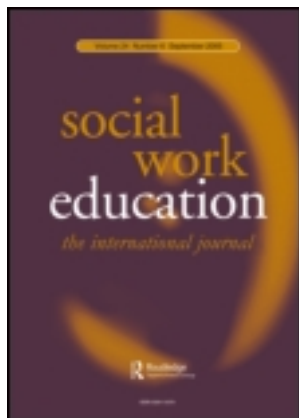


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Exploring Social Work in Italy: The Case of University Training of ‘Social Health Educators’

Dario Fortin

This paper introduces the Italian ‘social health educator’, exploring aspects that could be particularly interesting for an international audience, while placing such aspects within the ‘international definition of social work’. In fact, the field of social work in Italy has been divided, since the 1980s, into two main helping professions following two university courses: ‘assistente sociale’ (or a social worker in public social services, such as local administrations) and ‘educatore professionale’ (or a social health educator in non-profit or public organizations in the health and social sector). The article describes the Italian situation of university training for social health educators, with a focus on the Universities of Trento and Ferrara, their degree course characteristics and the major reasons that may explain this specific didactic structure. Finally, the paper talks about the risk of the legal acknowledgment of the degree in Italy, which although necessary, may undermine the quality of education in the helping relationships for future social health workers and, consequently, also the well-being of the weak.

Keywords: Italy; Social Health Educator; Social Worker; Social Services; Personal and Relational Competence; University Training; Empowerment and Prestige

First Part: The Social Health Educator

Currently, the social health educator (SHE) is a professional who is active in Italy and in many European countries under different names, according to specific national laws (see Table A1 in the Appendix).¹ The International Association for Social Educators (AIEJI), established in 1951, is the organization which brings together the national federations worldwide. The university course for the SHE in Italy lasts for three years

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(full-time), is based on different modes of study and learning, and is a qualifying degree. Competence in interpersonal communication represents a fundamental part of the studies.

The Term 'Social Health Educator'

In this first stage of development of the academic education for social work in Italy, it is important to clarify that today the most faithful translation from Italian into English of the term '*educatore professionale*' seems to be *social health educator*. This definition is useful to show immediately to the non-Italian observer a fundamental aspect: nowadays in Italy this professional figure plans, carries out and evaluates educational interventions in two key sectors, that is to say both *social* and *health* fields. We can conclude that, as far as we know, as soon as these workers cross the Italian borders, they become social educators² who could also belong, should they consider it appropriate, to the large world of 'professional social work'. The worker must anyway be aware that there are many social educators in Europe with different perceptions of belonging to this group.

*The Italian Professional Profile*³

The Italian social health educator:

- implements specific educational and rehabilitative projects as part of a treatment plan developed by a multidisciplinary team. Projects aim towards a balanced development of personality, with relational/educational objectives in the context of participation and recovery in daily life; and
- takes care of the psychosocial integration or reintegration of disadvantaged people.

In particular, the educator:

- (a) plans, manages and checks educational interventions for the recovery and development of capacities of disadvantaged people, so that they can achieve appropriate levels of autonomy;
- (b) contributes to the promotion and development of social and health structures and resources to implement integrated programmes of education;
- (c) plans, organizes, manages and checks professional activities within the health services and social/health/educational/rehabilitative structures in a coordinated and integrated way with other professionals, through the direct involvement of stakeholders and/or their families and community groups;
- (d) works in the family and social contexts of patients in order to facilitate their reintegration into the community; and
- (e) participates in studies and research with the above listed goals.

This professional profile has been adopted by Italian universities for the planning and organization of the three-year course.

The Need for Social Health Educators in Italy

The organizations that employ SHEs in Italy are public and private services—social cooperatives, foundations, associations, etc.—that take care of children and adolescents, young adults, families and groups, who suffer from different types of discomfort, illnesses and difficulties.

In Italy there are many different types of help centres—in Trentino⁴ most of them are social cooperatives—sometimes federated together, which are distributed throughout the national territory and have a strong commitment to social justice and to alleviating human suffering (Redattore Sociale, 2010). The centres in which these institutions operate are organized in the form of public local social services (where we find the social health educator), health districts, night and day emergency reception centres; local residential and semi-residential communities; family-houses, apartment groups, independent homes; open centres and centres for youth gathering; occupational centres; educational and social rehabilitation centres; network service centres, listening centres, centres of the social secretariat; street units, emergency interventions; self-help groups and study, research and documentation centres; ergotherapy workshops, and training and vocational counselling (Provincia Autonoma di Trento, 2000).

Italy has a good reputation in the social integration of the ‘different’ person, in school integration of people with disabilities and in supporting the work of the most vulnerable (Panizza, 2004). The CNCA (a very important national federation of helping centres in Italy) defines our country as equipped with ‘immeasurable resources’ and, in fact, the ‘National Action Plan against Poverty and Social Exclusion 2003–2005’ provides us with an account of the organized world of non-profit organizations, where it is recognized that this is ‘a sector characterized by the presence of a plurality of actors and organizations widely spread across all regions.’⁵ It is possible to understand—thanks to these data—how the *multi-skilling* profile of the social health educator fits with our national and local situation. Although politically still quite controversial in many Italian regions, this plurality and richness of the actors and citizens involved may explain the significant institutional acknowledgment.

Following this general picture, it is important to highlight that this sector has a strong need for social health educators. This is also evident in a recent survey (Mastrillo, 2009) concerning the planning of degree courses for the health professions in Italy. According to ministerial sources, applications to take entrance examinations for the degrees for social health educators are rising slightly. In particular, in Italy there were 1,002 applications for 759 places on 16 degree courses in 2009–2010; according to the trade association, 1,270 workers were needed. Based on these estimations, universities could award at least 40% more degrees, thus meeting the Italian annual need for this specific professional figure.

Social Professions in Italy and in Europe: Same Principles and Different Histories and Identities

The international definition of social work, approved in Montreal in 2000, may ideally include the two main professional figures recognized in Italy: the ‘*assistente sociale*’ (or

social worker) and the '*educatore professionale*' (or social health educator). They are two professionals, formally independent of each other, but who in reality continuously collaborate in a complementary way on the interventions aimed at helping people in difficulties.

According to the definition, indeed:

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (IFSW, 2000)

A few years before Montreal, the first editorial of the *European Journal of Social Work* was titled 'The new journal for the social professions in Europe', in order to propose 'the term "social professions" as a tentative platform from which to launch the search for common identities and shared tasks' (Otto and Lorenz, 1998, p. 1). According to the founders of the journal, this hypothesis could include both the 'social service field' (Otto and Lorenz, 1998, p. 1) and other professionals not precisely identified.

Ten years later, Elizabeth Frost asked herself in the same journal 'Is there a European social work identity?' (Frost, 2008), considering the many and different definitions of the term 'social worker' in the different European countries (see Table A1)? The identity of the social worker has many faces even within the same European continent and therefore it is difficult to talk about a concept of shared identity; rather, it is necessary to clarify that 'social work has a history of uncertainty and continuously changing identities' (Lorenz, 1994, p. 14).

A recent historic and epistemological study by the Italian researcher Silvia Fargion (2009) tells us that

while the first debates concentrated in the Anglo-Saxon countries and in Northern Europe, in Italy we had to wait until the 1990s and for the acknowledgement of the university education in order to have the first signs of an explicit attention to epistemology. (Fargion, 2009, p. 113, author's translation)

The dialogue with the academic world is helping the social workers to wonder about themselves.

Social educators come into play in this complex European situation with their long history, but with a weaker professional identity and a more recent epistemological reflection due to considerable delays in the political and academic world within the field of social health education.

We must take into consideration the different languages, traditions and legislations of Europe that, as we will see below, refer to educators by at least nine different terms (see Table A1). This is certainly a source of wealth, but probably also a weakness both of the educator's identity and of the term *education*, which lends itself to ambiguity, ideological manipulations and complex interpretations, that on the other hand protect it from the constraints of the so-called 'pure' sciences.

There are, indeed, rather important semantic differences due to historical stratifications, like the example of the fundamental term *education*, which stems from

the Latin *educatio-onis*, which derives from *educere* (upbringing).⁶ The most important current Italian pedagogues consider the term *education* basically as *educational practice or the actions of pedagogical theories* (Demetrio, 1990; Massa, 1990; Bertolini, 1996). ‘In Italian it is common to distinguish between *didactic practices* and the more “global” *educational practices*’ (Demetrio, 1990, p. 35, author’s emphasis). The Italian pedagogues were right 20 years ago when they stated that the word *education* in English ‘translates at the same time both the meanings related to didactic and those related to the education of man, of the citizen, of the character’ (Demetrio, 1990, p. 35). However, we must admit that the term *education* is currently used by Anglophones, but also by many Latins, with the meaning not exclusively—but prevailing—of *the actions in the school field*,⁷ which in the Italian language corresponds to the word *istruzione/insegnamento* (teaching) and not *educazione* (education).

Another problem of translation concerns the term ‘social work’, which was translated by some prestigious Italian researchers as a synonym for ‘social job’ and not for ‘social service’. The latter is indeed an unsatisfactory term because it refers specifically to the professional activity of *assistenti sociali* (social workers) and not to the one of *educatori* (educators) [Italian translation of Hare (2004), by the editors of the Italian journal *Lavoro Sociale*]. Similarly, the term referring to the professional figure of the *social worker* was translated with the more generic name ‘*operatore sociale*’ (social operator) and not with the term ‘*assistente sociale*’ (social worker) (Bortoli and Folgheraiter, 2001).

The Polish researcher Ewa Kantowicz focuses on the ‘dilemmas’⁸ of cross-national comparative research in the field of social education systems (in Europe) because there are

different social professions in different countries (i.e. social pedagogues, social educators, social workers, care workers, special educators, youth workers, community workers, cultural animators) that are all known as “social professions”. Some specializations in social work are recognized in some countries, but not in others (for example, school pedagogues in Poland). Social professions are characterized by a far-reaching complexity from the point of view of axiological–epistemological premises. (Kantowicz, 2005, pp. 300–301)

In the above-mentioned Montreal meeting, differences in culture and opinions led to the ‘umbrella’ term ‘professional social work’, which also included some associations of educators participating in the conference (Hare, 2004).

The recent first European ENSACT⁹ conference held in Dubrovnik (Croatia) in spring 2009, showed the will to find a connection between the different social professions in the European region (Braye, 2009). Despite the lack of representation from Italy on that occasion, this network could be a new place to look for common denominators and complementarities between professions and disciplines.

Some Information about Practice and Training for the Two Professions (Overview)

As we said before, in Italy the two professions of ‘*assistente sociale*’ (social worker) and ‘*educatore professionale*’ (social health educator) are clearly different, both in relation

to the activities carried out in the country and to the university training and legal recognition of the profession.¹⁰

Different activities for the same case: a small example

To better explain the specificity of the practice of the SHE compared to the social worker/Italian *assistente sociale* in the management of a case (although in a manner which is certainly incomplete to describe the complex and rich structure of interventions), we can say that the SHE covers the need for educational support in daily life situations and contexts which are considered as educational or re-educational (home, neighbourhood, help centres, prison, places for spare time, sports, etc.). For example, with regard to a disabled adolescent in a help centre, the SHE will carry out the following tasks within an educational personalized project: support for homework; help with the organization of school materials and of the day; encounters with teachers; assistance attending medical examinations; presence during meals, at night and during spare-time activities (sports, music, mountain excursions, etc.); help with pre-job activities, etc. All this is carried out using 'relational pedagogic strategies' with the 'language of concrete things' (Demetrio, 1990; Bertolini and Caronia, 1993). For the same case (asking the reader to keep in mind the already mentioned incompleteness of the example), the social worker/Italian *assistente sociale* deals with the following tasks: making initial assessments; planning the global helping intervention before, during and after joining the help centre; giving opinions on public funding for the help centre; paying out benefits to the family of origin (if eligible and according to their income); giving social advice to the judicial authority; sending technical reports to the institutional actors involved, etc. All this is carried out using the methodology of 'case management' (Payne, 1998), 'social networking' (Folgheraiter, 1998, 2007) and other assessment and counselling techniques (Raineri, 2003; Campanini, 2007; Fargion, 2009).

In the Italian context

This distinction in the activities, therefore, is not due to an 'implied conflict' between the two professions, but rather to different factors determined by Italian social politics, cultural trends and the influence of the Italian Catholic Church. Social and health politics, indeed, after a first stage of great and innovative reforms at the beginning of the 1980s,¹¹ encouraged by the youth and working class movements started in 1968 (Beretta, 1998; Ginsborg, 2003), came to a standstill in the following years as regards the general policy system. There were only a few positive exceptions at the regional level (especially in the North), but there was always a significant distance from the Italian political class, which considered this sector as *residual* (Fortin, 2004; Folgheraiter, 2007). In the last 20 years, social workers and social health educators have tried to 'defend' as much as they can the protection of the rights of the weak. The two professions (and their trade associations) have been working separately, without serious support from the political system, trying not to lose what they had already gained. This distinction has been accentuated by the positive contribution of some parts of the

Church and by the thriving and varied associations of Catholic Post Conciliar¹² origin, which have supported the central role of 'citizens as volunteers' (CNCA, 1983, 1988) and encouraged a more educational, promotional and lay approach that has created and outlined the professional figure of the SHE, especially within the world of the so-called 'third sector' or 'private social sector' (Fanucci, 1992). On the other hand, after contributing to the process of deinstitutionalization (Cavagnoli, 2001), social workers/Italian *assistenti sociali* have become more and more different from the SHE, with work activities carried out mostly within public local administrations. This has led to a certain formalization of the profession, which had to manage very complex and often contradictory administrative and bureaucratic constraints.

Moreover, we have to consider the role of the different 'masters' (see Table A2 in the Appendix) who gave rise to two schools of thought (one more 'pedagogic' and the other more 'social').

The role of advanced training/high education

It was only in the last decade that Italian universities became aware of these important educational areas, when the distinction between the two professions was already sharp. Universities have proposed two different educational frameworks, consistent with the diversity of the professional profiles and complying with the different reference legislation. Today we have two helping professions with distinct identities, leading to two different academic paths.

Looking back at its history, social worker training in Italy began at the end of the Second War World with the first social service schools, but it was not recognized as a legitimate, professional field of study or practice until the late 1980s (Campanini, 2007). In the 1970s a distinction from the SHE (ANEP, 2002) began to emerge together with the first regional schools for SHEs and an experimental degree course at the University 'La Sapienza' in Rome.

During the 1980s there was both the legal acknowledgment of the degree for social workers (1987) and the creation of the qualification of the diploma for social workers (Borca, 2006),¹³ whereas for the SHE there was a first recognition of the professional profile in 1984 and a further recognition, according to which university training became compulsory, in 1998. In Table A2, we can see some of the differences and similarities between the two professions that serve the vulnerable and social change.

In a possible future paper, we could describe and talk in detail about the two tables in the Appendix (Tables A1 and A2) and other epistemological matters in order to have a clearer and more complete comparison. For now, it may be sufficient to have this first and varied picture of the situation, from which it is possible to understand the position of the Italian social health educator from a professional and educational point of view.

Finally, we should not forget that these helping professions have a lot in common, from important values like dignity, acceptance of the person, self-determination and commitment to social justice (Fargion, 2009; Fortin, 2009) to the principles contained in the already mentioned international definition of Montreal. Therefore, it should be no surprise if, in the near future, research and reflections on these two professions find many areas of collaboration.

Second Part: Distinctive Properties of University Training for the SHE

The Italian Process of Recognition of the Degree Course

The Italian educator started to be recognized as a new figure (trained in three-year regional schools, from 1985 to 1998, outside universities) only from the so-called 'Decreto Degan' (Decree of the Health Ministry of 10 February 1984). The profession was later regulated by the Decree of the Health Ministry no. 520/1998, when universities were appointed as the place for the education of this figure. In 2001 Italian students started to get their bachelor's degree in this field from specific medical faculties. At present, there is no master's degree and no specific doctoral school where educators can learn methodologies for social, health and educational research; this would be extremely important for the scientific development of a sector which has had an extraordinary development in Italy over the last 30 years, both in public services and non-profit organizations (Panizza, 2004; Fortin, 2006, 2009).

A Way of Being in the Helping Relationship

The primary objective of university training for social health educators is to form an authoritative professional, specialized in the helping relationship. These kinds of educators can be recognized because they have mastered the strategies of intervention so well, integrating them with their life experience, awareness, intellect and personal characteristics, that they have created '*a way of being*—as Carl R. Rogers states—which persons in many countries, in many occupations and professions, in all walks of life, find appealing and enriching' (Rogers, 1983, p. 7).

This helping relationship can be far more efficient if the educators are authentic persons, who build a genuine relationship with the people entrusted to their care, without barriers or false pretences. This means that the same feelings the educator is experiencing 'are available to his or her awareness, that he or she is able to live these feelings, to be them, and able to communicate them if appropriate' (Rogers, 1983, p. 224). In this way, the educator manages to have a *direct and personal encounter* with the others, meeting them on a ground made fertile by his/her genuineness both as a person and as a professional. In other words, the educator *is* . . . , without hiding him/herself, within a project aimed at the well-being of the person and of society.

In order to reach such a significant milestone, it is necessary to start a specific training within universities. It is also extremely important to pay attention to the subdivision of subjects and to the teaching methods.

Subdivision of Subjects in Italy

At present, in our country there is no typological classification of the subdivision of subjects of degree courses for social health educators. After a brief analysis of the 16 courses for the SHE available in Italy,¹⁴ it is clear that there is a lack of homogeneity for the distribution of 180 ECTS¹⁵ credits in three years: for the practice (traineeship), only four degree courses (Trento-Ferrara is one of these) award altogether 60 ECTS,

Table 1 Number of Hours per Credit (ECTS), Valid for All Degree Courses for Health Professions in Italy (Reform of Health Ministry D.M. 270/2004)

Type of teaching activity	Hours of teaching activity per credit (ECTS)	Hours of corresponding individual study per credit (ECTS)	Total number of learning placement hours per credit (ECTS)
Frontal lesson	8	17	25
Training laboratory	15	10	25
Traineeship	25	0	25
Final exam	5	20	25

Note: The Law (D.M. 270/2004) has not been fully applied in all Italian universities yet.

three courses award less than 20 ECTS, five courses award between 21 and 40 ECTS, three courses between 41 and 50 ECTS, three courses between 51 and 60 ECTS and only one awards 63 ECTS (see Table 1).

With regard to other teaching methods—as an alternative to the frontal approach—that we call ‘experiential learning’ (interpersonal communication laboratories, psychological dynamic, intervention strategies, relational abilities, counselling, etc.), we can say that only five courses have decided to improve these teaching methods and only two of them (including Trento-Ferrara) have a significant number of hours, with over 20 ECTS out of 180.¹⁶

The Subdivision of Subjects in Trentino

For those who love the world of active and experiential learning (Dewey, 1938; Rogers, 1969; Bion, 1972; Husserl, 1973; Schön, 1983; Kolb, 1984; Jarvis, 1987; Bertolini, 1988; Carmagnani and Danieli, 1990; Kaneklin, 2000; Dempsey *et al.*, 2001; Koprowska, 2010; Reggio, 2010) this subdivision could be rather interesting. Figure 1 shows the original subdivision of subjects for the *Degree Course for Social Health Educators*, currently co-organized in Trentino by the Universities of Trento and Ferrara. Out of the overall 180 ECTS credits of the three-year course (full-time), we note that 113 ECTS are specific to the educational profession. Out of these, 60 ECTS are for traineeships within health and social organizations and 20 ECTS are for an experiential training laboratory.

In brief, we can note that this type of university education has led empirical experiential education (training + traineeships, as in Figure 1) to represent almost 50% of the overall classes of the three-year course. This is a meaningful and innovative choice for the Italian academic scene, traditionally characterized by an excessive focus on theoretical knowledge, and which, in the past, had put emphasis only on the intellectual side of education.

Currently, the data we have suggest that the case of Trentino, compared to other areas, has a strong innovative character. However, we think that other degree courses in Italy are also moving in that direction. In the coming years, indeed, all degree courses for health professions will have to adopt a new law (L.270/2004), which provides for the award of 60 ECTS for a traineeship. National guidelines¹⁷ have been recently drawn up for the organization of traineeships.

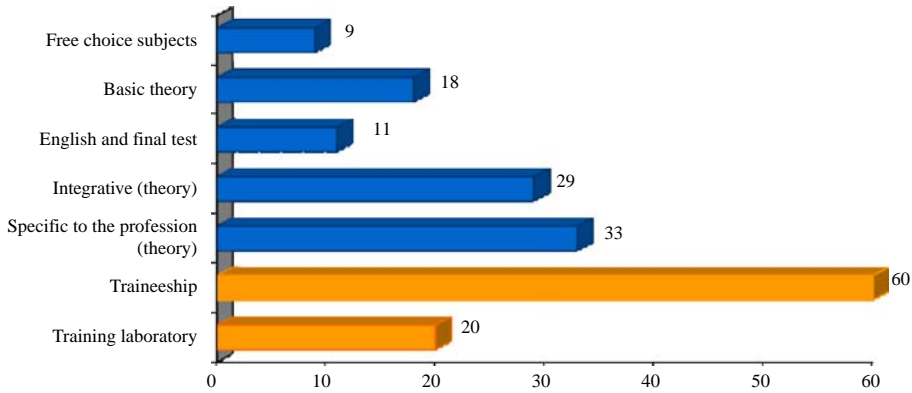


Figure 1 Subdivision of Subjects for the Degree Course for SHE: 180 Credits ECTS in Three Years. *Note:* The chart is based on the *Regulations for the Degree Course for Professional Health Educator* of the University of Trento and Ferrara, 2006.

Some Challenges Concerning Role and Training

The subdivision of subjects explained in the previous section shows a satisfying result. In another paper, we have focused on the pedagogical, social and epistemological reasons that support this important strategic structure (Fortin, 2010, pp. 104–105). We should never forget, indeed, that all our efforts are aimed at the weak.

Here we think it is important to highlight two issues for the future of Italian social health educators and of the specific domain of study. *Social health education* is indeed the domain of study and research of this professional figure who, welcoming the international principles of social work, wants to collaborate with social workers (and with other professional figures from the social and health voluntary sector) and at the same time improve the knowledge of his/her work field. For this reason, we would like to illustrate two aspects that could be further investigated in the future: the concept of *health promotion* for the educator and the concept of *core training*.

Health Promotion: The Point of Contact Between Social and Biomedical Views

The educational dimension of the SHE was encouraged by the cultural boost of the 1970s and by the consequent institutional choices of the 1980s in Italy and in Europe generally. According to the definition of the World Health Organization, *health promotion* ‘is the process of enabling people to increase control over, and to improve, their health’ (WHO, 1986, p. 1). This concept underlines the need for control of one’s resources and it emphasizes the importance of personal *empowerment*; in order ‘to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment’ (WHO, 1986, p. 1; see also Zucconi and Howell, 2003, p. 43).

In educational interventions and in the social work field in Western societies, it is quite common to meet people in difficulties who get lost in the fragmentation of

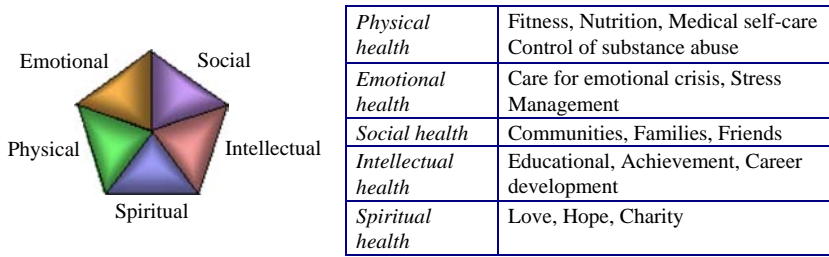


Figure 2 The Holistic View of Health Promotion.

services and security networks. Therefore, professionals have to integrate the social and health dimensions with a holistic approach (Bronfenbrenner, 1979; Heinonen *et al.*, 2009).

Within the concept of *health promotion*, it is important to underline that health itself is not simply the lack of disease, but a state of complete physical, mental, social and spiritual well-being (O'Donnell, 1988) (see Figure 2).

This concept may be very close to the modern idea of social health education if we specify that health promotion is 'the art and science of helping people discover the synergies between their core passions and optimal health', where 'optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health' (O'Donnell, 2009). This is the holistic view of future challenges in university training.¹⁸

Core Competence as a Preamble to Core Curriculum

Production processes are requiring more and more flexible workers, able to adapt quickly to new situations. Organizations are no longer asking their employees to carry out mechanically *routine* tasks—as happened during the Taylorist era—but rather to be able to face unexpected changes. This means that there has been a shift from the concept of training for a task to that of *training for competence* (Milani, 2000, p. 14). The concept of competence made its way from the studies of psychology of language (Chomsky, 1957) and philosophy of language (Ryle, 1963). Together with the similar concept of capacity, it entered forcefully into professional and adult education (Demetrio, 1988, 1990, 2003; Canevaro, 1991; Bruscaiglioni, 1997), the field of psychology of learning (Piaget, 1923; Bloom, 1983; Ormell, 1992) and the psychology of organizations (McClelland, 1955/1967; Bellotto and Trentini, 1991; Ricotta, 1998) and in the psychosocial field (Wittorski, 1998). It established itself in the humanistic psychology applied to psychotherapy, pedagogy, education and training (Rogers, 1969) and is now making its way also in the European general educational system (Delors, 1996) and university system, thanks to the stimulus of the Bologna process.¹⁹ A declaration by the Ministry of Public Instruction recognized the need for 'providing the learners with the opportunity to acquire knowledge, skills and competences furthering their careers and lives as democratic citizens as well as their personal development'. It also contains a request for all actors to

promote a learning environment and to foster student-centred learning as a way of empowering the learner in all forms of education, providing the best solution for sustainable and flexible learning paths. This also requires the cooperation of teachers and researchers in international networks.²⁰

In Italy, as we previously mentioned, we are still waiting for a full implementation by universities of Decree n.270/2004 from the Ministry for University and Scientific Research, which, among other things, defines ‘training activities’ as

every activity organized or provided by universities in order to grant the cultural and professional education of the students, with reference as well to courses, workshops, practical training or laboratories, didactic activities in small groups, tutoring, counselling, internships, projects, theses, individual study activities and self-learning.²¹

However, in some universities, such as in Trento, the implementation has already been largely achieved.

Sometimes proposals to update the educational system for social health educators come directly from educators themselves working in the field, through a ‘bottom-up’ process. Starting from two big groups of competences (in the intellectual field and in interpersonal communication) and highlighting the consequent functions and activities (Crisafulli *et al.*, 2010, pp. 58–71),²² educators have built the ‘Core Competence’ of the SHE, also thanks to research carried out in the last two years together with J. J. Guilbert.²³

Since social health educators will have to be able to exercise the most important competence, i.e. the *helping relationship*, ‘it is necessary that students develop an aptitude for self-knowledge and knowledge of their propensities, resources and limits, besides the technical and scientific “formal” professional part’ (Milani, 2000, pp. 174 and 198). We know that ‘learning is not only cognitive, but it also has to do with the personal dimension, with experience and with taking personal and social responsibilities’, even though ‘all this is not taken for granted in the current university educational system’ (Crisafulli *et al.*, 2010, p. 88). Therefore, the Italian association of educators (ANEP) hopes for a future strong commitment to the development of a ‘core curriculum’ for the specific education of this professional figure.

This significant task, which awaits the Italian social health educators, also thanks to the research by ANEP, is particularly important in order to give a clearer definition of the social health educator at this stage and to better collaborate with the Italian universities, which still lack a deep knowledge of the professional profile and educational needs of this ‘recent’ professional figure.

Further efforts will be necessary to deeply analyse the situation of social health education, since there are some risks related to the legal acknowledgment of the degree. One of these risks is connected with the hypothesis of ‘prestige’, described by some authors (cf. Illich, 1974; Folgheraiter, 2004, 2007; Illich *et al.*, 2008) and already discussed in a previous article (Fortin, 2010). There is the risk that the higher the professional prestige, the lower the empowerment (Bortoli and Folgheraiter, 2001) of the persons in difficulty: feeling that their life competences begin to be limited, these persons will tend to delegate the resolution of their problems to the ‘expert’.

When the relationship between empowerment and prestige is *inversely proportional*, as has often happened, there is a negative effect on one of the two subjects or groups of subjects. The consequence is that professional prestige increases when the experts are able to say what is best for the patient, thanks to their technical competence as well as to a diagnosis and to the subsequent therapy. In our opinion, this would be to the disadvantage of the weak, of their empowerment and of the control it can exercise on their health and on how to enhance it (Goffman, 1968; Rogers, 1969; Freire, 1970; Bion, 1972; CNCA, 1983; WHO, 1986; Bertolini and Caronia, 1993; Barnes, 1997). On the other hand, if the vulnerable persons achieved this competence of self-control and autonomy, professional helpers would no longer show the intellectual and professional 'prestige': their knowledge would indeed be compared with the opinion of the person who is asking for help, with the competences of the relatives and with the knowledge of other professionals. Specifically, professional helpers would stop performing the inopportune function of telling 'the truth' about the life and well-being of the person they are taking care of and they would start sharing the decision-making power with other sectors, disciplines and different organizations, thus losing the 'prestige' in the most common sense of the term.

We certainly have to prevent this typical problem of the medical profession from becoming a model for our Italian social health educators. To avoid this problem, it would be extremely important to focus future research efforts on the subject of 'core training'. We think it is necessary to scientifically analyse all the content and the didactic and evaluative methods that aim at emphasizing the knowledge and fundamental methodologies centred on professional competence and on the interpersonal helping relationships.

Conclusions

In this article we have described a specific training experience of the Italian social health educator, with a particular focus on the system in the special context of Trentino, in the north of Italy. We have attempted to start clarifying the position of social health educators along with their main Italian collaborators, called '*assistenti sociali*' (social workers). The international definition of 'social work' could indeed include the social health educator but, as we have seen, both Italy and Europe are undergoing an important transition phase in the caring professions, which concerns the legal acknowledgment of the university degree. This necessary recognition involves some risks, but also some opportunities, especially when the establishment of a degree has innovative characteristics thanks to a considerable amount of hours for practical and experiential training combined with theoretical knowledge.

A very important question that needs to be answered in the near future, in order to ensure good performance in this new phase of degree courses for educators, concerns 'core training' and knowledge evaluation: how should a system for the evaluation of experiential learning and traineeships be designed, so that it is formalized and at the same time also centred on the student and consistent with all the educational processes?

What are the connections between this system of evaluation of learning and the systems of evaluation and quality certifications of social and health organizations where the educator works?

We should try to delve into this and other issues so that the principle of the centrality of the person and of his/her rights as a citizen can coexist with the formal and administrative systems in this time of world economic crisis.

Notes

- [1] In Italy the most common current name is ‘educatore professionale’, while in the rest of Europe there are other names, like ‘Educatteur Spécialisé’ or ‘Educatteur social’ in France, Belgium and Portugal; ‘Educador Social’ in Spain; ‘Youth and community social worker’ in Great Britain and Ireland; ‘Pedagogic social worker’ in the Netherlands; ‘Social Pädagogisk’, ‘Sozialpedagog’ in Sweden, Switzerland, Iceland, Denmark and Germany; and ‘Graduated educator’ in Luxembourg (Scarpa and Corrente, 2007; cf. Table A1).
- [2] ‘Social educator’ is the international term used by the AIEJI (International Association of Social Educators).
- [3] According to the Italian Decree of the Ministry of Health no. 520/1998 (Art. 1).
- [4] Trentino is a small Special Autonomous Province in the North East of Italy, where one of the first Italian training courses for social health educators was set up (in 1987).
- [5] There are nearly 230,000 institutions, where almost five million people operate in different ways. These institutions include, according to the Italian Institute of Statistics (ISTAT): *associations* (about 202,000), employing around 281,000 people who are paid and over three million volunteers; *volunteer organizations* (about 26,000), where there are about 50,000 paid workers, plus around one million volunteers; *social cooperatives* (about 7,000) distributed throughout Italy, made up of 196,000 ordinary members and 16,000 volunteers; *banking foundations* (3,000), to which about 100,000 people refer to; NGOs, *non-governmental organizations* (170 units) with over 15,000 volunteers; *other organizations and institutions*, within this area, which gather about 200,000 ordinary members and about 16,000 volunteers; disadvantaged people working in these organizations are estimated to be 22,000; *social enterprises*, developing within the network of associations and non-profit organizations, that show considerable vitality.
There is also a widespread solidarity across regions, represented by networks of non-organized gifts and *informal* aid. Currently, 231 million hours of help are provided in various ways to people not living together and this represents a world of mutual aid, which involves about 20,000 people.
- [6] The Italian dictionary does not refer specifically to the school field. According to Devoto and Oli (2011) ‘educazione’ (education) is: ‘Metodico conferimento o apprendimento di principi intellettuali e morali, validi a determinati fini, in accordo con le esigenze dell’individuo e della società’ [‘The systematic transfer or learning of intellectual and moral principles, with specific goals, according to the needs of the individual and of the society’]. For this reason, in this paper we mainly use the term ‘training’ when we want to refer to contents and didactic methods used for theory, practice and laboratories in the universities.
- [7] The English dictionary adds to the original Latin meaning of ‘education’ the following explanation: ‘The systematic instruction, schooling or training given to the young in preparation for the work of life’. Later on, the meaning is narrowed: ‘Often with limiting words denoting the nature or the predominant subject of the instruction or kind of life for which it prepares, as classical education, legal education, medical education, technical education, commercial education, art education’ (from Oxford English Dictionary, 2010).

- [8] Like the dilemmas of identity and loyalty as regards different rationalities in professional social work, such as the rationality of caring and the technical–economic rationality (Solberg, 2010).
- [9] ENSACT (European Network of Social Action) is an umbrella organization representing: EASSW (European Association of Schools of Social Work); FESET (Formation d'Éducateurs Sociaux Européens/European Social Educator Training); AIEJI (International Association of Social Educators); FICE (Federation Internationale des Communautés Educatives); IFSW (International Federations of Social Workers European Region); ICSW (International Council on Social Welfare European Region).
- [10] There are interesting similarities with the situation in Spain, as described by Noell *et al.* (2009).
- [11] As a main example, we can cite the law L.833/1978, concerning the reform of the National Health Service, which implemented the famous so-called '*Basaglia*' law (L. 180/1978 '*Accertamenti e trattamenti sanitari volontari e obbligatori*'), from the name of the psychiatrist who headed a movement for the closing down of asylums or 'places of madness' (Pantozzi, 1989). The law aimed at eliminating any form of coercion against the will of the person and offered social and alternative forms of treatment that gave more dignity to the person and his/her self-determination, such as 'intermediate structures' (small houses with only a few patients), day centres, social cooperatives and support to the families.
- [12] Here we refer to the wide world of religious and lay persons who have tried to apply the principles stated by the Second Vatican Ecumenical Council.
- [13] Current situation:
- 1987 Legal acknowledgment of the degree for social workers; qualification of the diploma for social workers.
 - 1993 Definition and regulation of the social worker profession and approval of a National Register.
 - 1996 First National Council of the Association of Social Workers.
 - 1998 Introduction of the code of ethics; setting up of experimental degree courses in social services at the University of Trieste and at 'LUMSA' in Rome.
 - 2000 Setting up of the degree course in social services and of the master's degree, with the subsequent introduction of sections for social workers and social worker specialists in the Professional Register of the Association (2001)
- [14] See the ministerial source: http://cercauniversita.cineca.it/corsi/ricerca.html?lingua=it&tpl=googol&livelloLauree=1&classi=44&_aree=on&_aree=on&_aree=on&_aree=on&citta=&universita=&facolta=&anniAccademici=2009&espressioneParoleChiave=educatore&Invia=Cerca.
- [15] ECTS (European Credit Transfer and Accumulation System) is a student-centred system based on the student workload required to achieve the objectives of a programme, objectives preferably specified in terms of learning outcomes and competences to be acquired. ECTS was introduced in 1989 and is the only credit system which has been successfully tested and used across Europe. Recently ECTS has been developing into an accumulation system to be implemented at institutional, regional, national and European level. This is one of the key objectives of the *Bologna Declaration* of June 1999.
- ECTS is based on the convention that 60 credits measure the workload of a full-time student during one academic year. The student workload of a full-time study programme in Europe amounts in most cases to 36/40 weeks per year and in those cases one credit stands for 25–30 working hours (cf. Table 1). For further information, see European Commission (2003).
- [16] The data were difficult to interpret, but showed some significant results that we have reported here.

- [17] Permanent Conference of Degree Courses for Health Professions (Conferenza Permanente dei Corsi di Laurea delle Professioni Sanitarie, 2010): 'Principles and standards of the professional traineeship in the degree courses for health professions' (my translation).
- [18] From *American Journal of Health Promotion*, available at: <http://www.healthpromotionjournal.com/>:

Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, and become motivated to strive for optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and most importantly, through creating supportive environments that provide opportunities for positive health practices. (O'Donnell, 2009)

- [19] The Bologna declaration, 19 June 1999, *Space for higher education*, Joint Declaration of the European Ministers for Higher Education, convened in Bologna on 19 June 1999, available at: http://www.processodibologna.it/content/index.php?action=read_cnt&id_cnt=6069.
- [20] Budapest–Vienna Declaration on the European Higher Education Area (Bologna process), 12 March 2010, n.9/10, available at: http://www.ond.vlaanderen.be/hogeronderwijs/bologna/2010_conference/documents/Budapest-Vienna_Declaration.pdf.
- [21] Decree of 22 October 2004, n.270 published in the *Italian Official Gazette* of 12 November 2004, n. 266: 'Amendments to the regulation concerning the universities' didactic autonomy, approved with the Decree of the Minister of University, Scientific and Technological Research of 3 November 1999', n. 509, Art. 1. Definitions.
- [22] The functions identified by the research are: 'Planning of the educational intervention aimed at communities–groups'; 'Planning of the educational intervention aimed at the single person'; 'Education and rehabilitation'; 'Organization, coordination and management of structures and resources'; 'Training'; and 'Research'.
- [23] Cf. Guilbert (1987).

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Table A1 Different Names in Europe

European country	'Social worker'	'Social educator'
Austria	Social worker ^(a)	
Belgium	Social worker ^(a)	Ortopedagogue; Social educator ^(a)
Cyprus	Social worker ^(a)	
Czech Republic	Social worker ^(a)	Social pedagogue ^(a)
Denmark	Social worker ^(a)	Sozial Pedagogisck; Sozialpedagog ^(b) ; Social pedagogue ^(a)
Estonia	Social worker ^(a)	
Finland	Social worker ^(a)	
France	Assistant Social o Travailleur sociale ^(c) ; Social worker ^(a)	Educateur spécialisé o Educateur social ^(b) ; Social pedagogue; Special pedagogue; Animator ^(a)
Germany	Sozialarbeit ^(d) ; Social worker ^(a)	Sozialpadagogik ^(d) tr. social pedagogue; Social pedagogue ^(a)
Great Britain and Ireland	Social worker ^(c)	Social worker; Youth and community worker ^(b, a) ; Special educator ^(a)
Greece	Social worker ^(a)	Social worker; Youth worker; Special educator ^(a)
Hungary	Sopron Norm (tr. social worker) ^(d) ; Social worker ^(a)	Deacon and deaconesses; Social assistant; Social nurses ^(d) ; Special pedagogue ^(a)
Iceland	Social worker ^(a)	Sozial Pedagogisck; Sozialpedagog ^(b)
Italy	Assistente sociale; Social worker ^(a)	Educatore professionale tr. social health educator; Special educator ^(a)
Lithuania		Social work
	Social pedagogy and social administration and so on as specialism within social work ^(d)	Social worker ^(a)
Luxembourg	Social worker ^(a)	Educateur gradué tr. Graduated educator ^(b) ; Special pedagogue ^(a)
Norway	Social worker is a general term for: barnevenpedagog (tr. Child welfare worker), vernerpleie (tr. Social educator) ^(d)	
Poland	Social worker ^(a)	
Portugal	Assistente social ou Trabalhador social ^(c)	Educador Social ^(b) ; Social pedagogue; Special educator ^(a)
Romania	Social worker ^(a)	
Slovenia	Social worker ^(a)	Social pedagogue ^(a)
Spain	Trabajo social profesional ^(c) ; Social worker ^(a)	Educador social ^(b) ; Social pedagogue ^(a)
Sweden	Social worker ^(a)	Sozial Pedagogisck; Sozialpedagog ^(b)
Switzerland	Social worker	Sozial Pedagogisck; Sozialpedagog ^(b)
The Netherlands	Social worker ^(a)	Social pedagogue ^(a)

Sources: ^(a) Kantowicz (2005). The comparative research of Ewa Kantowitz is based on: Lorenz (1994); Frost and Campanini (2004); Kramer and Brauns (1995); and CDPS (1997). ^(b) Article by two members of AIEJI Council (Scarpa and Corrente, 2003). ^(c) International definition of social work, available at: <http://www.eassw.org/definition.asp>. ^(d) In Frost (2008), with contributions from: Larson (2004, p. 166) (Norwegian); Fruttus and Mucsi (2004, p. 108) (Hungary); Lazutka *et al.* (2004) (Lithuania); Campanini and Frost (2004) (Italy); and Freisenhahn and Ehlert (2004) (Germany).

Table A2 Social Work in Italy: Brief Synoptic View of the Two Main Professions

Italian terms (synoptic view)	<i>'Assistente sociale'</i>	<i>'Educatore professionale'</i>
International term	Social worker	Social educator
Translation from Italian in to English	Social worker	Social health educator
Beginning (recognition of the profile)	1987, D.P.R. 14 del 15/01/1987 (Decree of President of the Republic)	1984 'Decreto Degan' (Decree of the Health Ministry of 10/02/1984) and 1998 (Decree of the Health Ministry no. 520/1998)
International association	IFSW, International Federation of Social Workers (joined with: IASW and ENSACT)	AIEJI, International Association of Social Educator (joined with: FESET and ENSACT)
International Training Association	IASSW, International Association of Schools of Social Work	FESET (Formation d'Educateurs Sociaux Européens/European Social Educator Training)
Italian professional association	National Association of 'Assistenti Sociali' (joined with IASSW) since 1993	ANEP National Association of 'Educatore Professionali' (joined with AIEJI) since 1992
University degree	Social (three years full-time, non-qualifying degree)	Health (three years full-time, qualifying degree)
Other requirements	State examination by National Association of 'Assistenti Sociali'	None
University faculties	Sociology Social Politics Law	Medicine
People/users/target	In social and health fields	In social and health fields
Priority of intervention	Individualized	Individualized Groups of people Community development
Job organizations	Social services in local public administrations (municipalities): Social secretariat office, Social service office. In national public administrations: Social service in juvenile justice and adult justice	Non-profit sector: Rehabilitation centres; Welcome centres; Residential houses; Therapeutic residential centres; Social and educational centres for young people; Vocational integration cooperatives; Professional training cooperatives; Urban social work; Health promotion centres. Local public administrations: Psychiatric rehabilitations and psycho educational centres; Drugs and alcohol rehabilitation centres In national public administrations: Rehabilitation in prisons (juvenile justice and adult justice)

(continued)

Italian terms (synoptic view)	'Assistente sociale'	'Educatore professionale'
Competences and functions	<ul style="list-style-type: none"> • Activities, with technical and professional autonomy and discretion in all phases of social intervention, including developing and managing the collaboration with voluntary organizations and third sector; • Management tasks of collaboration, organization and programming; coordination and management of specific interventions in the field of policies and social services; • Information and communication in social services and users' rights; • Training and didactic activities related to social service and supervision of the placement of students in social services; • Work to collect and development of social and psychosocial data for research purposes ^(a) 	<ul style="list-style-type: none"> • Intellectual competence; • Interpersonal communication competence; • Gestural competence ^(b) Functions: <ul style="list-style-type: none"> • Function of: planning of educational intervention aimed at community/groups; • Function of: planning of educational intervention aimed at the person; • Educational and rehabilitation function; • Function of: organization, coordination and management of structures and resources; • Training/education function; • Research function ^(b)
Some precursors and masters of theory and practice (who have influenced Italian social work)	San Vincenzo de Paul (1576–1660) ^(c) Charles Stewart Loch (1849–1923) Mary Richmond (1861–1928) Jane Addams (1860–1935) John Dewey (1859–1952) Guelfo Gobbi (1880–1961) Carl R. Rogers (1902–1987) Lena Dominelli Pierpaolo Donati Annamaria Campanini Mirta Dal Pra Ponticelli Franca Olivetti Manoukian Walter Lorenz Fabio Folgheraiter	Vittorino da Feltre (1373–1446) ^(d) Ignazio of Loyola (1491–1556) Giovanni Bosco (1815–1888) Leonardo Murialdo (1928–1900) Robert Baden Powell (1857–1941) John Dewey (1859–1952) Maria Montessori (1870–1952) Lorenzo Milani (1923–1967) Carl R. Rogers (1902–1987) Paolo Marcon (1925–2000) Mario Groppo (1930–1998) Riccardo Massa (1945–2000) Piero Bertolini (1931–2006) Floriano Poffa Duccio Demetrio Franca Olivetti Manoukian Fabio Folgheraiter

Sources: ^(a) Albano (2010); ^(b) Crisafulli *et al.* (2010); ^(c) Bortoli (2006); ^(d) Marcon (2004).