employment. For young people who have not previously entered the labour market, access to free health system subsequently depends on their families, in this case the parental contributor. Official data from the Ministry of Health and Social Services shows that in 2010 the number of users helped by social services increased by 19.5%
compared to 2009. However austerity measures have seen the social service budget decrease by 65%. In 2013 the reduction of budget resulted in 257,126 fewer users being cared for. Of these, 31,264 were in home care, and therefore a matter of basic social services, and 53,963 participated in prevention programmes and insertion. The absence of publicly funded support is in some part compensated for by third sector organisations. Caritas [a social and religious organisation] announced not so long ago [summer 2014] that it was serving more than one million people across Spain. The sheer number of people dependent on their support and services is an indicator of just how severe the crisis and cuts to social spending and policies has been.

As the length of unemployment increases, the number of people protected or covered by the social protection system decreases, especially for woman. Data show that every day there are more people without some sort of unemployment protection. International organisations such as the OECD have begun to warn about this: there are more than 2.5 million long-term unemployed with no coverage: three out of four people who have spent more than a year unemployed (60% of total unemployed) do not receive any benefit. The time spent unemployed and gender are two variables that clearly affect the chances of being a benefit recipient; being a woman in a long unemployment period is to have a 78% chance of not perceiving benefit [4]. The number of families in which no family member receives any unemployment benefits increased to 768,000. The loss of family income implies an adjustment in the everyday life of families. Data from the third quarter of 2013 showed that in Spain the rate of unemployment protection (33.7%) is 1.5 points less than in 2012. Young people suffer the lowest rate, only one of six has any type of unemployment protection. Women have protection ten points lower than men. [4]

The risk of poverty threshold decreases as incomes decrease. In Spain most of the adjustment relating to the crisis is seen through decreasing wages, which leads to greater difficulties in the daily lives of many families and increases the poverty level. In some cases we speak of energy poverty. There are families who do not consume energy because they cannot pay the monthly payments. Families invest their low earnings in the payment of housing and food. This is reflected unequally in Spain but especially when comparing the Canary Islands with the rest of Spain (Table 3).
Can’t go on holidays at least one week a year | Delay in payments (mortgage, gas, electricity)
---|---
Canary
- 2009 | 55 | 17.6
- 2011 | 50.5 | 9.8
- 2013 | 54.8 | 15.1
Spain
- 2009 | 40.3 | 8.1
- 2011 | 40 | 7
- 2013 | 45.8 | 9.2

Table 3. Percentage of households with difficulties making payments.

However, the acuteness of the crisis is particularly reflected in the poor labour market situation of young working age people. At present this stands at 50%. The crisis has had a particularly acute effect on unemployment of youth with low educational backgrounds. This is at least partially due to the real estate bubble. Ten years ago in the Canary Islands the real estate boom associated with tourism as an economic engine caused many youngsters to abandon secondary education, attracted employment in the construction industry that promised a fairly high salary for their (low) level of education and age. When the bubble burst many of these young people ended up swelling the ranks of the unemployed. The crisis also sees university graduates experiencing unemployment; this is made worse by thwarted employment expectations: there is no guarantee that having a university degree will lead to paid employment. One of the most marked effects of the crisis was the destruction of temporary jobs. Data shows that in 2007, Spain had similar levels of youth unemployment to the average in the EU27. From this year, the effect of the crisis on youth led a severe increase in unemployment in the age range of 15-25 years. In 2012, it reached 52% compared to 21% for the EU27. In the age range 25 to 29, data show a similar pattern being that from 2007 until 2011, the youth unemployment rate went from below 10% to be above 25% unemployment. Table 4 shows the employment in Spain by level of Education in 2008 and 2012.

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>2008</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary School</td>
<td>1259.3</td>
<td>1479</td>
</tr>
<tr>
<td>University</td>
<td>332.2</td>
<td>1092.1</td>
</tr>
</tbody>
</table>

Table 4. Compared level of employment in Spain range of Education (Secondary School and University) In the years 2008 and 2012. (Thousands)
The current situation of not seeing the ‘light at the end of the tunnel’ makes young people lose perspective of their future. One element is the sheer duration of this crisis. Unemployment will increase their level of poverty; the inability to envisage a personal future will lead them to experience the first symptoms of mental illness (anxiety, depression, low self-esteem). A situation that is very difficult to escape without social incentives. Research has shown that poor mental health is the most likely health outcome of unemployment, not only in long-term unemployment, but also in youth unemployment [5]. At the same time psychosomatic symptoms and psychological well-being are related to unemployment status (Cecilia et al.). The data show increases in the number of young people with anxiety, depression and self-esteem in the absence of future employment.

<table>
<thead>
<tr>
<th>Spain</th>
<th>Canary Islands</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>Very Good</td>
<td>21.4</td>
</tr>
<tr>
<td>Good</td>
<td>54.39</td>
</tr>
<tr>
<td>Regular</td>
<td>17.72</td>
</tr>
<tr>
<td>Bad</td>
<td>5.01</td>
</tr>
<tr>
<td>Very Bad</td>
<td>1.48</td>
</tr>
</tbody>
</table>

Table 5. National Health Survey. “How do you perceive your health has been for the last 12 months?” Data from Spain Canary Islands (2010). Percentage form the total.

<table>
<thead>
<tr>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Very Good</td>
<td>43.29</td>
</tr>
<tr>
<td>Good</td>
<td>49.95</td>
</tr>
<tr>
<td>Regular</td>
<td>5.02</td>
</tr>
<tr>
<td>Bad</td>
<td>1.29</td>
</tr>
<tr>
<td>Very Bad</td>
<td>0.46</td>
</tr>
</tbody>
</table>

Table 6. National Health Survey. “How do you perceive your health has been for the last 12 months?” Data from Spain By age (2010). Percentage form the total.

As we see in Table 5, 33.76% of women in Canary Islands perceived their situation as bad to very bad compared with 27.67% (six points less) of men. Data from Spain are even more distant in the case of men: they are nine points below women in perceiving their health in the last 12 months as bad to very bad. If we refer to age, we see that 15.92% of women in the range of 25-34 years old perceive their situation as bad to very bad. In the case of women in the range of 16-24 the percentage decreases to 10.44%, more than five points of difference. In the case of men the difference between those ranges states at less than four points (10.48%
As regards Figure 1, we see that the most common psychological problems reported are anxiety and depression, and differences between men and women in the Canary Islands is one of the highest in Spain.

![Anxiety and/or Depression](image)

Figure 1. Percentage of self-perceived level of anxiety and depression. National data for male and female (2012).

The case of the Canary Islands deserves special attention. The Canary Islands are the outermost territory of the EU, far from Spain and the European mainland. Its economy is mainly based on tourism, and only a minor amount of GDP to exportations to European Union of our agriculture products, mainly bananas and flowers.

The ancient Romans named this region the “fortunate Islands”, however nowadays we are far from the Roman period in many senses. With a population of 2.1 million we have a 38% of poverty level, around 26,000 families have no income whatever and 24% of the population have received some form of assistance from the social service in 2013. Child poverty has reached the 29%; more worrying still, according to a UNICEF 2013 report the Canaries are becoming even poorer.

The last data about the risk of poverty and social exclusion in the Canary Islands move from 35% in 2009 to 40% in 2012. The effect of the crisis on families has had a heavy impact on the children of these families. At least 12,000 children were pulled out of school meal services because parents could not afford it. As a result, the Canary Islands’ government initiated a programme in which families without any type of income receive a school meal service during the academic year. For the academic year 2013-2014, the Canary government initiated the “School Breakfast Service” in which over 11,500 students from kindergartens to Secondary School went into this programme that will continue in the 2014-2015 year.
Because many families cannot provide a nutritionally complete meal during the day for their children, the Government of Canaries has developed a ‘language immersion programme’, which runs through the summer months (July and August), and which sees at least 8,000 children receiving one hour of a foreign language and a meal. Finally, for this course the number of places for school meals will be increased to around 2,300, increasing the number of families without income eligible for this service.

![Ability to meet needs at end of month, percentage of homes](image)

Figure 2. Percentage of difficulty to end the month attending to the level of education. Canary Island data (2011).

The effect of the crisis regarding to employment has positioned Canary Islands as the region that holds the highest level of unemployment and the greatest loss of social benefits nationwide. In 2013 the 61% of male and 53% of female were unemployed (20-24 years). The first trimester of this year showed a 33% of unemployment for male and 32% for female. Among the young unemployed the case of the tertiary educated is perhaps the most worrying, as this group represents the best educated youth formed in the last 40 years in Spain.

The fact that the Canary Islands is particularly dependent upon the construction and tourism industries means that the crisis hit harder than in other Spanish regions. It is therefore that due to the high level of young people working in the sector of construction and the service sector, the boom of the construction bubble, and the drastic drop in tourism, especially domestic tourism which brought in significant revenue, which led to the Canary Islands
seeing its rate of unemployment explode. The duration of this crisis is causing many families to remain long-term unemployed. As the number of new families experiencing unemployment increase, social services have become overwhelmed. Non-governmental organisations have therefore increasingly had to respond to the basic needs of many families by establishing food distribution systems.

The situation of many Canary Island families is concerning, and many of them have started to experience psychological effects of the crisis. Levels of anxiety and depression and particularly helplessness have increased. This is not surprising, if we consider the difficulties meeting financial commitments by the end of the month by level of education acquired.

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Figure 3. Poverty in Canary Islands by gender. (Poverty line 7508.60€) Canary Islands data 2011.

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Figure 4. Percentage of difficulty to end the month attending to the level of education. Canary Island data (2011).
In general we could interpret that the level of education is perhaps a sort of protective factor on the future labour market of our young people. It could be the case that they assume that sooner or later they will find a job as a result of their education. Perhaps this idea about the level of education and labour market explains the increase in enrolment at university; in short, it helps understand that a higher level of training should enable younger people to enter the labour market. However, this is not the same for all regions, as specialised labour market access depends on the versatility of this market. In the case of the Canary Islands, as mentioned before, this market is very limited.

![Students at university](image)

**Figure 5.** Number of Students in 1st and 2nd cycle in the Universities in Canary Islands. Percentage of difficulty to end the month attending to the level of education. Canary Island data (2011). Note: ULL University of La Laguna. ULPGC University of Las Palmas de Gran Canaria.

In March 2013 economic publication papers (FUNCAS) revealed data on the employability of Spanish university graduates. It showed a great disparity between training and employability. At one extreme we have the Basque Country as the most educated and having the lowest levels of unemployment among university regions; at the other extreme is the Canary Islands, the region with less training and less school failure and employability of graduates.
To summarise, the picture described so far shows that the effects of the economic crisis on Spain has been and continues to be hard. On average, data place us as the country, along with Greece, with the highest levels of unemployment and the least extensive social policies and support for the population. In the case of the Canary Islands this situation is even more evident. We achieve the highest level of youth unemployment in the EU, even in those people with a high level of education. We increased the number of families that no longer receive any unemployment benefit, and in a context where the response of the social protections services is not adequate due to cutbacks.

If we look at youth, numbers shows an increase in levels of anxiety and depression, indicating the psychological effects of unemployment. In the past, emigration was a possible solution for many families in the Canary Islands. In this case, emigration again seems to be an outlet for our youth. According to data, 26% of all previously independent young people have returned to live with their parents, 4 out of 10 young people still live with them, and 28% of all young people live with their parents have children of their own. As a consequence of such an anxiety-inducing scenario, the better qualified and most independent young men and women are leaving the islands. Data also indicate that 83% of the region’s youthful population is willing to seek a future away from the archipelago. According to a recent survey by the Real Instituto Elcano (a Spanish think tank) 65 percent of the country’s prospective young emigrant population has a bachelor’s degree.

2. Aims of the case study

In order to achieve first-hand information about the perception recent graduates have of the labour market and the social protection response to this economic crisis in Canary Islands, we decide to investigate through a qualitative methodology these perceptions in an intentional sample.
We have two general objectives:

1. To analyse the impact of unemployment on the health of young graduates.
2. To understand how the health status and well-being are perceived from the perspective of youth unemployment.

We also have four specific objectives:

1. To analyse whether young graduates perceive well-being and health as similar concepts.
2. To explore how unemployment affects emotional aspects and health.
3. To understand experiences of being unemployed.
4. To investigate how young graduates feel about the difficulty of not finding a job (and the lack of near-term future perspectives).

3. **Methodology, organisation and the process of the research**

We use two different qualitative methodologies, the focus group (grounded theory) and the hermeneutical phenomenology theory through the analysis of discourse (Ricoeur, 1976). The hermeneutical qualitative methodology is useful for generating categories that can then be validated using focus group methodology. These interviews produce six categories of responses.

The first part of the research used individual interviews. These always took place in the same place, a room in the Nursing Faculty. The interviews were conducted in Spanish, and recorded and later transcribed in agreement with the participants. The interview under the hermeneutical theoretical framework was semi-structured, enclosing the following questions:

- “*How do you perceive health and well-being; do you think these two concepts are linked?*”
- “*How does unemployment affect your emotions and your health?***
- “*How would you describe your experiences of searching for a job?***"
“How do you feel about not finding a job?”

The second stage of the research was the focus group, which was composed of eight graduates with the same characteristics of the previous purposive sample. The group was made of two men and six women. Seven members were graduates from the Nursing Faculty and one graduated from the Social Work Faculty. All were Spanish except one who had been born in South America but has Spanish nationality. The focus group took place in the same room as the interview. Participants agreed to have the focus group digitally recorded. Both samples were recruited, as they were all unemployed graduates doing a master in research, management and health care, and share a vision of the social support systems due to their practice with people different places (hospitals, primary health care centres, social centres, nursing homes, etc..) where they did the practical training during their degree. The interviews were recorded and then transcribed in Spanish.

The analysis made it possible to explore the following two research questions:

1. “To what extent do social protection policies (i.e. coverage, generosity of benefits, integrated package, including services and support into work) act as a collective resource for people to draw upon when their own resources are failing?”
2. “How does this system of support help prevent health inequalities?”

4. Sample

The purposive sample was enlisted from graduates of University of La Laguna, Canary Island. The first group were composed of ten recent graduates 23 to 25 years old, two men and eight women) all of them unemployed and active seeking job. The time of unemployment varies from nine (the less) up to 20 months. The time looking for employments was an average of 12 months. All participants are Spanish. One of the participants, one man, was born in Colombia but has Spanish Nationality since he was a child as his parents are both from Canary Islands but they immigrated to Colombia for some years and then returned. Two woman are from a different island, Fuerteventura and Lanzarote, but have lived in Tenerife the last six years. One of them was going to return to live with her parents as she didn’t have money to pay a rent and all the expenses of living by herself in Tenerife.
5. **Main findings**

5.1. **Interviews**

The categories established in this study were:

1. Health and well-being, subcategories independent concept and dependent concept.
   
   - “I don’t think that health and well-being are the same. You can have a good physical health but it doesn’t mean that you feel well. Well-being has to deal with happiness. A person with any kind of disability can feel well and another who apparently has everything, can feel depressed”. “They are not the same but they are interconnected concepts. To feel well you need to be healthy”. (Interviews 1, 4)

2. Frustration, a subcategory of no self-fulfilment.

   - “…As many students who finished their studies at university, you have great expectations of be a useful person in society, you want to apply all your knowledge, but then in all the interviews they ask for “personal experience”. This is very frustrating, sad... and this can go from one year to another”. “It is a frustration that you cannot express with words”. “We have gone through thinking on having a good job, to take any job”. “There is no self/fulfilment in this... all your plans come down’’(Interviews 4, 5)

3. Uncertainty, subcategory of instability, no future plans.

   - “We are in a position that we find ourselves always with the mobile phone just in case someone can call you and offer a job... You have this permanent feeling of uncertainty... A person doesn’t study for this... Since I finished I have experienced unemployment for months and years, and this makes me feel very bad not only for not having a job but for the uncertainty of the situation... I’d love to start a family but I can’t”. (Interview 2)

4. No healthy habits, subcategories of healthy food and physical activity and leisure time.
“This situation is affecting my health and my feeling of well-being. Not only can you not find a job but the government stops its support”. “With no money you can’t have a healthy diet, you cannot afford good quality food and fresh vegetables and fruit are expensive. Eating meat and fish is also expensive. Your tendency is to buy cheaper products which don’t have good quality”. “You can’t go to the cinema or to have a meal out and these affect health”. (Interviews 3, 9)

5. Psychosocial and emotional problems, subcategories of anxiety, negative feelings and depression.

“This is not only a physical problem. It is a psychological problem. We can see that in the increase in suicide”. “People who are unemployed need to have something to do which motivates them; if not, they experience more anxiety and they start to have physical symptoms. Other people have suffered from eviction from their homes, poverty…” (Interview 6)

6. To start new projects, subcategories of migration and search of your own capacities.

“If I have to leave my country, I will do it... We have to adapt like a chameleon”. “If I emigrate, I need to know that I can return”. (Interview 8)

3.3. Focus Group

The categories under this question are:

1. Uncertainty over job instability.

The lack of stability at work is experienced as uncertainty. People cannot make any future plans, they cannot live in their own homes or improve at a professional level or have self-esteem.

P1 “It is not important, but in five years I’ll be 30 and I thought that I could have a house by then... I haven’t found a stable job. I can’t even buy something as simple as a car. You can’t do it one year and you wait until the next one and the story is the
same. I finished my studies four years ago and when I found a job for one day or few days, I am always the “new one”. The worst thing of all is that you get used to it.”
P6“When you look at people who have been working for 15 years and they don’t have any stability at work, you think what will happen to me? It is not dignified or fair to live like this.”

2. Workload.

Precarious work influences the way you treat people. Fewer professionals and more work, more pressure.
P4 “The austerity measures have influenced the entire situation. The health and social system are overcrowded, the professionals are burnt-out. With the crisis all spheres of life have been affected”.

3. Mental health.

P3“Many people have lost their jobs and do not have access to any social protection. This affects their mental health even more than their physical health. Before, someone could have 700 euros from the government if he or she lost a job, now it is 400 euros, and then, not always... If you have children, a mortgage, a car... there is no money to pay. Can you imagine the situation? They have negative feelings, no hope and the social media is always with the same negative message. One day, you just think, why on earth I should get out of bed?”
P2 “This entire situation is affecting our mental health. Never in my life could I imagine that a child would not have a meal in a day2”.

4. Drugs consumption (medicines).

There is an increase in the use of benzodiazepines and drugs for depression.

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2 This school year the Canary Government has been forced by professionals of healthcare and education to keep open the school meal service during the summer break. The reason is that for a high percentage of children attending school the only full meal they have is in school. As this service depends on the family income, it was found that many of them came to school without breakfast. The social alarm triggered some centres to open a social service picking up “meal for breakfast”. This measure of social protection makes clear the extent to which unemployment is affecting the middle and lower classes. Many of the families have exhausted the social benefit of unemployment or social subsidies that run for a year maximum depending on the time they were employed.
P7 “There is increased consumption among nurses”.
P8 “I am currently using diazepam”.
P4 “When I get too stressed I have to take drugs to relax or my brain will explode”.
P10 “We are all becoming patients because we are mentally sick”.

5. No money to buy medicines.

Since 2008 the financial supports from the government to people who buy medicines at the pharmacies have decreased. This has been a big problem for patients with chronic diseases.
P5 “I know people who cannot buy the medicines”.
P9 “This will be a great problem. It is like a fish that bites its own tail, you can’t buy medicines and then your health problems get worse. Then they need more medicines but they can’t buy them, and it goes on like this again and again”.

4. Conclusions

1. Unemployed healthcare graduates experience the progressive weakening of the social protection system in all its variations. This is compounded by poor employment situation or prospects that do not allow for personal development.

2. While holding a degree in the past was sufficient for guaranteeing a job, it no longer is. Work is scarce and when it is available it is precarious, leading graduates to cope with an unstable future. This day-to-day life provokes a kind of “burn-out” syndrome that finally generates mental problems like high levels of anxiety and finally depression.

3. The social protection system does not provide for a dignified quality of life, since Spanish legislation itself does not guarantee income in the absence of employment history. Therefore, instability during unemployment is even higher and you can rarely rely on social protection if you are a university graduate who has never worked, or who has been jumping from one unstable job to another, something that is normal in the nursing employment system.
4. Unemployed graduates perceive a deteriorated in both economic terms and psychological aspect of the healthcare social system. Somehow, the lack of social support for the population leads them to conclude that the system has collapsed.

5. The change in the labour market leads to a situation of helplessness in young people who only see migration to other countries as a possible solution to allowing them to develop normally.

6. Some people who moved away from their parents’ house, which is not as usual in the Canary Islands as in Europe, have returned to live with them or need economic support from them.

Finally, it is worth mentioning that employment and its quality is one of the core elements to ensuring the welfare state and social protection systems. Is necessary to ensure a production model capable of producing quality goods and services that, in turn guarantees decent work and rights capable of ensuring adequate wages, social contributions for financing sustainable and adequate pensions, and taxes that enable financing of effective and necessary public policies. For this it is also necessary to promote a fair and progressive tax model that ensures the capacity for action of the welfare state.
5. References


