ORIGINALES

Transition to adulthood in vulnerable youngsters. Impact of a socio-community intervention in the district of Las Remudas, Gran Canaria, Spain

Transición a la edad adulta en jóvenes vulnerables. Efectos de una intervención sociocomunitaria en el barrio de Las Remudas, Gran Canaria, España

Raúl Ruiz Callado [1]
Nieves Martínez Cía [2]

[1] Departament of Sociology I. Alicante University (Spain) and Centre de recherche en immigration, ethnicité et citoyenneté, Université du Québec à Montréal (Canadá)
[2] Centro de Salud Las Remudas, Telde, Gran Canaria (Spain) y Departament of Sociology I, Alicante University (Spain).

E-mail: nievesmcia@gmail.com

ABSTRACT:
This study analyzes the case of a vulnerable neighbourhood where a socio-community intervention was developed between 2002 and 2012, in order to improve health and quality of community life, especially amongst young population.
The **aim** of this study was to determine the biographical experience of young people and inquire about the influence of intervention in their life trajectories.
Methodology: From a qualitative perspective, through participant observation, semi-structured interviews and documentary analysis, a reflection is presented on the social efficacy and perceived benefits of intervention in the community.
The **results** show a significant and positive impact on social cohesion and community convivence. As regards young people, a change in orientation of some individuals' life paths is recognized, thus avoiding exclusion, with a clear improvement in their relational environment and self-esteem and showing the development of social skills that have helped their transition into adulthood.
Conclusion: This article invites reflection on the effectiveness of interventions aimed at social change, their sustainability over time and their limitations. It is a proposal, based on a real example, for the application of social and health policies aimed at socially disadvantaged youth.

Keywords: socio-community intervention; socially disadvantaged youth; social policy; health sociology; qualitative research

RESUMEN:
Este estudio analiza el caso de un barrio vulnerable donde se ha desarrollado una intervención sociocomunitaria, entre los años 2002 y 2012, para la mejora de la salud y la calidad de vida comunitaria, especialmente de su población joven.

El **objetivo** de este trabajo es conocer la experiencia biográfica de los jóvenes e indagar a propósito de la influencia de la intervención en sus trayectorias de vida.

Metodología: Desde una perspectiva cualitativa, a través de la observación participante, entrevistas semiestructuradas y análisis documental, se reflexiona sobre la eficacia social y los beneficios percibidos de la intervención en la comunidad.

Los **resultados** muestran un relevante y positivo impacto sobre la cohesión social y la convivencia comunitaria. En el caso de los jóvenes, se reconoce el cambio de orientación de algunas trayectorias, evitando la exclusión y con una clara mejora de su entorno relacional, de su autoestima y mostrando el desarrollo de habilidades sociales que han favorecido su transición a la edad adulta.

Conclusión: Este artículo invita a la reflexión sobre la eficacia las intervenciones destinadas al cambio social, su sostenibilidad en el tiempo y sus limitaciones. Es una propuesta, basada en el ejemplo real, de la aplicación de políticas sociales y de salud dirigidas a la juventud en desventaja social.

Palabras clave: Intervención sociocomunitaria; jóvenes en desventaja social; políticas sociales; sociología de la salud; investigación cualitativa

INTRODUCTION AND THEORETICAL FRAMEWORK

The concept of *youth* has generated changing discourses and various meanings throughout history. This concept is generally related to a life period in which not only important physical and psychological changes occur, but also social changes: infancy is left behind to enter the adult world.

The sociological view, from the life course perspective, considers youth as a transition period in which preestablished stages are surpassed, from infancy -psychophysical development milestones- to the acquisition of socially recognized adult roles: education, stable employment and family and economic independence. Functionalist perspective, however, is critical with this view, considering that it encompasses *youth* as an homogeneous group with age as its only delimiting variable [1] and without taking into consideration the influence of other factors as belonging to a certain generation [2] or social conditions [3,4].

Until recent decades, sociologic approach has been almost exclusively centered in these two perspectives; but new perspectives that seek to integrate this view of role conflicts or generational conflicts through a biographic perspective and the concepts of *itinerary* and *trajectory* [5], have emerged. *Youth* is therefore understood as the stretch that encompasses from physical puberty to full familiar emancipation and from the exit of the school system to labour insertion, without separating it from everyday occurrences, what everyone has to live, and interpreted in context of the past and the future expectations.

Young people trajectories are more than personal life histories; they are also a reflection of the social structure and processes [6] and, therefore, not all young people go over this stretch in the same way.

The course of their trajectories is conditioned by factors that can favour or complicate their transition to adulthood and that are related to social inequalities: the support and resources at their disposal, the opportunities given to them to broaden their *range of trajectories*, their *field of possibilities* [3], especially from their close social environment, will determine the escape or not from exclusive trajectories and their orientation or not towards a full and healthy life [7].

When dealing with young people in social vulnerability situations, it is known that they often follow dysfunctional trajectories or in such precariousness [8,9] that they are put at a disadvantage to achieve a full healthy life while dealing with inestability and with small chances of planning their future.

According to Smith[10], health inequalities are the result of the loss of care within society. From community nursing field, inequalities can be addressed through health promotion, understood as the "collective effort to bring health and human life to the sphere of dignity, to the foreground of collective concern, of political effort and decision..., of everyday life, of diverse scenes and levels in which life passes by" [11].

Professionals that work in places with these characteristics are conscious about the complexity of community intervention with young people. For basic community services (educative, social or health care), the performance of tasks set by their respective policies stumble upon uncertain and changing situations in the midst of dissimilar personal and familiar realities; their verticality and lack of flexibility greatly complicate the efficacy of community intervention or even make it fail directly. Programs and compensatory measures to integrate these young people in risk are proposed, but no decisions are made to allow to work on the causes, to carry on strategies directed to resolve the structural problems [9] in the long term.

In the last decades, transforming models that propose new ways to approach community intervention with under age and young people in social difficulties have appeared. One of these new ways is the development of participation models, with methodologies that use strategies and techniques such as the Participatory Action Research or the Popular Education[12]. Projects from this participatory perspective have been developed in Spain, promoted by the public sector and diverse social entities [13-16], with positive results.

Canary Islands Government published in 2010[17] a document including various examples of community interventions with young people that have participation and socio-community action as their fundamental criteria, developed in this Autonomous Community and considered "good practices" for their replicability, methodologic innovation and long implementation periods. Among them, we find the community intervention object of this study.

This socio-community intervention began to develop in 2002 by motion of the Directorate General of Youth of the Canary Islands Autonomous Government. It was meant to address what was perceived as an important social issue: the so called "youth violence" that, to the end of the 1990 decade, together with school absenteeism, early school leaving, the increase in teen pregnancies o youth delinquency, was the focus of public interest and brought up the need for new social policies and new ways of community intervention.

Within the recently founded IDEO Foundation (collaborating entity for the integral care of minors and young people from the Canary Islands Autonomous Community), the program *El Patio*[17] proposed their plan of community intervention after a participatory research that gathered opinions of politician, young people, teachers, community workers and families. It understood "youth violence" as a multicausal phenomenon and therefore defended an integral approach, and proposed working with youth in their native environment, in the streets and in the educational centers, with precautionary and promotional nature, but enfasizing the community perspective.

The community intervention is not so much intended to find inmediate solutions, but rather to initiate integral, flexible and open socio-educational processes with a transforming intent that considers community involvement essential to improve local health and life quality, and thus, favour the salutary transition from youth to adulthood.

This paper analyzes the influence that this community intervention may have had in the life trajectories of the young people, in their neighborhood and on community level.

METHODOLOGY

Las Remudas neighborhood, in the municipality of Telde, Gran Canaria island (Spain), was built in the late 1970s within the housing policies of General Franco's regime, to answer the demand generated by population growth, rural migration to the cities and, in general, by low rent families[18]. Territorially isolated, its 1152 houses were allocated to people with an heterogeneous profile: repatriates from Sahara, families, most of them large families, expropiated by the erradication of substandard housing in the Capital, Las Palmas de Gran Canaria, or in rural areas and, in general, people with a low socioeconomic and education level. Its growth as a community has been slow and hard as a result of this series of disadvantages that have tended to reproduce aggravated by issues derivated of the sale and consumption of drugs.

According to Wacquant, instead of considering it an accumulation of "pathologies" and analyzing it in terms of "disorder, shortage or chaos", the neighbourhood is recognized not as a socially dysfunctional structure, but as an organization according to its structural limitations: constant pressure of economic needs, material deprivation and systematic lack of opportunities, physical and social insecurity, debilitation of local organizations and territorial stigmatization[19]; all of which have provided children and young people a tough environment to grow up and socialize.

To the end of 2002, *El Patio* arrived to the neighbourhood. Based in Marco Marchioni's[20] methodological approach, its objectives revolve around two essential concepts: participation and organization. The proposed community intervention implied three necessary working levels for the stability of the process: local administration representatives, technical resources and citizens; and worked in two different but complementary lines of action: the specific work with children, young people and their families, following methodological bases of street education and looking to motivate for action, participation, change; on the other hand, the community intervention itself which included three large areas: the coordination of technical resources, the participatory research of community reality and the strengthening of existing participation as well as the promotion of new participation.

The first contacts were with the neighbourhood key educational centres: offering support for the classrooms, improving school coexistence and opening the centres to the community as the community resource they are; extracurricular activities were carried out in the schoolyards, which are open mornings and afternoons, creating a meeting space between formal and informal education.

Also, in the streets, native environment for children and young people, an horizontal relationship was stablished through a common language, physical contact, affectivity, joking, games... Observing and being observed. *What they pretended to do and how* was explained, with empathy and complete respect for their world view, to the neighbours that came close. Essentially, they looked to create precautionary and

promotional meeting spaces through attractive leisure activities for young people. They also contacted their families -when they approached interested in what their children told at home- with the objective of supporting them, to collaborate in educational processes of their children and to favour the participation and the, at that time almost nonexistent, neighbouring encounter.

In the beginning of 2003, the rest of technical resources of the area were invited to create a mutual and permanent meeting and coordination space that favoured mutual acquaintance, and to work a common program that avoided duplication and even favoured synergies between two or more resources.

In 2005, this Technical Group of Coordination (TGC, from now on), undertook a participatory research that was a turning point in the relations of those who contributed with opinions and proposals to this "community diagnosis": citizenship, technicians and local administration representatives. This information, included in a community monography[21], was distributed to all the neighbourhood and the participants in the research, and was discussed in a specific meeting.

From the needs perceived and priorized in this meeting, the TGC proposed to iniciate a series of actions, to be put into practice in the medium and long term, that were the backbone of the community work for the next few years (figure 1).

Figure 1. Scheme of the process 2002-2012
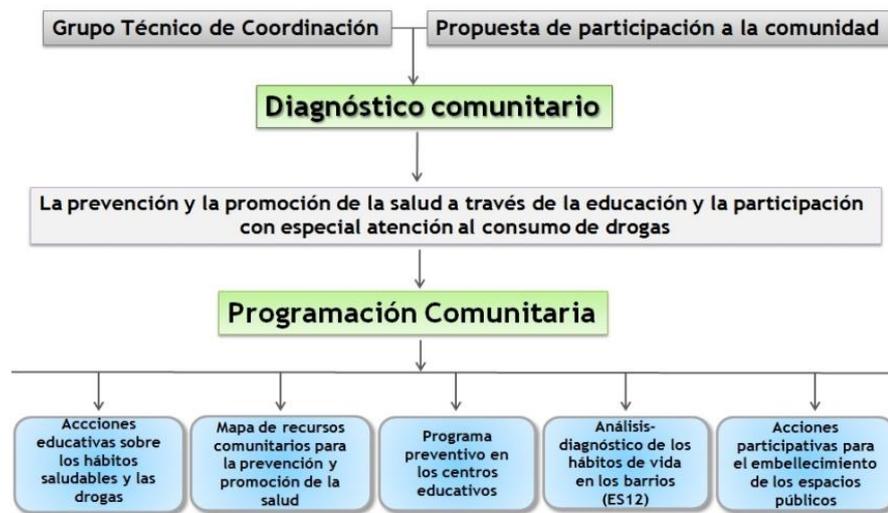
To understand the influence this community intervention may have had on the neighbourhood and, particularly, on its youth, a qualitative research was outlined, including semistructured interviews and participant observation, within the framework of the activities for the promotion of health, carried out by the community infirmary.

Agreeing with Taylor and Bogdan[22], the information gathered through participant observation was specially valuable because "no other method can provide the detailed comprehension obtained through the direct observation of people and listening what they have to say at the scene of the occurrence."

Although these same authors recommend to abstein from researching scenarios where the researcher has a direct involvement, personal or professional, it is also considered that it facilitates a "realistic construction"[(23)], with no pretention of neutrality. And the realities that the research looks to reveal must be informed by a previous knowledge of those precise realities.

The selection of the informants was intentional, and included eight young people (four men and four women) that in the beginning of the socio-community process (2002) were 12 to 18 years old (today, in 2015, they are 24 to 31 years old). Most of these young people are very well known in the neighbourhood, both among adults and their equals, and role models for some of them; they lived their infancy in tough conditions that drove them to exclusive trajectories. They participated continuously, getting involved in every activity. Six of them still live in the neighbourhood and the other two maintain frequent contact.

The interviews were set out to ask for their life story, their childhood and adolescence memories to this day, trying to identify in their narratives the key moments, identified by them or not, and to comprehend to what extent those moments had consequences to their lives or identities, influenced their vital trajectories.

The interview script, not being a structured protocol, ensured that important experiences in relation to family (absences, presences, economic dificulties), school (conflicts, finished studies), romantic relationships, leisure and free time (relationship with groups of peers and the rest of the community); drugs, violence, territorial stigmatization; labour trajectory and expectations for the future, were explored. It was enquired with special depth the experience of their participation in the socio-community process and the influence that they perceive it may have had in their lives. Their testimonies are identified as JV, for young males, and JM, for young females.

To explore the acceptability and social utility perceived in the neighbourhood, a male resident (VV) and four female residents (VM) that could enrich the information about the transformation experienced in the neighbourhood, in the families and in their children or in the relations with their neighbours, were also interviewed.

Table 1. Young people and neighbors interviewed

Interviewed persons	Age
Male residents (VV)	52
Female residents (VM)	42, 62, 70, 76
Young males (JV)	31, 31, 28, 28
Young females (JM)	24, 26, 28, 28

Since a large part of the community intervention was carried out in the educational centres, the experience of education professionals was important, so two male teachers, both former Directors at the Secondary Education Institutes (I.E.S; High School) from the area (Las Remudas and the neighboring community, La Pardilla) in

the initial and intermediate stages (P1, P2), and a female teacher from IES Las Remudas, Vicedirector during the last stage (P3), were interviewed as well.

The account solicited to an nursing professional at the Healthcare Centre (S1), who was a participant in the process and has been working in the neighbourhood since 1993, widened the information related to the technical view about the community intervention in the health sphere.

In order to also know about the experience of community workers that worked in the field, specially with young people, five of them were interviewed: the responsible of the process (R1), three that were in charge of the area in the initial and intermediate stages (E1, E2) and final stage (E3), and a criminologist responsible of a program for minors with legal measures carried out in the area between 2006 and 2008.

The interviews expected to find out their global appraisal about the work done between 2002 and 2012: achieved goals, obstacles or difficulties encountered in the process, relationships with the young people, with the other professionals, with the neighbours; aspects of the intervention that could be improved or proposals for youth policies.

Table 2. Interviewed: professional profile and period worked in the neighborhood.

Professional profile	Labor sphere	Worked in the neighborhood
Teacher (P1)	Director IES Las Remudas 2002-06	1995-2016
Teacher (P2)	Director IES Las Remudas 1998-2002 Director IES La Pardilla 2004-07 (in IES Las Remudas 2007)	1993-2016
Teacher (P3)	Deputy director IES Las Remudas	2008-12
Social worker (R1)	Responsible Program "El Patio"	2001-12
Community worker (E1)	Work Young people	2002-04; 2009
Community worker (E2)	Area manager	2002-04
Community worker (E3)	Area manager	2004-12
Criminólogist (MJ)	Fundación IDEO. Minors with legal meassures	2006-08
Nurse (S1)	Healthcare Center Las Remudas	1993-2016

The interviews had an average duration of fifty minutes all of them were recorded with previous consent, and transcribed to be analyzed. They were done in the place and time picked by the informants and the confidentiality of the information gathered was maintained at all times.

The relational perspective is central to "understand"[23] the conversations, using a sistemic view. The years working in the same territory, relationships stablished, shared experiences, are the "inmersion in a way of life" that provides an interpreting framework to understand the social reality, its process, with its history, with its contexts[24].

The field work was carried out between September 2015 and February 2016. During this same time, information was gathered to complement the research, based on data from the Canary Institut of Statistics (ISTAC), Canary Employment Observatory (OBECAN), Health Survey Las Remudas-La Pardilla 2012 (ES12) and local press articles. Documentation associated to the community intervention, memories of specific work done with young people, meeting minutes and audiovisual material were also reviewed.

RESULTS

Six of the interviewed young people were born in Las Remudas and two of them arrived with ages between four and six years. Most of their families had serious economic difficulties that they perceived since they were little; some of them marked this as one of their worst childhood memories:

> *"At home, economically awful, home troubles; i lived through that very badly; I felt bad cause I saw in class others that could buy stuff and new stuff and I was with the old stuff and that... well, that hurts your self-steem."* (JV)

Seven of them experienced their parents separation in their adolescence and, with it, absences, in most of the cases of the father figure, or presences that affected negatively and that they tried to avoid spending more time on the street.

> *"My father drank alcohol. He was a sailor, came home every eight months and made a mess... He was absent and liked to lift the hand to my mother (hit her)... He used to come, take me to a bar while he drank, then go home and leave me at the bar when I was eight or nine"* (JV)

Almost every one of them emphasized the figure of grandparents, specially grandmothers. Then, as now, solidarity and intergenerational support are key to the emotional stability of those children, providing them with security and, in many ocasions, the most basic care.

Gender inequality is obvious in the testimonies of two of the women interviewed. An early transmission of autonomy happens, for the needs of home organization or absences of any adult role model, limited to home tasks, as opposed of her male contemporaries; one of them had to face, additionally, an early maternity that interrupted her studies and aggravated the economic problems.

> *"When I was nine or ten I played in the park until ten or more at night because I left home later than everyone else; I had to cook, clean the dishes, pick up the dirty clothes... and by the time I had everything done I went out and, of course, after that I could only do half the homework... When I was sixteen I met my mother's dealer, twenty years older than me. When I was with him, it seemed that I had no problems, I felt loved, and of course, that man gets you,¡ and you have no one to tell you 'no, my daughter, not him'... and I got pregnant"* (JM)

Most of them keep good memories of school, of teachers. There were more that offered closeness and willingness to help than those that *"couldn't care less if you had a problem or if your life was tough"* (JM). Going to school was a break and also the only choice for structured leisure, with few extracurricular activities, except for the football and handball teams. For many that didn't enjoy those sports, the leisure time

passed on the street, each one in their *parking lot* (Figure 1), which function as differentiate meeting spaces.

Figure 2. Map of the neighborhood
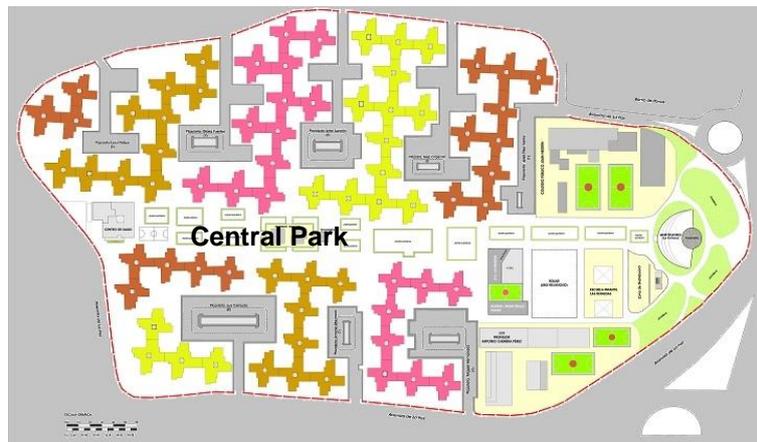
The central park (Figure 2), intented to be the neighbourhood meeting space, was forbidden for most children until well into adolescence. This was the scenario of the drug sale, focal point of vandalism, delinquence, fights and police raids that made it uninhabitable, expropiating the space from neighbours and merchants. Young people, socialized in this context, remember well how it conditioned their games, the relations with their peers or their neighbours; they barely relate outside the neighbourhood and the local ties get weaker.

> *"My parents, until I was eleven, wouldn't let me go to the park; I could only be in the parking lot. I thought: 'if I have friends in school, ¿why*
> *can't I play with them on the street?'"* (JM)

> *"I hated the park and the life that was there. If I had to go somewhere, I'd go around the neighbourhood to go. I didn't like it... the drugs, the fighting, robberies..."* (JV)

The neighbours demanded more police presence. Meanwhile, adolescents and young people, specially men, felt harassed by the police: domicile and street searchs, police roadblocks at the entrance and exits of the neighbourhood... They felt this discriminatory actions; young people self-perceived as subjects of control, but not of protection[25].

> *"... tired from being put in the same sack as everyone* [to be treated unfairly by association]. *You couldn't just chill in your neighbourhood; you felt as insecure for the drug conflicts as for the police that came and made you feel that you were doing something wrong for just sitting there."* (JV)

The experience of the park contributed to get them familiarized with drugs and their consequences, to normalize that world, to contemplate it, on a certain moment, as a possibility to get money; but also to fear it. Of the eight interviewed young people, six lived problematic drug consumption at their homes, among their direct relatives.

"You don't have means, resources, and selling was easy... It crossed my mind: '¿Why not, if everyone does it and goes well?'. Sometimes you saw it as the only choice. We had it very, very easy" (JV)

"It's like being born blind; well, I was born into that and it was normal. Maybe if I were from a nice family I would have used; but you see your uncle hooked, you see what drugs do, that makes people dependent and..." (JM)

The territorial stigma was quickly stablished, partly favoured by the media, that associated the neighbourhood with violent occurences, delinquence, vandalic acts, insalubriousness or insecurity[26].

Young people suffered it distinctintly; they recognized hiding that they were from Las Remudas, aware of the rejection or fear it aroused, both in relationships with other young people outside the neighbourhood and in military service, with the police or searching for a job. Occasionally, they recognized having used this stigma as an emblem.

"... even when we hit on girls in the chatroom, if we said we were from Las Remudas they would stop chatting with us... O when we went to La Garita [a nearby neighbourhood] *and wanted to play football with the boys, they would leave and go elsewhere."* (JV)

The stigmatization, the lack of opportunities in the neighbourhood, provoked an ongoing decrease of population, as opposed as the nearby neighbourhoods (Graph 1). As shown in Graph 2, the decrease in youth population has been specially noticeable: between 2000 and 2012 it decreased a 37,5% the population from 15 to 29 years old.

Graph 1. Comparison of the population evolution between Las Remudas and the two adjacent neighborhoods 2001-13
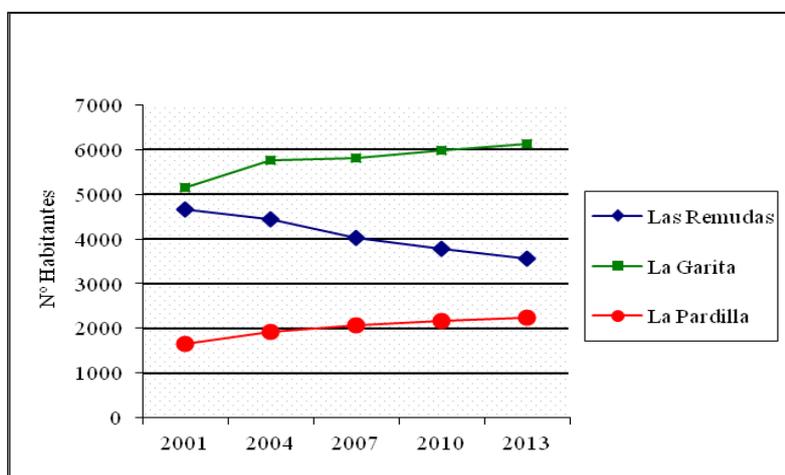
Graph 2. Comparative evolution of young population 2000-12

Porcentaje de jovenes sobre el total de la población
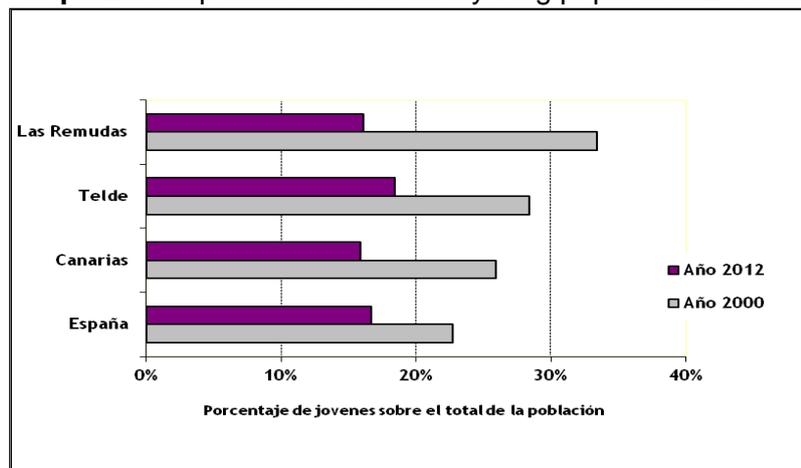
The transition from school to high school was a turning point in the lives of these young people that allows to intuit itineraries with very different destinations. The scarce cultural and educational capital that they inherited did not help making school appealing to them in their adolescence.

> *"If they* [the parents] *had given me a bit more support... I picked up my own grades, so they didn't ask anything from me either."* (JM)

Some of the young people interviewed described feelings of rejection, wasted time, incomprehension from some teachers that, without giving the opportunity to get to know them, considered them to be headed towards failure beforehand.

> *"I believe they already came thinking: 'well, we come to Las Remudas and the boys there are going to be that...'; and I felt like that often... I got expelled from high school because I accumulated bad reports for 'bothering at the classroom' and I was sent to 'bother' in the other centre* [he laughs]. *No; it wasn't appealing and you didn't feel comfortable either."* (JV)

The only young person interviewed that had completed higher education also perceived this prejudices and stereotypes even in college:

> *"In a sociology class, a professor said that it was imposible that, for example, someone from Las Remudas would go to the university; ¡and I was there!... I was offended, but proud."* (JV)

The teachers claim that, at that time, the coexistance in the centres was difficult. Many feared or avoided the neighbourhood as a possible destination and others got involved to the extent of visiting the home of the absentee students.

> *"When LOGSE* [Education law that stablished, in 1990, the obligatory nature of education until the age of 16] *was instituted, a completely different student body profile started to arrive, students that didn't want to be here, that were forced to come."* (P1)

"We lived extreme situations; heroin circulated around here. We saw how they sold drugs outside the centre and many students came in, at 7:30 in the morning, already high." (P2)

El Patio arrived at the time the interviewed were living the biggest problems of coexistance in and out of the educational centres.

"We took advantage of the demand to 'fix the problem' to propose something different... If changes are desired for the neighbourhood, the best place to start is children and youth cause they braid the life of the community, share resources, the school, the high school, the healthcare centre; their families and them spend a lot of time in the neighbourhood." (R1)

Both high schools started to open in non-school time; the activities and workshops, open to all young people, favoured the approach of those outside the education system and allowed to work with special personal situations, avoiding to stigmatize.

"It was a gamble, really: opening the doors of the centre; and we took the risk... Politically, I find this essential: the public resources of a neighbourhood belong to the neighbourhood." (R1)

"We had been there less than a year and we already saw how one of the most difficult kids was sitting at the computer doing his homework, and that was the idea" (E1)

Support and new proceedings of conflict resolution were offered to the faculty, but some teachers saw them as intruders; their presence in the classroom generated them insecurity.

"The first clash was because of that; while the teachers thought he had to be sanctioned, expelled, this people proposed a different approach." (P2)

In relation to the activities to revitalize the park, the community workers remember the tough beginnings: materials were stolen continuously, they did not know how to begin the contacts; got discouraged because of the young people did not get closer or showed rejection towards them, "*sometimes very violently, with much aggressiveness."* (R1)

The frequent team meetings to share the experiences and the constant additional education of the professionals involved were essential to get past this stage; through a continuous process of action-reflection, the fundaments of their task were strenghthened: conflict was considered an educational tool of great potential, *"mistakes are allowed"* (E1), *"the rythms of each one are respected"* (E3), their potentiality and motivations were valued.

The community workers interviewed coincided in that the key to get the young people to come closer was empathy and their continuous presence at the neighbourhood.

"We tried to understand, respect and defend them, find their interests, trust them; but, mainly, to be and to be in the neighbourhood, in the high school, at all times." (E2)

From the new spaces created by the young people, both formal and informal, the work done focused in values, in their self-steem, in their partipatory habits; but also in rules and limits. Conflicts were resolved through assemblies, and what to do and how to do it is proposed or decided. Young people felt listened and respected.

The summer camps organized every year were expected with enthusiasm and motivated them to make an effort in their studies during the course. All of them pointed out this activity as one of their best experiences. The coexistence outside the neighbourhood, without their families, in contact with nature, allowed to advance much of what was worked on during the year. The nurse interviewed had attended the summer camps a few years.

"I went to the high schools often, you know, to give talks about sex education and all of that; but it had nothing to do with what is happening now... The coexistence in some of the camps, sharing so many moments... It changed completely my relationship with them and also with their families and the teachers... and it was felt when we saw each other again in the neighbourhood, in the high school or outside of it... I feel they trust me and also that they see the healthcare centre in another light, as a resource for their health much closer and accesible than before." (S1)

This approach of healthcare professionals that no one was used to, was very well received by the young people and the families. The accesibility of the nurse extended during the school year and constituted a sanitary role model for young people and their families.

"They approach me at the high school, on the street or coming confidently to the healthcare centre to consult doubts or simply when they want to talk with me about some problem. The team working at the healthcare centre values this infrequent closeness of young people and responds to any demand laid out in relation to them." (S1)

Also, the continuity of the team of community workers reinforced the trust of the neighbourhood and the park became an intergenerational meeting point, full of activity throughout the year. The people associated with drugs distanced themselves from the park, *"they left by themselves when they saw the park full of children, of people, of activities"* (VM).

"I saw people from other parking lots that I had never seen before; but what surprised the most were the elders. They were mothers of some, grandparents of others... I learned a lot from the older people I didn't know" (JM)

"Many things have changed for the better in the neighbourhood; the relationship between neighbours improved greatly. As a father, I was given very good advice for a lot of things, marriage and children stuff." (VV)

"Healthcare week, organized for eleven years by technicians and neighbours and supported by the local administrations, has already become an expected event. It is a week of full encounter and community participation." (S1) [Video Summary of the XII Healthcare Week 2016: https://www.dropbox.com/s/fd88bhtsgum2jho/Semana_salud_Las%20Remudas-La%20Pardilla%202016.mp4?dl=0]

The residents went back to inhabiting their space. Colective actions to beautify the neighbourhood further transformed the urban environment[27]. A few national awards [from the Spanish Society of Family and Community Medicine (2003 and 2008); Reina Sofia Award (2008)] to the collective effort, that were covered by the media, contributed to strenghthen the self-steem of the neighbourhood and the social cohesion. The stigma was diluting.

"I was proud to greet the Queen [Sofía] *and to win an award to my neighbourhood."* (VM)

"The neighbourhood had a bad reputation and now to say that you come from Las Remudas is the same as saying that you come from any other neighbourhood of Telde, and that's important." (JV)

The interviewed neighbours also emphatized the personal growth of their children and their own. They coincided with the teachers in the perception of a general improvement in the school performance, the attitude at home, "*more well-balanced*" (VV); but, mainly, the change of direction of some itineraries that pointed to trouble, even with the law.

"There were many boys that improved and got their degrees..., that grew terribly as a person and there were people that escaped the fire" (P2)

"We got to these boys [from 14 to 16 years old, beginning criminal trajectories] *in a time they were somewhat distracted; they lived in absolute darkness, came to us like flies to the light and stuck to the light for ten years. There were no more boys from Las Remudas executing legal measures or very few; the level of juvenil delinquency in Las Remudas decreased very clearly."* (MJ)

The Technical Coordination space consolidated and remain to this day. The community process changed their attitudes, their relations with their neighbours and with the public administrations. The participatory research, carried out in 2005, allows for posterior specific community interventions, very effective, strenghthening the collaboration of their various protagonists.

"When we did the study and started to know the personal and housing circumstances and the difficulties present, our perspective totally changed as well as our way of interpreting the relations with the student body, with the family, with the neighbourhood... It left a mark on us." (P1)

"My work as a nurse has taken a new course, more attached to the reality of the neighbourhood, a course that could not be seen from the healthcare centre. I think we managed to integrate the individual and collective attention, indispensable to understand how social conditions can affect health and, with that understanding, developed new skills to find solutions to the real needs of the people we take care of and that may not be taken into account in healthcare programs and policies instituted by the local administration... The cultural proximity to the population and the continuous work with other sectors and disciplines enabled me to mediate between the community and the healthcare system" (S1)

Communication between healthcare and educational services is quotidian and fluid, specially between paediatric service at the healthcare centre and the teachers. Healthcare education interventions in schools and high schools are coordinated, and joint activities are carried out, supported by their respective public departments through service-learning experiences[28]; creating educational material is among this activities (Last work done (2016): https://youtu.be/eailvSn0EYM).

The relationship between the healthcare centre and the local public administration, specially with the municipality, has been strenghthened over the years, allowing, through the community nurse, to address neighbourhood issues related to public health that were not considered before by the primary healthcare team.

> *"I firmly believe in the importance of our role in addressing the health inequalities and the social conditions of health; historically, our profession has been like this... In this kind of community interventions, the direct relation, the flexibility in terms of timing, spaces and contents are key; it changes the scheme of the work that we, the nurses, do at the healthcare centres. The healthcare public administration has allowed me for more than five years to dedicate 60% of my working time to partipate in this community process and I think this is a step forward for community infirmary."* (S1)

The general assessment of the community workers from *El Patio* is well expressed in one of the interviews:

> *"The goals accomplished have names and surnames; anyone that used the experience to contemplate some things in a different light, motivations, concerns... and I think they were many."* (E2)

The young people also identify clearly the positive influence of the process in their relations with others, in their scale of values and, taking it all into account, in their current world view and attitude towards life. They remember having the community workers and other professionals from the neighbourhoods by their side in critical moments of their personal life, that other ways of life outside the neighbourhood were shown to them, that they were offered alternatives unknown to them and, with that, the possibility of choosing.

> *"I think that the smallest thing can happen in life and make everything deviate, and what I am is largely due to what I experienced.... Without this, I would be different"* (JV)

> *"It marked me greatly; it was my reference point. And now its useful to mi children; I might have figured this out in the long term, but it was like a shock therapy"* (JM)

> *"I have always said that if this had not happened in Las Remudas, I would have been in jail or into drugs; they showed up at the right time."* (JV)

Five of the eight young people interviewed attended a socio-cultural animation training-workshop offered by the community workers that allowed them to get their first job, precisely as instructors with their peers or the children of the neighbourhood in activities like those that they had experienced.

From there, their trajectories have been dissimilar: five finished high school with two of them making it into college and the rest continued with complementary instruction. Those who live today in a more precarious socioeconomic situation are those who left school early, forced by the economic needs of their household or by an early maternity. They alternate unstable jobs, the worst paid jobs, in a service sector that keeps demanding a workforce with medium-low qualification in the Canary Islands, often in the underground economy, that do not allow them to emancipate. Only one out the eight young people has an stable job that allows her to live independently with the support of her couple.

The economic crisis hit them, uprooting their labour trajectory; to the structural unemployment of the neighbourhood (according to data from ES12 and OBECAN, in 2012: 64% for 29 or less years old in Las Remudas; 60,3% in the Canary Islands) we should add the labour market situation, which generates to most young people today, uncertainty and insecurity about their future and installs them into precariousness, regardless of academic achievements.

Their accounts reflect positive personalities; with resources to confront the difficulties they encounter to reach family and economic autonomy or to achieve their life projects.

When asked how they imagined themselves in ten years, the focus on the present, common to many young people today, is shown clearly but, at the same time, they talk about projects and dreams: public entrance exams to get stability and security or to access to vocational jobs, resuming the study of something they like, starting their own business related to their education and vocation...

Four of them have an stable couple, but having children seems to be a part of the plans of the men more than the women, who postpone indefinitely their maternity; is not a priority in their lives. The only young woman that has two children is currently single.

Their economic resources are limited but, in contrast to Brunet's study[29] about poor young people in Spain, they have neither built a *negative identity* nor is *individualism* their distinguishing mark. They are sociable young people that learned the value of colective action. They recognize that this society that invites to consume with no differentiation of purchase power is particularly tough for them, but that the community intervention helped them to learn *"that when there is nothing, there is nothing and it's ok"* (JM), *"to know how reality is, that it is what it is, a lot of disadvantages, and to learn how to move, to look for resources"* (JM) and also *"to want to change how things are"* (JV). They live more peacefully, with less frustrations. They are resilient young people, not resigned.

The cutbacks that started in 2009 provoked a great exhaustion to the few community workers that were left in the neighbourhood. The testimonies of all the people interviewed coincided in pointing that they were extremely demanding with themselves, dedicating too many hours to their job and *"neglecting the internal dynamic of the group"* (E3). The community workers stopped working in the neighbourhood between 2012 and 2013. A teacher sumarizes the generalized opinion of technicians and neighbours when she says:

"Politically they were very shortsighted with this cutback" (P1).

All people interviewed, including the young people, feel that the neighbourhood is going backwards; they lament that the teenagers do not have today the same chance they had:

"You see some of them devoting themselves to what they shouldn't; they don't have a role model, there's nothing for them... You listen the same conversations, I've experienced it, and the 'hey, ¿do we try it?' [drugs] *always comes up"* (JV).

Aware of the importance of the environment and the precutionary, integrating and even therapeutic capabilities of leisure, some of the young people interviewed, together with other boys and the support of some adults from the neighbourhood, have formed a juvenile association with the intention of resuming the meetings between peers and to organize sport and leisure activities.

As for the neighbourhood professionals, with the community nurse at the front, keep working in coordination and revitalizing some of the community activities (like an urban garden since 2014: https://www.dropbox.com/s/87isfnvy44vecox/Un%20huerto%20urbano%20en%20Las%20Remudas.mp4?dl=0) with great effort; but they keep demanding to local and regional administrations the support that would allow for the sustainability of the process, a community team that attends to the needs that are not covered by the services: development and strenghthening of social fabric and the organizing task of the the formal or institutional resources.

CONCLUSION

The theoric and methodologic framework of this study, from the sociological perspective of vital itineraries and trajectories, allows to better interpret and understand the repercussions of social inequalities for young people and to perfect the analysis of the relevant conditions, based on their views and subjective experiences.

The childhood and adolescence of these young people have been marked by recurring negative episodes and a hostile environment with fragile proximity support that foretold the reproduction of a vulnerable adult life.

While it is true that territory provokes inequalities, it is not less true that extraterritorial factors that depend on the ability to coordinate between public administrations at the time of proposing social policies and intervention strategies that allow an equal access to opportunities and material and symbolic resources[30], are also influential. In this sense, it can be stated that, in Las Remudas, the interactions inside an organized community, through a socio-educational, partipatory, intersectorial and coordinate intervention, had a bigger influence than the *neighbourhood effect*, and has made possible to multiply the educational ability of the young people in any of their everyday scenarios. Coinciding with Parrilla et al.[8], some juvenile trajectories that were oriented towards dysfunctionality and precariousness, are susceptible of variation if during this transition stage they have oportunities, positive vital experiences and a favourable environment available.

Community processes -not projects- like the one described here, need stability and continuity; they may not produce results in the short term, but they do guarantee a positive impact in the area. In this sense, important efforts should be made to, beyond just evaluating the results in quantitative terms, give recognition to qualitative and

subjective aspects, as well as to the process, that are the essence of this community intervention: how it works, with what instruments and dynamics, what relationships are established; the degree of intersectoral coordination, crosswise, synergies achieved, etc.

For the community infirmary, it is the possibility to put into practice work closer to health advocacy[31], to improve the environment and the social conditions in which people live.

The professionals and technicians that work on the field, who know well that reality, and the politicians that manage, should have inter-institutional meeting spaces to share knowledge, proposals and common frames of intervention that favour the redesigning of the public policies oriented towards people in their specific context and, specially, of the policies directed to young people in the healthcare, educational and community spheres.

REFERENCES

1. Martín Criado E. Producir la juventud. Buenos Aires: Itsmo, S.A.; 1998.
2. Manheim K. El problema de las generaciones. REIS [internet]. 1993 [acceso 16 de diciembre de 2015]; 62: 193-242. Disponible en: http://www.reis.cis.es/REIS/PDF/REIS_062_12.pdf
3. Bourdieu,P. La distinción. Madrid: Grupo Santillana, S.A.; 1998.
4. Margulis M, Urresti M. La juventud es más que una palabra. Buenos Aires: Biblos; 1996.
5. Casal et al. Pasado y futuro del estudio sobre la transición de los jóvenes. Papers [internet]. 2011 [acceso 2 de diciembre de 2015]; 96(4): 1139-1162. Disponible en: http://ddd.uab.cat/pub/papers/02102862v96n4/02102862v96n4p1139.pdf
6. Dávila O. Adolescencia y juventud: de las nociones a los abordajes. Última década [internet]. 2005 [acceso 10 de diciembre de 2015]; 21: 83-104. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0718-22362004000200004
7. Parrilla A, Gallego C y Morín A. El complicado tránsito a la vida activa de jóvenes en riesgo de exclusión: una perspectiva biográfica. Revista de Educación [internet] 2010. [acceso 16 diciembre de 2015]; 351:211-233. Disponible en: http://www.revistaeducacion.educacion.es/re351/re351_09.pdf
8. Saraví A. Transiciones vulnerables, juventud, desigualdad y exclusión en México. México D.F: CIESAS; 2009.
9. Bendit R, Stokes D. Jóvenes en situación de desventaja social y las necesidades de una juventud vulnerable. Estudios de Juventud [internet] 2006. [acceso 2 de diciembre de 2015]; 65:11-29. Disponible en: http://www.injuve.es/sites/default/files/tema7.pdf
10. Smith GR. Health disparities: What can nursing do? Policy, Politics, & Nursing Practice [ìnternet] 2007. [acceso18 de noviembre de 2015]; 8(4): 285-291. Disponible en: http://ppn.sagepub.com/content/8/4/285.abstract
11. Franco S, Jaramillo D, Hernández M. La Promoción de la salud y la seguridad social [internet]. Foros sobre promoción de la salud en la seguridad social. Bogotá: Instituto de Seguros Sociales. Corporación salud y desarrollo; 1995. [acceso 18 de noviembre de 2015]. Disponible en: https://www.u-

cursos.cl/medicina/2008/1/MSOCMED2/1/material_docente/bajar?id_materi
al=166852

12. Melendro M. Nuevas tendencias en intervención socioeducativa con adolescentes y jóvenes en dificultad social [internet]. En: Mª Carmen Ortega Navas (coord). El valor de la educación. Madrid: Universitas; 2012; 595-610.

13. Oña JM. Efectos y resultados de un proyecto de educación de calle con jóvenes en riesgo de exclusión social. Documentación social [internet] 2011. [acceso 20 diciembre de 2015]; 160:233-262. Disponible en: http://docplayer.es/19907377-Efectos-y-resultados-de-un-proyecto-de-educacion-de-calle-con-jovenes-en-riesgo-de-exclusion-social.html

14. Santibañez R, Martínez A (coords). Intervención comunitaria con adolescentes y familias en riesgo. Barcelona: Graó; 2013.

15. Úcar X, Segarra J, Mas Ll. Investigación participativa para crear un plan de juventud en una comunidad local. RES [internet] 2008. [acceso 20 de diciembre de 2015]; 39:91-112 Disponible:http://www.raco.cat/index.php/EducacioSocial/article/viewFile/175773/371541

16. Obra Social "la Caixa" [sede web]. Barcelona: la Caixa.org; 2016. Interculturalidad y cohesión social. [acceso 19 de julio de 2016]. [2 pantallas]. Disponible en: https://obrasociallacaixa.org/es/pobreza-accion-social/interculturalidad-y-cohesion-social/proyecto-de-intervencion-comunitaria-intercultural/que-hacemos

17. Gobierno de Canarias. Buenas prácticas de intervención social con jóvenes en ámbitos de diversidad social y cultural [internet]. Tenerife: Consejería de Bienestar Social, Juventud y Vivienda. Dirección General de Juventud, 2011. [acceso 10 de octubre de 2015]. Disponible en:http://www.juventudcanaria.com/opencms8/export/sites/juventudcanaria/multimedia/documentos/programas/publicaciones/buenas_practicas.pdf

18. Villasante T et al. Retrato de chabolista con piso. Madrid: Instituto de la Vivienda; 1989.

19. Wacquant L. Tres premisas nocivas en el estudio del gueto norteamericano. Revista Invi [internet] 2013. [acceso18 de noviembre 2015]; 28: 165-187. Disponible en: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0718-83582013000300006

20. Marchioni M. Comunidad, Participación y desarrollo: teoría y metodología de la intervención comunitaria. Madrid: Editorial Popular; 1999.

21. Santana A. Dos barrios hablan. Las Remudas y La Pardilla. Las Palmas de Gran Canaria: Tapizca; 2005.

22. Taylor S., Bogdan R. Introducción a los métodos cualitativos de investigación: La búsqueda de significados. Barcelona: Paidós; 1987.

23. Bourdieu P. La miseria del mundo. Buenos Aires: Fondo de Cultura; 1999.

24. Giddens A. Las nuevas reglas del método sociológico: Crítica positiva de las sociologías comprensivas. Madrid: Amorrortu; 1987.

25. Kessler G., Dimarco S. Jóvenes, policía y estigmatización territorial en la periferia de Buenos Aires. Espacio Abierto [internet] 2013. [acceso 12 de enero de 2016]; 2(22):221-243. Disponible en: http://www.redalyc.org/articulo.oa?id=12226914003

26. Santana, A. "*Las Remudas: la ley de la selva*". Diario de Las Palmas. 8 de mayo de 1979; local: 8.Archivo de prensa digital "Jable". Universidad de Las Palmas de Gran Canaria.

27. Martínez N, Ruiz-Callado R. Promoción de salud para la generación de entornos saludables en un barrio vulnerable: el caso de Las Remudas, Gran

Canaria. Enfermería Comunitaria [internet] 2015. [acceso16 de enero de 2016];11(1).Disponible en: www.index-f.com/comunitaria/v11n1/ec9848.php

28. Puig JM et al. Aprendizaje-servicio y educación para la ciudadanía. Revista de Educación [internet], número extraordinario 2011. [acceso: 24 de julio de 2016]; 357: 45-67. Disponible en: http://www.revistaeducacion.educacion.es/re2011/re2011_03.pdf

29. Brunet I, Pizzi A, Valls F. Condiciones de vida y construcción de identidades juveniles. El caso de los jóvenes pobres y excluidos en España. Revista Mexicana de Sociología [internet] 2013. [acceso 6 de diciembre de 2015]; 75 (4): 647-674. Disponible en: http://www.revistas.unam.mx/index.php/rms/article/view/42271

30. Cano A. Jóvenes y efecto barrio. Un estudio comparativo de Barcelona y Milán. RASE[internet] 2012. [acceso 25 de noviembre de 2015]; 5(2):138-152. Disponible en:http://www.ase.es/rase/index.php/RASE/article/view/289

31. Reutter L., Kushner K. Health equity through action on the social determinants of health: taking up the challenge in nursing. Nursing Inquiry [internet] 2010. [acceso18 de noviembre de 2015]; 17(3): 269-280. Disponible en: http://onlinelibrary.wiley.com/doi/10.1111/j.1440-1800.2010.00500.x/abstract