

UNIVERSITY EDUCATION OF THE SOCIAL HEALTH EDUCATOR IN ITALY BETWEEN TEMPTATIONS AND OPPORTUNITIES

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Abstract: The basic education of the social health educator in Italy has obtained, in the last ten years, the status of university degree. This was an important change because the legal acknowledgement of the degree allows Italian educators to participate actively in the ongoing process of globalization of the professions. This change, however, was not without problems. The case of the small autonomous Province of Trento (in the north of Italy) is particularly interesting, because it has been able to cope with many difficulties.

In the first part, the paper shows the innovative characteristics of the Degree Course for Social Health Educators at the University of Trento and Ferrara and it analyzes the political, pedagogical, social and epistemological reasons that may explain the setting up of this course.

In the second part of the paper, we started to investigate, through literature, participant observation method and a direct experience on the field, some risks involved in the acknowledgement and the formalization of the qualifications at a global level, identifying the two main “temptations” on a communicative and professional level: prestige and language.

The final goal of this article is to encourage those who consider strategic the setting up of a degree course for social health educators and to answer to the question: what are the conditions that enable the different factors of a local territory to promote and create university courses able to enhance the full professionalism of this educational figure, keeping the focus on those the relief efforts are intended to help and on their rights? The case of Trento can be illuminating to illustrate the main factors involved.

Key words: social health educator; university degree; ungrowth; personal and relational competence; helping relationship; advocacy networks; Autonomous Province of Trento

DEGREE COURSE CHARACTERISTICS

*“Is not knowing much,
but realising and relishing things interiorly,
that contents and satisfies the soul”*

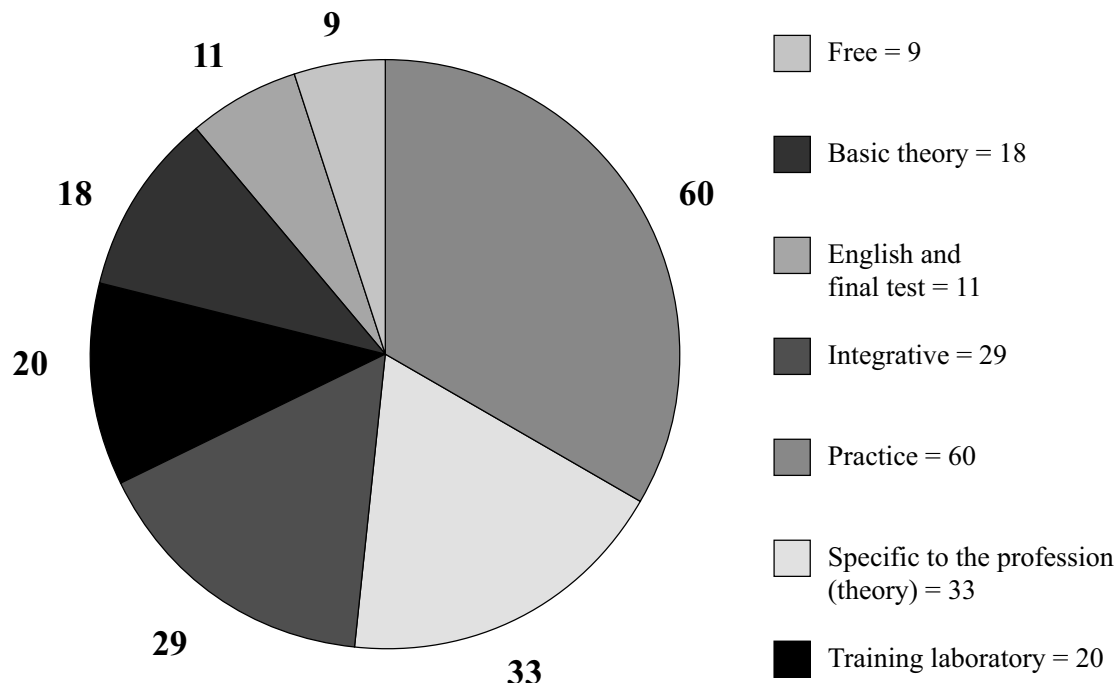
[Ignatius of Loyola,
Spiritual Exercises,
2nd annot.,
Rome 1541]

“Relishing” a first result

Let's start with a “sweet” fact for those who love the world of education. The small chart below represents a “pie”, which draws our attention to a particular local situation in Europe. We can notice

the original subdivision of subjects of the *Degree Course for Social Health Educators* currently co-organized in Italy by the Universities of Trento and Ferrara. Out of the overall 180 ECTS of the three-year course, as many as 113 ECTS are specific to the educational profession. Out of these, 60 ECTS are for internships within health and social organizations and 20 ECTS are for an experiential training Laboratory.

In brief, we can notice how this type of university education has led empirical and practical experiential education (Training + internships) to represent almost 50% of the overall classes of the three-year course. This is a nice and sweet piece. It represents a significant and innovative choice com-

Fig. 1 STRUCTURE OF THE COURSE DEGREE FOR SOCIAL HEALTH EDUCATORS² UNIVERSITIES OF TRENTO AND FERRARA – (180 ECTS in 3 years – full time)

pared to the Italian¹ and probably also the European academic scene, where traditionally too much attention has been focused on theoretical knowledge. In the past, this type of knowledge had put emphasis only on the intellectual side of education.

There are many underlying reasons that may explain the implementation of this course structure. We are going to focus only on political, pedagogical, social and epistemological reasons.

Political reasons. A country that requires social health educators

The main type of organizations that employ social health educators in Italy are public and private social services (social cooperatives, associations, foundations, etc.), that take care of children and adolescents, young adults, families and groups, who suffer from different types of difficulties, illnesses and discomfort³.

There are different types of help centres (in Trentino most of them are cooperatives), sometimes federated together, which are distributed throughout the national territory and have a strong commitment to social justice and to alleviating

1 Currently, in Italy (and probably also in Europe) there is no typological classification of degree courses for social health educators. After a brief analysis of the 16 courses for social health educators in Italy (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), it is clear that there is a lack of homogeneity: for the practice (internship), only 4 degree courses (Trento-Ferrara is one of these) award altogether 60 ECTS, 3 courses award less than 20 ECTS, 5 courses award between 21 and 40 ECTS, 3 courses between 41 and 50 ECTS, 3 courses between 51 and 60 ECTS and only one awards 63 ECTS.

With regard to other didactic 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 5 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. (Note: the data was difficult to interpret, but showed some reasonable results that we have reported here)

2 Chart based on the "Regulations for the degree course for professional health educator" of the University of Trento and Ferrara, 2006

3 Such as: social, physical and sensory handicaps; psychological and psychiatric problems, social inclusion and job integration; homeless and people without means of support; immigrants, refugees and asylum seekers; drug addicts, alcoholics, AIDS patients; prisoners and former prisoners; nomads; victims of violence, prostitution and trafficking

human suffering⁴.

Many people have recognized that Italy has an added value 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 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 (borrowed from the ISTAT Annual Report 2002), 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. Thanks to this data, it is possible to understand how the *multi-skilling* profile of the social health educator fits with our national and local situation. This plurality and richness of actors and citizens involved may explain the significant institutional acknowledgment, although politically still quite controversial, in many Italian regions.

Pedagogical reasons. The welfare quality depends on the persons’ quality

A modern educational approach cannot be focused solely on theoretical education, because it would not take into consideration all the aspects which have to be strengthened in the student, but only the intellectual part, thus forgetting the *person* as an ecologically based system (Rogers, 1969; Bronfenbrenner, 1979; WHO, 1986; Bertolini-Caronia, 1993).

The organizational systems of the social, educational, health and school services (and others)

are likely to function properly thanks to their focus on the care for the quality of *relationships* among the members of these organizations. According to the international association of social educators, “*personal and relational competence* are crucial in all social educational work” (AIEJI 2005: 9) and they are considered to be the most important competences for the educator in question.

The international control and quality assurance systems (such as UNI EN ISO) in the social and health sector will face more difficulties in reaching the desired development if they are not supported by systems for the enhancement of human relationships. The educational systems are providing more than ever –thanks to the universities– certification of qualifications which are valid and recognized worldwide, but they risk a dangerous standardization that has nothing to do with the complexity and richness of working with people, groups and local communities.

Moreover, even if the new communication technologies are on the one hand an extraordinary means for the globalization of knowledge and information and for the creation of new collaborative networks, on the other hand they can become instruments of control and violence if handled in a wrong way.

If we agree with these few general premises, then we all agree with the importance of *education* of the people who take care of others, of whole persons and not only of parts of them, like the problem they have: the disability, the disease they were diagnosed with, or the social label put on them by the majority culture of a specific part of the world.

4 The centres in which these institutions operate are organized in the form of local social districts, 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; ergotherapy workshops and training and vocational counselling; educational and social rehabilitation centres; network service centres, listening centres, centres of social secretariat; street units, emergency interventions; self-help groups and study, research and documentation centres (Provincia Autonoma di Trento, 2000)

5 According to the Italian Institute of Statistics (ISTAT), there are nearly 230000 institutions, where almost 5 million people operate in different ways. These institutions include:

- *associations* (about 202000), employing around 281000 people who are paid and over 3 million volunteers;
- *volunteer organizations* (about 26000), where there are about 50000 paid workers, plus around 1 million volunteers;
- *social cooperatives* (about 7000) distributed throughout Italy, made up of 196000 ordinary members and 16000 volunteers;
- *banking foundations* (3000), to which about 100000 people refer to;
- *NGOs, non-governmental organizations* (170 units) with over 15000 volunteers;
- *other organizations and institutions*, within this area, which gather about 200000 ordinary members and about 16000 volunteers; disadvantaged people working in these organizations are estimated to be 22000;
- *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 20000 people

The focus gets clearer if, following this logic, we think carefully about the education of the social health educator as a person, thus going into the subject in point of this written contribution. This is represented by the student as a person, who is studying at university to become a professional who will attend to those who are worse off in our society. We also believe that universities should consider its students as whole persons and not address only a part of them (i.e. the mind).

The goal is therefore to form the educator as a *person* (Maritain, 1981), with the specific aim of reaching the person for whom the help is intended.

Social reasons. Toward a period of “degrowth”

In this period of worldwide economic and financial crisis, it is not surprising that at the Observatory of help centres in Italy (CNCA) people have started to talk of “degrowth” as a very concrete possibility (Cupini-Vincenzi, 2007). This national coordinating centre, which is present in all the different regions of Italy⁶, does not propose a new economic recipe (since health, social and educational services have to maintain a good professional level) but it helps us to think, especially about the pedagogical, political and spiritual dimension. This type of degrowth represents an opportunity to improve the value of the “essential” (Basadonna, 1979: 47), a simple lifestyle that teaches us to fill the bag only with what we really need along the way (Baden Powell, 1977) without useless weight.

A degrowth as a “slogan to show the need and the urgency for a reversal from the dominating model of development and unlimited growth (...), for the simple reason that the current development model is ecologically unsustainable, unfair and inconsistent with peace keeping”⁷. Moreover, it is a development model of “predatory capitalism” (Pontara, 2006), which leads to renewed “Nazi tendencies”, seeds of totalitarianism and extreme violence.

It is an degrowth in the transmission of knowledge, not to *add* new notions, but rather to be able to *take away* the excess of psychological conditioning and cultural prejudice as obstacles to the self fulfilment and to the communication with others, as Carl Rogers observed in his research. It means getting rid of pompous and incomprehensible language, idioms, specialized terms and simplifications, but without forgetting *the reflection* (Carmagnani-Danieli, 1990; Dempsey-Halton-Murphy, 2001) on knowledge and learning.

Finally, a spiritual degrowth to try to take away from the relationship with the transcendence repetitive words and language, outdated and stale rituals and a certain fixity in the formulas, in order to be able to recover the silence, the listening skills and the concrete and experiential dimension of believing in the *totally Other* than us (Pinkus, 2009).

This is a provocative and self-critical reflection, aimed first of all at ourselves, at the Italian educational, social and health organizations, crushed by the weight of excessive bureaucracy (Handler, 1996) and by a technicism that tends to choke the original mission to be organizations for social and cultural change.

Epistemological reasons. The “body of knowledge”

Reflecting on education means dealing not only with “knowledge” that is already present, but also with potential knowledge to be developed during the period of education. We have, indeed, a natural knowledge that accumulates in our memory and enters into our life story starting from our birth, or even from our conception. We also have a knowledge stemming from the history of mankind, as anthropologists teach us⁸. According to various researches, the body of knowledge is made up of multiple and diversified knowledge bases, which

6 CNCA (the Italian National Coordination of Help Centres), based in Rome, is a national federation of about 260 associations and social cooperatives that operate in all Italian regions, dealing with different types of social uneasiness (disabilities, minors, drug addicts, mental health, the young, the homeless, prostitution, etc.). The centre has two main goals. The first one is to create a space for confrontation of experiences from different local realities; the second one is to offer a cultural and political reference point on the issues of marginality and uneasiness of the young, in order to create projects out of the daily life and work experiences of the different groups that make up the centre

7 See www.decrecita.it

8 Cf. the studies by Matilde Callari Gally in Italy (Cultural anthropology and educational processes)

are not stratified, but rather interconnected between them⁹.

In their lifetime, individuals also develop a professional knowledge (which is certainly not disconnected from natural knowledge), that is to say specific knowledge, skills and competences (both theoretical and practical) which are required for their work, regardless of the job sector. The aim of this type of knowledge is to act as a guideline for carrying out one's work in an ethical and purposeful way.

In the Italian *good practice* of the training within organizations (Bruscaglioni, 1997) and within university of medicine (Renga-Cavallo, 2000) we often find the following distinction between the different types of knowledge (Cavozzi, 1972)

- *to know*, i.e. the theoretical knowledge that refers to codified disciplines analyzed by groups of scholars
- *to know how-to do*, i.e. the empirical, procedural and operative knowledge for the management of problems and of specific professional situations
- *to know how-to be*, i.e. the existential knowledge, which allows one to be well integrated with the specific context thanks to appropriate interaction and behaviour abilities.

From “core competence” to “core curriculum”?

Over the last years, production processes have required flexible employees, able to adapt quickly to new situations. More and more organizations are asking their employees not so much to carry out mechanically *routine* tasks – as it happened during the Taylorist era – but rather to be able to face unexpected changes. In these years, there has been a shift from the concept of training for a task to that of *training for competence* (Milani, 2000: 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 the professional and adult education (Gillet, 1998; Demetrio, 1988, 1990, 2003), in the field of psychology of learning (Piaget, 1923, Bloom, 1983; Ormell, 1992) and psychology of organizations (McClelland, 1967; Ricotta, 1998) and in the psychosocial field (Wittorski, 1998). It established itself in the humanistic psychology applied to psychotherapy and to pedagogy (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 Bologna process¹⁰. A recent declaration of the Ministers for Education 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*”. Moreover, it appeals to all the 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*”¹¹.

In Italy, we are waiting for a full implementation by universities of the Decree n.270/2004 of the Ministry for University and Scientific Research, who, 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”¹². This implementation has already been largely achieved in some universities, such as in Trento.

9 Cf. the studies by Bion W.R., Bronfenbrenner U.; Dewey J.; Lapierre A.-Acouturier B.; Hinde R.A.; Knowles M. & Bastien-Salvemini (the latter in: Bruscaglioni 1997: 54-59); Popper K.; Jarvis P. Cf. Italian studies about training methods: Bertolini (1988); Demetrio (1990); Bellotto-Trentini (1991); ISFOL (2002); Maggi B., Quaglino G.P., Kaneklin C., Renga G.-Cavallo F., Varchetta G., Fabris R., Cucchi M.-Roncalli P., Meghnagi S., De Bartolomeis F. in: Maggi B., 2000)

10 Bologna declaration, 19th of June 1999, *Space for higher education*, Joint Declaration of the European Ministers for Higher Education, convened in Bologna on the 19th of June 1999, in: http://www.processodibologna.it/content/index.php?action=read_cnt&id_cnt=6069

11 Budapest-Vienna Declaration on the European Higher Education Area (Bologna process), March 12th, 2010, n.9/10, in: http://www.ond.vlaanderen.be/hogeronderwijs/bologna/2010_conference/documents/Budapest-Vienna_Declaration.pdf

12 Decree of 22nd October 2004, n.270 published on the Italian Official Gazette of 12th 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 3rd November 1999”, n. 509, Art. 1. Definitions

Proposals to update the educational system for social health educators, are submitted also through a “bottom-up” process, that is to say, they come also from the bottom, from educators themselves working on the field. They have built, thanks to a research carried out in the last two years – together with J.J. Guilbert – and recently published, the “Core Competence” of the professional educator, starting from two big groups of competences (in the intellectual field and in interpersonal communication) and highlighting the consequent functions and activities (Crisafulli-Molteni-Paoletti-Scarpa-Sambugaro-Giuliodoro, 2010:58-71)¹³.

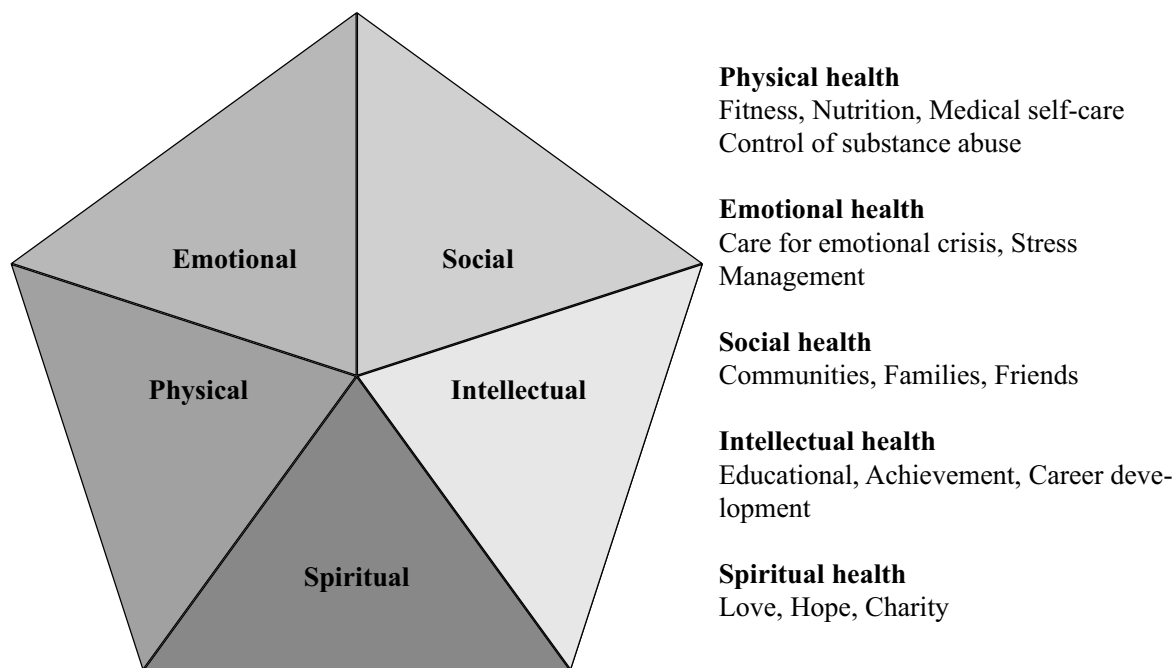
They underline that in the education of social health educators, “besides the technical and scientific “formal” professional part, it is necessary that students develop an aptitude for self-knowledge and knowledge of their propensities, resources and limits”, since they will have to be able to exercise

the most important competence: the *helping relationship* (Milani, 2000: 174 & 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.: 88). Therefore, the Italian association of educators, hopes for a future strong commitment to the development of a “core curriculum” for the specific education of this professional figure.

Health Promotion: art and science of the educator

If the subject of competence and abilities makes us fear a kind of fragmentation of the educational (for the students) and social and rehabilitative interventions (for people with difficulties), the definition of Health Promotion specified in the Ottawa

Fig. 2 THE CONCEPT OF HEALTH PROMOTION¹⁴



13 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”

14 From American Journal of Health Promotion, 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)

charter can be very comforting for the social health educator who works in social and health centres: “it is the process of enabling people to increase control over, and to improve, their health” (WHO, 1986: 1). It emphasizes the need for control of one’s resources and it underlines the importance of the personal *empowerment*, since “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: 1; Zucconi-Howell 2003: 43).

The epistemological reasoning about the education of the social health educator that we suggest, thus associates the “body of knowledge” of the individual not only with the concept of Health Promotion, but also with that of health itself, which is not simply lack of disease, but a state of complete physical, mental, social and spiritual well-being (O’Donnell, 1988) (cf. fig. 2).

We think that this concept is very close to a modern idea of professional 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).

TEMPTATIONS AND OCCASIONS OF UNIVERSITY EDUCATION

After analyzing some of the reasons supporting the educational program proposed in Trentino (Italy), we think it is useful to talk about some risks involved in this phase of acknowledgment of the degree for Social Health Educators.

The provocation temptations/occasions (Fausti, 1997) seems to stimulate a gripping debate, since every day each of us has to make or avoid little choices, while disclosing at the same time one’s value system. Periodically, we have to make bigger choices that influence both ourselves and the people surrounding us. The self-reflexive activity of the *discernment between...* may thus help us to

avoid gross errors we could regret for our personal and professional life and for the persons we have to take care of.

The list of all possible choices in the setting up of an education course may be quite long and it would require further reflections. In this case, we would like to point out two fields which we think are worthy of attention in this stage of “globalization” of qualifications: prestige and language.

“Prestige” as main temptation

We have to critically admit that the Italian educational context, with the exception of a few cases, still has a long way to go in order to bring its educational methods up to date with this mixture of knowledge we have described above (Laneve, 1997). If Italian universities keep on concentrating only on theoretical knowledge they will continue to prepare young people who will find it very hard to enter the labour market (ISFOL, 2008). Very often expectations are increased during the selection of the students, only to be gradually disappointed up to the graduation, when it is too late to realize that universities have also played a role in the increase in unemployment.

As far as caring professions are concerned, educators included, it is now clear to everybody that the acknowledgment of the university degrees very often leads to the development of an exclusively theoretical knowledge, as the latter is considered more “prestigious”. On the other hand, we notice that in this field there is the risk of a “perverse effect” (Boudon, 1977), that the higher the professional prestige of the social health workers, the lower the capacity of empowerment of the person in difficulty, who will then tend to delegate the resolution of his/her problems to the expert (Illich, 1974 & 2008¹⁵; Folgheraiter, 2000, 2004, 2007).

Empowerment and prestige inversely proportional

If the relationship between these two factors (subjects) is *inversely proportional*, as has often happened, we will have a negative consequence

15 For a recent biographical sketch on Ivan Illich, see Bortoli B. (2008)

A thorough analysis of the different meanings of the term *empowerment* is to be found in Brown (1995)

on one of the two subjects (or groups of subjects). This means that the so-called professional prestige increases when the expert, thanks to his/her exclusive technical competences, is able to say “what is good” for the patient and how it has to be carried out, often thanks to a diagnosis and to the following therapy. We are convinced that this is to the disadvantage of the person in difficulty, of his/her empowerment and of the control it can exercise on his/her health and on how to improve it (Rogers, 1969; WHO, 1986; Goffman, 1968; Bion, 1972; CNCA, 1983; Bertolini-Caronia, 1993; Barnes, 1997; Freire, 2002).

On the other hand, according to the most common judgement criteria, if the person in difficulty achieved this competence of self-control and autonomy, the professional would stop showing the intellectual and professional “prestige”, because all the scientific argumentations developed through many years of study and commitment would no longer be exclusively useful. The professional’s 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 the other professionals. The educator would end up sharing the decision-making power with other sectors, disciplines and different organizations. In other words, he/she would no longer perform the irreplaceable function of telling “the truth” about the well-being of the person he/she is taking care of, thus losing the “prestige”, in the most widely used sense of the term.

Directly proportional

Our challenge is to reverse this conception of a relationship that penalizes one of the two subjects and go straight to the *directly proportional* way of the best benefit for everyone.

Supported by the emerging and often appreciated literature on the subject¹⁶ and by the direct experience and research on the field (CNCA, 1988; ANEP, 2002; Fortin, 2004; AIEJI, 2005), we can state that today it is desirable and possible to have an increase in the empowerment of the disabled, with a consequent growth of the substantial prestige of the person who takes care of them.

We maintain that there are several factors that determine the well-being. As we have seen, indeed, health is a dynamic combination of biological, psychological and social aspects and it is the consequence of a series of personal and social choices over which an individual has potentially a considerable control (WHO, 1986).

If we reconsider the concept of technical professional “prestige”, we can facilitate the process of self-determination of the person. The conception that we propose here deflects the attention from the dual patient-doctor relationship to extend it to the network of the formal and informal subjects who can effectively take care of the disabled person. It is the “network” of the subjects (Maguire, 1983; Donati, 1991; Barnes, 1997; Di Nicola, 1998; Folgheraiter, 2000) then that can gain substantial prestige. This can only happen if all the experts take a step backwards (Prada, 2004 in Brandani-Zuffinetti: 31) from their desire to be at the centre of attention, while collaborating with the other equally expert actors of the network, and believe that the most important expert has to be the subject in difficulty. In this way the relationship can become, with a play on words, *in-directly proportional*.

Between refined language and language comprehensible to everybody

Paying attention to the language in university teaching is an additional sign of sensitivity on the part of the teachers who, besides assessing the students, often find themselves checking to see whether their verbal communication has been understood. As in every Faculty, it is necessary to use the technical language required by the subject being taught, but at the same time an attitude of empathy is needed in order to harmonize the language with the understanding of the university students, in order to be able to co-create some contents of the lessons. Practical examples and reference to the problems arising in the specific field of the socio-educational action are also very useful. By using these extraordinary teaching skills, the teacher does not lower his or her prestige, but

¹⁶ For Italy, we cite in particular the studies by Fabio Folgheraiter on help relationship and on network social work in the social health sector and in social services

conveys a communicative style which is consistent with the professional figure he/she is creating: neither a pedagogue (or a student of educational sciences), nor a philosopher or a sociologist, but an educator who intervenes personally. When the social health educator gets in touch with a homeless person at the train station, with an unaccompanied minor at an open centre or with a mental patient who would stay in bed all day long, then he/she uses a language which is comprehensible to everybody, without necessarily feeling that the professional prestige decreases. On the contrary, the more educators can empathize, that is to say put themselves in someone else's shoes, the higher their contact and authoritativeness in the field of the relationship with the patients and with their workmates will be.

At the same time, it would be desirable for the university teacher to find, perhaps after a few years' experience, a way of "tuning in" well with the students. As in the case of educators, using a language comprehensible to everybody means bringing the world of comfort close to that of discomfort and teaching citizens to understand the rights of the weak; it also means collaborating with the world of journalism, not really for actions of social marketing, but rather to be able to give positive news and to contribute to a type of journalism which is more sensitive and respectful of the weak¹⁷. It also means making possible the collaboration of many informal actors, such as volunteers, relatives, friends, neighbours and the natural leaders of the neighbourhood, for the realization of projects of social inclusion (Donati, 1991; Barnes-Bowl R.,

2001; Folgheraiter, 2007).

Clarity in the use of pedagogical terms also makes it possible to increase the level of authoritativeness within the multidisciplinary teams that carry out projects in favour of the underprivileged.

Summing up, we can say that university should prepare an educator who is able both to use a humanistic, scientific and everyday language and to adapt it at the same time to the specific context of intervention and to the different subjects with whom he or she works.

The provocative debate of the polarity between temptations/opportunity could continue in a future paper, analyzing other interesting aspects of the education of the social health educator¹⁸, especially in this relatively early phase of the process of acknowledgement of the degree¹⁹. Here we hint at some of these aspects and we postpone to a future paper the presentation of a possible Didactic Pedagogical Model for the university education of this figure.

The main opportunity: developing advocacy networks

Coming to the end of this paper, we want to encourage those who consider strategic, both for their territory of origin and for the people who live in it, the setting up of a degree course for social health educators. What are the *conditions* that enable the different actors of a local territory (public and private social structures) to *promote* and *create* university courses able to enhance the full profes-

17 This is the direction taken by the Press Agency "Redattore Sociale" (www.redattoresociale.it), also through a decennial experience in the formation of journalists and social workers, both at a national level (in Capodarco di Fermo-Ascoli Piceno- where the Agency is based) and at a local level (in Trento and Milan) together with CNCA

18 Others polarities between temptation/opportunity could be: **in university education**: Concentrating on teaching/Concentrating on learning; Technical terms/Common parlance, near to everybody (with journalists also); Specific sector/General and multi-sector contents; Medicalization of role/"Health Promotions" role; Theoretical knowledge/Practical knowledge - To know by experience.

In politics and society: Simplicity, rapidity, efficiency (with sadness)/Complexity, slowness, effectiveness (with joyness); Rationalistic and bureaucratic (positivistic approach)/A full motion: "Head, heart, feet" (holistic approach); Developing individualist culture/Developing advocacy networks; Toward the "boomerang generation" adolescently-adult (it:"adultescenza")/ Toward the growth of the adult person

19 Brief Italian process of acknowledgement of the degree course: it is only from the so-called "Decreto Degan" (Decree of the Health Ministry of 10 February 1984) that the educator is recognized as a new figure (trained in three-year regional schools, from 1985 to 1998, outside universities). Today educators also have a qualification acknowledged as equivalent to a bachelor's degree. The profession was later regulated by the Decree of the Health Ministry no. 520/1998, where Universities were appointed as the place for the education of this figure. It was, indeed, not before 2001 that Italian students started to get their bachelor's degree in this field in the selected medicine faculties. Currently, there is no master's degree and no doctoral school where educators themselves can teach the methodologies for social, health and educational research; this would be very important for the scientific development of the whole sector. In Italy, this sector has had an extraordinary development in the last thirty years, both in public services and non-profit organizations (Fortin, 2006)

sionalism of this educational figure, keeping the focus on those the relief efforts are intended to help and on their rights?

We have to admit that these conditions are really particular, maybe exceptional. They are the consequence of cultural, political, economic and social aspects and they are affected by the various environmental levels (local, national and international). Due to the globalization processes that often take away the power from the citizens, most of them are “tempted” to give in. But we want to focus on what we can do as educators committed to improving the social health situation in our territory.

Here we want to analyze the “*good practice*” of the small Autonomous Province of Trentino, since we reckon that it is significant, especially for the results obtained so far during the stage of the setting up of the degree course.

First of all we have to show the intermediate results of the *advocacy* process, since a “cartel” of 200 privileged witnesses was created; among these, there were educators, teachers, priests and 164 non-profit organizations. A large group of citizens, considered by the public opinion as significant and representative for the social and cultural fabric of Trentino, signed a document²⁰ which was submitted for consideration to the main people institutionally in charge of the setting up of the Degree Course for Social Health Educators.

The ingredients for the success of the advocacy action for the setting up of the degree course were various and here we can list only some of them:

- the *strong need* for social health educators perceived by the social and health sector and by the local voluntary sector
- the *motivation*, not exclusively professional²¹, of the group of policy makers that has supported the promotion activity
- the personal and professional *reputation* of the policy makers, built over many years of on-the-job experience and results recognized both in the social health sector and outside of it. The good *reputation* of the social health

educators already on the job market and who had qualified before (not at university) and finally the good *reputation* of the organizations that signed the document

- the project’s *clearness* in stating its general purposes and in specifying both the needs of the sector and the short term objective to be achieved by the advocacy network
- the *involvement* of all the parts interested in the realization of the project, in particular the Autonomous Province of Trento (local authority with special autonomy and very wide legislative and administrative powers), together with the Universities of Trento and Ferrara and the National Association of Social Health Educators (ANEP – the Italian organization for the protection and development of the profession, which is affiliated with AIEIJ, the international association of social educators).

All these ingredients enabled the attainment of a goal which is not only formal, but also material. They gave the right flavour to the “pie” that welcomed us at the beginning of this paper.

A way of being

The ultimate goal of a university education for social health educators is to train an authoritative professional specialized in the helping relationship. We think that it is possible to recognize authoritative educators, because the latter have mastered the strategies of intervention so well, merging them with their life experience, awareness, intellect and personal characteristics, that they have created from them “*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: 7).

If educators are authentic persons, showing what they really are and relating to people entrusted to their care without barriers or false pretences, then the helping relationship is far more likely to be efficient. This means that the same feelings the educator is experiencing “are available to his or her awareness,

20 Cf. Fortin D., Marchesi M., Bertoldi S. (2005)

21 About the education of social health educators, Edgar Morin suggests: [...] “*I believe that it is starting from this triple rebirth of love, mission and faith that we have to try to educate the citizens of the third millenium*” Morin E. (2005: 53-54)

that he or she is able to live these feelings, to be them, and able to communicate them if appropriate” (Rogers, 1983: 224). It means that the educator manages to attain a *direct and personal encounter* with the others, meeting them on a ground made fertile by his/her genuineness or congruence both as a person and a professional. In other words, the educator *is* . . . , without hiding him/herself, within a plan directed to the well-being of the person and of society.

CONCLUSIONS

In this article we have tried to explain the main reasons that allowed, in the special context of the autonomous Province of Trento in the north of Italy, the establishment of a university degree for social health educators with innovative characteristics, thanks to a considerable amount of hours for practical and experiential training, combined with theoretical knowledge.

We also wanted to give evidence of the creation of an efficient advocacy network for the starting up of a university education for social health educators and for the assertion of the rights of the weak, with the aim of encouraging other local actors, in every part of the world, to believe in the strength of the networks and of the joining of the public and private sectors.

Moreover, we have started to investigate some risks involved in the acknowledgement and the formalization of the qualifications at a global level.

This paper raises some important questions that need to be answered in the near future in order to ensure a good performance in this new phase of degree courses for educators.

The first question concerns the selection procedure: what should be the criteria to have access to university education for social health educators? Is it enough, as it happens in Italy, to have a high school diploma and to pass a general knowledge test? If we want to put more emphasis on experiential learning and internships, then it is probably necessary to evaluate the personality traits needed for the professional work. In this way, it would be possible to avoid failures due to psychological frailties or personality disorders of the young student. The legitimacy of this type of choice should be analyzed to avoid discrimination risks.

The second question concerns the evaluation of knowledge: how should a system for the evaluation of experiential learning and internships be designed, so that it is formalized and at the same time also centred on the student and consistent with all the educational process?

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?

How can we make the principle of the centrality of the person coexist with the bureaucratic systems of the educational, social and health institutions in this context of crisis and “ungrowth”?²²

Besides the need for answers to these questions, we hope that this paper, together with the recent research on “core competence”, may give a little encouragement for the development of a “core curriculum”, starting from university education.

²² We could soon complete the picture by illustrating a proposal for an innovative educational model, based on pedagogical methods already widely tested and successful, in practical terms, all over the world.

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