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Promozione della salute e lavoro sociale per le persone vulnerabili: l'educatore professionale

Health promotion and social work for the vulnerable person: the social health educator in Italy

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Unlike other countries, the professional Social Health Educator (SHE) has been trained, since the beginning of the eighties, in the field of health professions. 54% of them work for accredited non-profit organizations and 30% for the National Health Service, planning and carrying out educational interventions, addressing vulnerability and disability issues. They operate in the field of social work, health and social care, occupational therapy and social pedagogy. Due to political and institutional reasons, the social sector in Italy is separate from the health sector. With a few exceptions, these two worlds have very different cultural and organizational identities and they tend to divide people with comorbidities into different sectors, as if they were modular objects, thus abandoning them. The historical-epistemological hypothesis explored in this paper, through participant observation and analysis of the specific literature, is that one of the founding principles of these professionals is "Health Promotion" (WHO, Ottawa 1986). The SHE is, in fact, constantly trying, not without difficulties, to be a connection and pedagogical synthesis in the world of the helping professions, focusing on the rights of the most vulnerable and encouraging them to be the protagonists of their own life and, therefore, of their own health.

Key words: Social health educator, Self-determination, Educational intervention, Core competence, Professional identity, Person-centered approach, Biopsychosocial paradigm

A differenza di altri paesi, l'Educatore Professionale (EP) è stato formato, dall'inizio degli anni '80, nel campo delle professioni sanitarie. Il 54% degli EP lavora negli enti non profit e il 30% all'interno del SSN, pianificando e realizzando interventi educativi nei settori delle diverse vulnerabilità, dipendenze e disabilità. Gli EP sono occupati negli ambiti del lavoro sociale, dell'assistenza sociosanitaria, dell'inserimento sociolavorativo e della pedagogia sociale. Sappiamo che in Italia, per motivi politico istituzionali, il settore sociale è quasi sempre separato dal settore sanitario. Questi due mondi – con alcune eccezioni – hanno diversissime identità culturali e organizzative e questo tende a separare la persona con comorbilità in differenti settori, come se fosse un oggetto scomponibile e abbandonandolo di fatto. L'ipotesi storico epistemologica esplorata in questo elaborato, attraverso l'osservazione partecipante e l'analisi della letteratura specifica, è che uno dei nuclei fondanti l'identità di questa figura professionale è la "Promozione della Salute" (WHO, Ottawa 1986). L'EP infatti si propone, non senza difficoltà politico istituzionali e accademiche, come soggetto di incontro e sintesi pedagogica nel mondo delle helping professions, mantenendo sempre in primo piano i diritti delle persone più deboli a essere protagonisti della propria vita e dunque della propria salute.

***Parole chiave**: Educatore professionale, Autodeterminazione, Intervento educativo, Core competence, Identità professionale, Approccio centrato sulla persona, Paradigma biopsicosociale*

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Points of interests

- Social Health Education is a widespread profession in Italy and the SHE is particularly appreciated by vulnerable people for his/her helping relationship competencies
- Unfortunately, in the last forty years, political institutions have produced a "regulatory chaos" around this professional figure, creating confusion at regional and national level, both regarding service providers and university education
- Today, it is particularly important to clarify that the help they offer is not only of a welfare nature, but educational, thus centered on the person and not only on the disease or on a specific social problem
- The vulnerable person is thus helped to learn to face his/her life and health issues with an increasing degree of autonomy and in respect of his/her right to self-determination

Part one: background

Italian SHE: short presentation

The Social Health Educator (SHE) is a professional specialized in extracurricular[1] educational interventions on vulnerable people of all ages. This role has been present in Italy and in the European countries since the fifties (Vitillo and Scarpa, 2012, p. 9), but it is from the beginning of the eighties that the professional profile was recognized in Italy from a political and institutional[2] point of view. Among the founding fathers of this type of education and of the helping interventions for vulnerable people, there are wonderful magisterial figures, like the educator and humanist Vittorino da Feltre (1373-1446). With his famous school at the Gonzaga Court, he started the humanistic practice and idea of education starting from the Italian Renaissance (Woodward, 1897). We cannot forget the founders of important religious orders, dedicated not only to the spiritual but also to the professional, human and material training of children, young people and adults, such as Ignazio from Loyola (1491-1556), founder of the Society of Jesus, Giovanni Bosco (1815-1888), founder of the Congregation of the Salesians and Leonardo Murialdo (1928-1900), founder of the Congregation of Saint Joseph.

From the beginning of the 20th century, we want to mention the founder of the scout movement, Robert Baden Powell (1857-1941). His movement had significant theoretical and practical developments thanks to pedagogy scholars and educators inspired by him (Bertolini, 1957, 1981, 2001; Massa, 2001). We also want to recall the important work of the educator and neuropsychiatric Maria Montessori (1870-1952), famous all over the world for her "method" and who was also involved in the recovery of children with psychic problems (Giovetti, 2013). Finally, we want to highlight the influence of Father Lorenzo Milani (1923-1967), another important person of the Italian 20th century, who introduced new pedagogical instruments for the less privileged children of the post-war period and who gave an impulse to responsible citizenship through the promotion of the conscientious objection to military service (Lancisi, 2013).

Although professionals related to the profile of the SHE have existed for a long time in Italy, we can say that the SHE is "the son of deinstitutionalization". "If we had to register the birth certificate of today's educator, the date would, indeed, be between the end of the 70s and the beginning of the 80s" (Calò 2016, p. 22). Today, for several reasons, the profession of the SHE is not so well known to the Italian public opinion and, in Europe[3], it is often confused with other helping professions. Therefore, it is important to introduce it with the words of the Italian Association of Professional Educators (ANEP)[4], which is its reference association:

The Social Health Educator is a professional who, on the basis of a specific (university ed) theoretical and technical-practical education, carries out his/her activity through the formulation and implementation of educational projects characterized by intentionality and continuity. These aim at promoting the balanced development of personality and potentialities, the recovery and the social reintegration of subjects with psychophysical impairments, in distress or exposed to the risk of social exclusion or deviance (ANEP, 1992)[5].

The institutional and university framework: the current debate in the "regulatory chaos"

The professional profile of the SHE has been recognized and regulated by the Ministry of Health (D.M. October 8th, 1998, no. 520), which placed it among the rehabilitation pro-

[1] It is important for the reader to read the Italian definition of "educazione" (education) in the next pages.

[2] The SHE was defined by the Decree of the Ministry of Health of 10/02/84 (the so-called "Degan Decree") identified the Social Health Educator among the new atypical figures.

[3] On the different roles of 'Assistente Sociale' (Social Worker) and 'Educatore Professionale' (Social Health Educator) in Italy see Fortin (2011b).

[4] In 2018, ANEP is affiliated with AIEJI, the International association of social educators.

[5] The profession of the Italian Social Health Educator is currently regulated by the Italian Decree of the Ministry of Health no. 520/1998, Art. 1), according to which: The SHE is a social health worker with a qualifying university diploma, who implements specific educational and rehabilitative projects as part of a treatment plan developed by a multidisciplinary team. Projects aim at a balanced development of personality, with relational/educational objectives in a context of participation and recovery in daily life. He/she also takes care of the psycho-social integration or reintegration of disadvantaged people. This professional profile has been adopted by Italian Universities for the planning and didactic organization of the three-year course.

fessions and defined it as an autonomous profession rather than "auxiliary" of doctors.

The basic training consists in a first level degree course, held at the Faculties of Medicine, which has been part of three-year degree courses in health professions for about 18 years. The professional qualification is obtained after passing a state exam.

We need to specify, however, that the Italian University offers other degree courses for educators with various denominations[6]. The courses are set up in the Departments of Educational Sciences (formerly the Faculty of Pedagogy) and they have been legally recognized only recently by the State, with the Law 205/2017[7]. As confirmed by a recent heated national public debate, hosted by an authoritative online journal, we currently have a disjointed situation in Italy, which is the result of long-standing stratifications and partisan interests, rather than a uniform framework (Crisafulli, 2018; Zuffinetti and Ruta, 2018; Bollani, 2019; Malé, 2019; Valle, 2019; Prisciandaro and Nicodemo, 2019). This institutional and university framework creates considerable confusion both for the students and for services and local authorities, which cannot effectively understand the practical meaning of this double training channel. Despite the remarkable development of this sector of the labor market since the eighties, neither the university nor the world of Italian politics has been able to take on the responsibility of the basic training of social health and educational workers. They have left, in fact, an unfair sense of indefiniteness, precariousness and unpredictability in those who carry out daily educational activities with disabled and vulnerable people.

The academic situation is also rather precarious. In fact, after 18 years from the set-up of the degree courses, only one SHE researcher is a permanent staff member of the university. All other SHE teachers, including those working in laboratories, and the internship tutors have collaboration agreements. These are, basically, of two types: the first one involves a temporary "transfer" of the SHE from public Health Authorities to the university; the second one involves a collaboration contract with the university, expiring every year. As to research, the evaluation criteria of scientific papers are calibrated on bibliometric measurements typical of other more solid and structured health professions (such as nurses, obstetricians and physiotherapists); moreover, access to research funds through call for proposals is almost impossible due to the competition with other much more academically rooted professions.

A small, innovative sign comes from the recent framework law no. 3/2018[8], which led to the establishment of the Order of specific rehabilitation and technical health professions, thus providing a Professional Register for each profession. According to the ANEP, this achievement "becomes a further starting point: universities will have to face the question of the double training channel, discussing it with the professional Order, while the Ministry of Health will have to deal with the equivalence of previous degrees" (ANEP, 2018).

We will have to check if, sooner or later, we will be able to get out of what some authoritative educators call "regulatory chaos" (Crisafulli and Titta, 2019) and reach an agreement between Ministries and Universities to focus on the needs and rights to health and well-being of the most vulnerable. This will lead to a single professional figure of Social Health Educator, able, with a three-year degree, to carry out educational projects in all sectors.

Further differentiations and specializations in the pedagogical, social, rehabilitative, methodological, formative and managerial field would thus become part of master's degrees and master's programmes.

These numerous and, in part, chronic problems related to the institutional, social and professional recognition of this helping profession represent a further obstacle for those who already take on the important burden of hard work and responsibilities towards the most vulnerable, their families and the local community.

SHE: subjects and structures of implementation of the educational intervention

The main type of organizations employing social health educators in Italy are public and private social services (social cooperatives, associations, foundations etc.) that take care of minors and adolescents, young people and adults, families and groups, suffering from different types of difficulties and discomfort. These problems can be: social, physical and sensory disabilities; psychological and psychiatric problems, problems of social inclusion and job integration; homeless and people without means of support; immigrants, refugees and asylum seekers; drug addicts, gambling addicts, alcoholics, AIDS patients; prisoners and former prisoners; nomads; victims of violence, prostitution and trafficking.

The centres in which these institutions operate are organized in the form of local social districts, health districts, night and day emergency reception centres; welcoming communi-

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[6] Here are some examples from the website www.universitaly.it: Education Sciences; Education and training sciences; Social education sciences; Educator in childcare services; Social and cultural education; Philosophical and education sciences; Pedagogical and education sciences; Community education…

[7] Recognition of the Socio-Pedagogical Educator and Pedagogue (articles 594-601 published in the ordinary Supplement no. 62/L Official Journal of 29.12.2017 of the Budget Law) goes to the legislative proposal called "Iori-Binetti" (DDL S 2443) from the name of the academic expert on pedagogy, Honorable Member Vanna Iori, and of academic expert on Health, Honorable Member Paola Binetti.

[8] Law of 11 January 2018, no. 3, Delegation to the Government of clinical trials of medicines and provisions for the reorganization of the health professions and for the health management of the Ministry of Health.

ties (residential and semi-residential); family-houses, apartment groups, independent homes; open centres and centres for youth gathering; school support services; 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)

All these different types of help centres, sometimes federated together, are distributed throughout the whole national territory, although unequally, and have a strong commitment to social justice and to alleviating human suffering.

A national survey (Crisafulli 2016) has highlighted the contexts and areas of work where these professionals currently carry out educational interventions. The SHE often works for a single employer (83%), represented by non-profit organizations (54%), the National Health Service (30%), local authorities (municipalities, provinces, welfare services, etc.), as well as State, Regions, Schools and Universities. Referring to the aforementioned research, but probably rounding it down, ANEP's estimates tell us that there are currently 31,550 SHEs operating in Italy (72% concentrated in the North), two-thirds of which are female. Only 4% work as freelancers. Approximately 25% exercise or have performed managerial functions, while 18% are also involved in training. 21% of the SHEs examined declared they were carrying out research, with works already published or in course of publication.

SHEs are present in all sectors of social and health services. In particular, more than half of the Italian educators work with people with disabilities (27%) and with minors (24%); 20% work with people affected by mental distress and the rest with adults with difficulties, with pathological addictions and with the elderly. The main work activity is the planning and implementation of educational interventions, both personalized and aimed at groups or local communities.

To better illustrate the fields of educational intervention, we will summarize them according to the actions of "direct" (with users) and "indirect" (for users) work. The following figure 1 clearly illustrates the functions and activities carried out by the SHE in Italy (Fig. 1).

The founding literature of the professional identity

In the second half of the 90s, the ANEP did not only carry out actions to protect the profession, but gave impe-

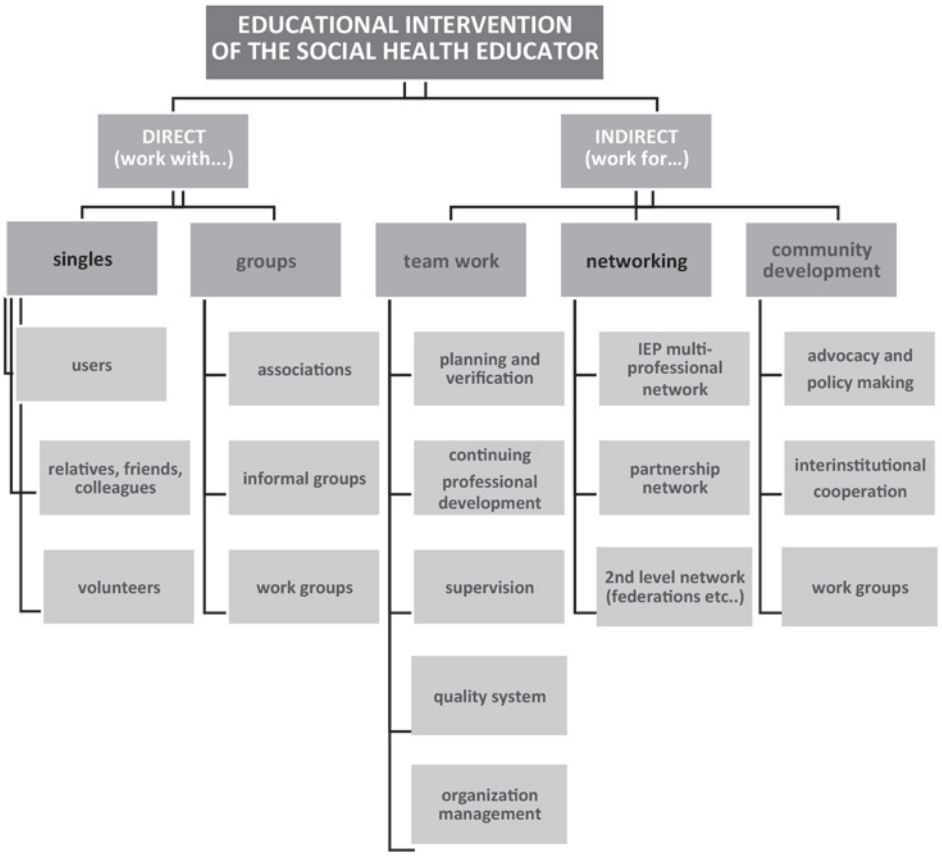

Figure 1.
Educational intervention of the SHE.

tus−through its internal Study Center – to specific research activities, which were almost non-existent in the university context. This favored the publication of a series of works that started to define an epistemology characterizing the professional identity. The initial support came from the small publishing house "Masso delle Fate" in Florence, through the introduction of the "Collana Sestante" (Sestante series), with works by Cardini and Molteni (1996), Battaglia (1996) and Cardamone and Giusti (1996). In 1998, the "Unicopli" publishing house of Milan introduced the "Collana Chiaroscuri, percorsi attraverso l'educazione" (Chiaroscuri series, paths through education), in collaboration with the ANEP. In 2003, the publishing house "Carocci" also started to publish some volumes in collaboration with the ANEP on the professional role in different sectors of educational intervention, such as disabilities (Bonechi and Marasco, 1999), abused minors (De Barberis, 2001) and the prison (Concato, 2002), as well as in the methodological field, such as the autobiographical approach (Demetrio, 1999) and the emotional dimension (Mustacchi, 2000). The first national research on the evolution of the profession was published in 2002 (Brandani et al.). In the following years, also the "Carocci Faber" series included studies on the identity of the educator (Molteni and Cardini, 2003) and on other technical aspects regarding educational planning (Brandani and Tomisich, 2005), competencies (Brandani and Zuffinetti, 2004), interviews (Maida et al., 2006) and observation (Molteni et al., 2006).

Other authors, who represented an important epistemological point of reference during the 90s, close to both academic circles and health and social services, were: Andrea Canevaro (1991), Cesare Kaneklin (1995), Cesare Scurati (1996), Duccio Demetrio (1988, 1990), Fabio Folgheraiter (1990), Floriano Poffa (1993), Franca Olivetti Manoukian (1992), Mario Groppo (1994, 1994), Mario Pollo (1991, 1992), Paolo Cavagnoli (1991), Paolo Marcon (1985, 1989, 1990, 1994), Piero Bertolini (1985, 1991, 1993, 1996), Riccardo Massa (1987) and Roberto Maurizio (1992).

As to the wider field of Social Work, we certainly cannot forget the significant cultural work of the "Abele Group" of Turin, with its magazine "Animazione Sociale" (Social Animation); the methodological and technical support of the Erickson Editions, with the magazine "Social Work" and with numerous works and guides in the psychological, pedagogical and social fields, also at an international level; the boosting role of the "Social and Health Perspectives" magazine and of the "Zancan" Foundation (1996) for social-health integration; the important research work on the Italian welfare by the LABOS center (1993) and the significant educational and cultural contribution of the CNCA (National Coordination of Welcoming Communities) (Fortin, 2015), both through its direct experimentation in the field of social and health marginality, and through its systematic political and pedagogical reflection with its "Community Editions" (1982-2005).

All these authors, publishers and study centers, very close to the world of services and of the various helping professions have contributed, since the 70s, to creating the cultural and scientific foundations of Italian professional education and to stimulate debate and further research carried out later.

Definition of the competencies of the SHE

A very useful recent research work has been the definition of the Core Competence of the profession. This study has quickly become a point of reference for the whole sector, as in these years it has proved useful to both working SHEs, university professors, researchers and students. It was produced and written by a group of expert SHEs, with the scientific supervision of Jean-Jacques Guilbert and the methodological collaboration of Antonella Lotti, an expert in medical pedagogy (Crisafulli et al., 2010).

The research group identified, through pedagogical workshops required for all health professions by the WHO-Guilbert method, the priority social and health problems of the reference population, grouping them into six areas: disability, mental distress, minors, adults, elderly and pathological addictions.

The research, as briefly illustrated in Figure 2, identified two main macro professional competencies of the SHE: intellectual competence and interpersonal communication competence. These two types of competencies allow the realization of six functions (and related activities and sub-activities) that have been extrapolated from the ministerial analysis of the professional profile of the SHE (role, functions and activities), maintaining its original identity but also taking into account the priority problems of the Italian population in the first decade of this century.

The six functions of the prototype identified as core competence are: Planning of the educational intervention aimed at the community/groups (EIP-G); – Planning of the educational intervention aimed at the person (EIP-P); Education and rehabilitation (ER); Organization, coordination and

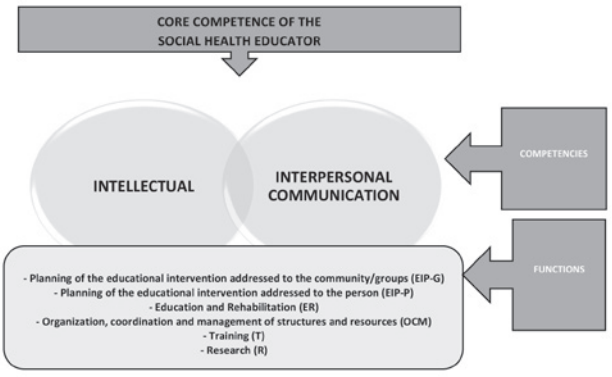

Figure 2.
Core competences of the SHE.

management of structures and resources (OCM); Training (T); Research (R).

We will not go deeply into the description of the "prototype" activities and sub-activities that are part of the core competence, but "the final result offers an in-depth analysis of the SHE and provides guidelines for the training of this professional" (Crisafulli, 2019, p. 229).

The core competencies have been recently analyzed with different reference models in a study along with six other works focused on the competencies of the SHE that were carried out in Italy over a period of eight years [2006-2014] (Idem, 232-233).

The analysis of the six works identified:

- core competencies (planning and implementation of the educational intervention, as well as functions of education and rehabilitation, evaluation and reflection);
- complementary competencies (organizational functions, training, investigation and research functions, professional techniques).

Four out of six works identified taking care of the person as part of the professional activities. Relational and interpersonal communication competencies were included in most of the works analyzed.

The relational competence – or the use of interpersonal or group relationships with an educational or rehabilitative purpose–is, in fact, a "specific and central" competence (Scarpa, 2012, p. 38) for the SHE, and not a complementary competence, as in other helping professions. It represents a tool for establishing a genuine relationship with the person, guiding him/her effectively in a path of change based on sharing and on active participation instead of coercion (CNCA, 1982; ANEP, 1992; ANEP, 2016). This competence must be acquired through a solid university education and must be constantly implemented through continuing professional development, supervision, reflection and continuous self-assessment.

The international dimension

At an international level, the field of action of the Italian educator is presented to other countries as "Social Health Education" (Fortin, 2013) in order to help fellow scholars from other foreign universities to understand the specificity of intervention and the delimitation of the field of educational research which, as we know, involves both the social and the health sector (Scarpa and Corrente, 2003).

The Italian SHE must, therefore, be able to dialogue with both of these worlds, that have very different cultural and organizational identities, often distant from each other, and that tend to divide people into different sectors, as if they were modular objects and, according to some authoritative educators, in fact abandoning them (CNCA, 1983).

The AIEJI (International Association of Social Educators) represents a space for professional dialogue on a global level through participation in world conferences, direct participation in the international board and in thematic study groups aimed at policy-making and through the training of its members[9]. It was founded after World War II, with the name Association Internationale des Educateurs de Jeunes Inadaptés, and is federated with the ANEP.

The first international academic conference on this topic organized by an Italian university took place only recently in the heart of the Dolomites, in Rovereto, in 2015, with the title "Social Health Education & Training". It followed the national conference "Professional education between action and training"[10], held the previous year in the same city. The internationalization of students is also in its early stages, as "Erasmus placements" are available only with affiliated universities, due to the great difficulty in finding similar degree courses in Europe and therefore in obtaining formal recognition of the exams.

Second part

Epistemological issues: the Italian educational intervention in the formulation of Health Promotion

In the first part, we described the Italian SHEs, their professional profile, areas of intervention, work organizations, the problematic institutional and academic context and the technical scientific reference literature. In the second part, we will continue to explore the epistemological framework of the SHE as education specialist and health promoter.

Health in the wider biopsychosocial view

Before reflecting on the epistemological framework of Social Health Education in relation to the concept of Health Promotion, it is first necessary to tune into the meaning of the term "health".

We know that the World Health Organization (WHO) was established in New York in 1946. It immediately extended the meaning of health, overcoming the historical biomedical conception of health as absence of disease. We know that from 1946 onwards, the official definition of the term "health" is "a state of complete physical, mental and social well-being" (WHO, 1946). Well-being thus becomes a fundamental health requirement and this state of life is no longer an exclusive competence of medicine; we immediately understand, in fact, that it concerns every discipline that can contribute, directly or indirectly, to produce physical, mental and social well-being.

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[9] For an in-depth analysis of the professional differences in various European countries, see the comparative survey AIEJI, CGCEES, "The profession of social education in Europe" available at http://aieji.net/wp-content/uploads/2010/11/The-Profession-of-Social-Education.pdf

[10] See http://www.explorans.it/34

In that period of great scientific and technological development, the American psychologist and pedagogist Carl R. Rogers (1902-1987) made a revolutionary contribution for the professionals of the helping relationships thanks to his research in the psychotherapeutic (Rogers, 1951) and pedagogical field (Rogers, 1969). He proposed a medicine based on health and centred on the person, considering it more effective than the biomedical model, exclusively centered on the disease. The "actualizing tendency" or the "conception of man as a fundamentally trustworthy organism" (Rogers, 1978, p. 14) is at the basis of the Rogerian theory and practice. The "concept of patient/client seen as partner or active agent involved in restoring his mental and physical balance and in developing his health potential" is crucial (Zucconi and Howell, 2003, p. 187). In the Person-Centered Approach, the assistant has the role of facilitator and has the task of creating the necessary and sufficient conditions to achieve a climate that favors development: empathy, unconditional positive regard and congruence (Rogers, 1978, pp. 16-18).

In the sixties, Alessandro Seppilli (1902-1995) highlighted some innovative aspects of the health concept: "Health is a condition of harmonious physical and mental balance of the individual, who is dynamically integrated into his natural and social environment". The words "harmonious balance" give a dynamic dimension to health, where balance represents a dialectic between internal – the ability to control – and external – the favorable or unfavorable environment (Seppilli, 1985, p. 61).

At the end of the seventies, to avoid deviations to the concept of Health Promotion, the Israeli-American sociologist and academician Aaron Antonovsky (1923-1994) proposed the neologism "salutogenesis"– the origins of health – as an "orientation that proved to be a more powerful guide for research and practice than pathogenic orientation". His theory starts from the anthropological assumption that "the human system – as all living systems – is inherently flawed, subject to unavoidable entropic processes and unavoidable final death" (Antonovsky, 1996, pp. 13-14). His model became famous also "as it was congenial to the proponents of Health Promotion", who imagined the need "to carve out an autonomous existence–though one undoubtedly in partnership with curative and preventive medicine" (idem, p. 14).

Through the metaphor of the river, Antonovsky tells us that in order to promote health, it is not enough to try to avoid stress or build bridges to prevent people from falling into the river. Rather, people should be helped to learn to swim.

"A salutogenic orientation, then, as the basis for Health Promotion, directs both research and action efforts to encompass all persons (…) and to focus on salutary factors" (idem, 14)][11].

[11] The article by Antonovsky was published two years after his death, so in the last phase of development of his research.

We also want to highlight the important role that Italian psychiatry played in broadening the concept of health and in creating new forms of social and health integration. We are talking about the great cultural revolution proposed by the social psychiatry of Franco Basaglia who, thanks to the famous Law 180/1978[12], named after him, was considered the most important intellectual in the history of republican Italy (Foot, 1978). With this law, Italy was the first country in the world to close mental hospitals, considered as "total institutions" (Goffman, 1961), in order to give human dignity to the patient and to integrate, as much as possible, the mentally ill person into society, as a citizen. Pilot experiences in psychiatry have become the Italian paradigm of social and health integration and of the deinstitutionalization of disabled and minors. Furthermore, Law 517/77 allowed, starting from those years, all students with disabilities to access primary and lower secondary schools by abolishing "differential classes" for disadvantaged students, thus favoring school integration.

The formulation of Health Promotion

Thanks to these avant-garde positions and numerous other research works and experiments outside the strictly defined health sector (Rogers, 1942, 1951; Szasz and Hollender, 1956; Balint, 1957; Jaspers, 1959; Illich, 1976; Byrne and Long, 1976), the WHO is pursuing the concept of Health Promotion, which is defined in the famous "Ottawa Charter". This concept inspires every health professional, but even more, it encourages the SHE to participate in the implementation of rehabilitative and socio-cultural programs with the responsibility to carry out educational interventions with individuals, groups and communities.

Health Promotion, in fact, is defined as "the process of enabling people to increase control over, and to improve, their health. 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. Therefore health is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, Health Promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being". (WHO, 1986)

As to the aspiration to well-being for everyone, 'O Donnell (2009) synthesizes very well the five dimensions of health that should be balanced in the human person:

[12] Law 180 of 13 May 1978, "Examinations and voluntary and mandatory health treatments". The law is commonly referred to by associating it with the name of Franco Basaglia (psychiatrist and promoter of the psychiatric reform in Italy. See the review of the historian Vanessa Roghi in the book by John Foot at http://www.internazionale.it/weekend/2015/02/28/franco-basaglia-la-piu-importante-rivoluzione-italiana

- physical health: fitness, nutrition, medical self-care, control of substance abuse;
- emotional health: care for emotional crisis, stress management;
- social health: communities, families, friends;
- intellectual health: educational, achievement, career development
- spiritual health: love, hope, charity.

I fact, say 'O Donnell – "optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health". With this conception of health, we have to think not only in terms of multidisciplinarity but also, and above all, of interdisciplinarity and transdisciplinarity.

The Italian definition of education (an important linguistic issue)

The dimensions and the international formulation of Health Promotion seem to be in line with the Italian and Latin concept of Education[13]. We will turn to one of the greatest Italian scholars of pedagogy and social health education, Piero Bertolini (1931-2006), to find a simple definition of education from his Dictionary of pedagogy and educational sciences: "the process of development of the human being (intended both as an individual and as a group) in the direction of a slow but authentic discovery and self-clarification, that is of one's own particular physical, mental and spiritual characteristics".

More specifically, Bertolini continues, education "refers to every intentional and therefore conscious action of the adult (and of society) to help children grow and develop harmoniously, in view of a progressive enrichment and strengthening of their biological, psychological, social, spiritual dimensions etc. in order to favor their positive and therefore active and critical integration in the environment where they have to live" (Bertolini, 1996, p. 167).

This formulation seems fully in line with the Ottawa Charter as to the "control over one's own health". The Bertolinian definition, in fact, clarifies the objective of education, or the "positive and therefore active and critical integration" in the society by the student, who therefore cannot be considered a mere executor of directives imposed by the educator. The student is, indeed, encouraged to increasingly assume an autonomous "control" over his/her life, in a positive, healthy and harmonious way.

Even in the Deweyan approach, "education presents itself with a double characteristic: on the one hand, it is the adaptation to the ways of life, to the customs and ideals of the society, but at the same time, it is also the constructive development of the personality of the student, who works to transform the reality that surrounds him/her. The purpose of education is not only to ensure social stability, but also to promote all the competencies of the individual (Chiosso, 1997, p. 75), since "to prepare him for the future life means to give him command of himself; it means so to train him that he will have the full and ready use of all his capacities" (Dewey, 1897, p. 78).

John Dewey (1859-1952) became a reference point for Italian scholars, as he pushed education even further, beyond the important goal of critical integration into the environment, dreaming of students who grow "transforming the reality that surrounds them". This is also what the aforementioned Ottawa Charter highlights when it states "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".

The rehabilitation function of the SHE

The core competence of the SHE associates the term "education" with the term "rehabilitation" in the prototype ER Function (education and rehabilitation) identified among the six specific functions based on the two fundamental competencies that, as we have seen in Figure 2, the SHE must possess in the intellectual field and in the field of interpersonal communication. The most frequent areas of rehabilitation of the SHE in Italy are disability, mental health and addictions.

The main task of rehabilitation "consists in giving back to the person the physical, emotional, social and intellectual skills necessary to live, which were lost and/or damaged during the course of the illness" (Covili, 2016, p. 35).

It also involves acting on the functioning and increasing people's level of participation in social life "with the least possible restriction on their operational choices, regardless of the severity of their disabilities" (WHO, ICF, 2001). The objective is to "overcome the idea that the person with disabilities is the recipient of acts of charity and help and to consciously look for acts of exchange in all relationships, with a view to enhancing differences. This is a key idea for overcoming the stigma and the pursuit of the dignity of every person in whatever context they live" (Fantuz and De Piccoli, 2016, p. 30).

As to contexts related to the prison and the severe marginalization of young people, the phenomenological pedagogy of Piero Bertolini can help us. It points to "a change in the world view" of the "difficult boy": a change, which is "not imposed by someone but gradually discovered, some-

[13] The Italian dictionary does not refer specifically to the school field. According to Devoto Oli Dictionary, "educazione" (education) is 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. The English dictionary adds the following explanation to the original Latin meaning of "education": "The systematic instruction, schooling or training given to the young in preparation for the work of life". In: *Oxford English Dictionary*, Oxford University Press, 2010.

times through suffering, by himself". The rehabilitation intervention thus creates favorable conditions for undermining the old worldview and for "triggering a motivational logic" (Bertolini, 2006, p. 410).

According to Bertolini, an effective rehabilitation tool for the SHE within the relational competence is the "entropatic" understanding, which is not the result of a supposed innate capacity for intuition, of a "sixth sense" someone would magically have, "but the result of a slow, progressive and careful process of reconstruction, of interpretation of a person by getting closer to him/her (...). Every form of knowledge is necessarily partial and it depends on the particular point of view of the subject, as well as on his/her observation techniques and descriptive language. This necessary incompleteness and partiality of knowledge and of every discourse that pretends to represent the "other" in its entirety and specificity, brings the need to negotiate the discourses produced by other cognitive instances. In other words, the boy's view of the world is the place where more views should converge and it can only be reconstructed starting from a convergent perspective"(Bertolini and Caronia, 1993). The Bolognese educator considers the role of the SHE as "central in addressing the work of the team: he/she must continuously coordinate the activity of the members, so that the cognitive gaze is based on the pedagogical knowledge model from the beginning, before any observation or any interpretative conclusion, in order to provide a dense description of the boy, which is oriented to the future rather than to a detailed analysis of his past" (Ibid., 98)

The deontological dimension

The Professional Register of the SHE has been established very recently in Italy within a multi-professional Order, thanks to a norm approved by the Parliament after twenty years of negotiations, which redefines the Orders of the health professions (L.3/2018).

The SHE had actually already developed its own Code of Ethics in 2002 (ANEP, 2016). The code, as for other social and health professions, is the space where all principles, rights and duties every educator refers to are defined. It describes the explicit responsibilities towards the profession, through recognized basic training, continuous development and supervision and a solid preparation in terms of relational and work competencies for projects (7); the responsibilities towards the user, with recommendations for the respect of the rights and dignity of people who cannot be manipulated and who have the right to self-determination in their choices (8-9).

The Code of Ethics also includes the responsibilities towards families, to enhance the primary network of important contacts for the user (10); the responsibilities towards the team, highlighting how teamwork is crucial for the SHE, both on a mono-disciplinary and interdisciplinary level (11); the responsibilities towards the employer, collaborating in the development of the organization (12) and, finally, the responsibilities towards the company, collaborating with the existing services and encouraging the institutions to improve the quality of the services (13).

The guideline which is closer to the central definition of the Ottawa Charter, namely "Health Promotion is the process of enabling people to increase control over, and to improve, their health" concerns the "Responsibilities towards the user". According to these, "in all his/her educational interventions, the SHE will start from the conviction of being a helping agent for the person, his/her family and the community he/she belongs to. In dealing with this task, the SHE should not have the role of problem solver, replacing the person concerned, but rather he/she should get closer to the persons, accepting them, understanding them, proposing and encouraging those educational processes that are useful to make a change. These will allow a positive personal growth, the maximum degree of social inclusion and a degree of well-being and quality of life to which all human beings are entitled. The person who needs the educational intervention must be an active subject throughout the entire process and should be taken care of as a whole" (ANEP, 2016, p. 3).

More than other social and health professions, the SHE acts as a "bridge" between different operational and institutional sectors, trying to represent the specific point of view of the people he/she looks after. This daily, non-specialist point of view is therefore particularly close to the person.

The educator intervenes regularly, both directly and indirectly, yet remaining on the threshold of action, with "the least directive" style (Folgheraiter, 1987, p. 20). On the contrary, he/she "encourages action, even if in a discreet way, assigning times and things to do besides providing all the information necessary for a job to be carried out; […] he/she is a mediator, a reconciler, a counselor, but at the same time always controlling the process in order not to lose the initiative" (Ibid., pp. 31-32).

Research methods

This study is the result of the analysis of the founding literature of the SHE profession, of the rules that created its professional profile, of the documentation produced by Italian and international professional associations, as well as of the most recent Italian studies focused on the professional identity of the SHE.

The selection of the literature that was most consistent with the role of the SHE was made starting from participant observation (Corbetta, 1999; Bonner and Tolhurst, 2002) within the Italian social health education system. This happened through the author's direct participation in the international AIEJI system, in organizations at national level (ANEP, CNCA[14]) and other subsystems, such as health and

[14] CNCA: National Coordination of Welcoming Communities (www.cnca.it) For further details, see Fortin D. (2015) and the

social services for vulnerable people at a local level. These mainly were: the Community of Capodarco di Fermo (disabilities); Murialdo Community of Trento (children and adolescents in difficulty), Villa S. Ignazio in Trento (mental health, disability, homeless, refugees, training), Anffas of Trentino (national association of families with people with intellectual and/or relational disabilities) (youth disability and families). Moreover, he has had professional experience in the fields of addictions, juvenile justice, disabilities in the elderly and community development. The author has gathered information over 35 years of activity with reflective ethnographic methods (Atkinson and Hammersley 1998; Barnao 2007) that have had different impacts on the reality of vulnerable people[15].

The research model used by the three federations with the greatest number of SHEs – namely AIEJI, ANEP and CNCA – in their publications and in their steering documents has an empirical basis, as it is based on experience, starting from the educational intervention practices. The process of validation of the documents of the three federations assumes a systematic value through reviews, additions and discussions between experts at national and international symposia.

We can say that the research method refers, even if not directly, to the Danish "consensus conference" (Joss-Durant, 1995; Michelotto, 2008), in other words, a series of meetings attended by key informants, or particularly expert citizens, "in order to gather opinions, studies and deliberations on new or controversial topics in the scientific and ethical field" (Crisafulli, 2019, p. 225), yet without self-referential characteristics.

In line with the reflections of Katzman-Kinsella (2018, p. 4), the author recognizes his privileged position as a non-disabled researcher, whose life and well-being have never been vitally linked to the investigated phenomenon. At the same time, he considers himself particularly fortunate to have been able to share long periods of co-living with vulnerable people and the common commitment to becoming the protagonists of their lives.

Conclusions

In this article, we have seen how SHEs have inherited methodological theories and practices from great master educators of the past. In Italy, they started to be professionally recognized in the early 1980s, following the cultural and political deinstitutionalization of minors in difficulty and of people with psychiatric problems and with disabilities. At that time, it felt important to introduce biopsychosocial approaches centered on the persons and on their well-being rather than on the disease.

This is why the SHE spread rapidly in all social work and social health services, even if the latter have developed in a fragmented way and have not had an organic institutional political framework in the last 30 years.

72% of the educators are concentrated in northern Italy and 82% work for a single employer (made up of non-profit organizations in 54% of the cases).

The university education, which consists in a qualifying three-year degree course, is currently experiencing a moment of "regulatory chaos". SHE university professors are facing a structural precariousness, regarding both teaching and research, with low prospects for an academic career.

The founding literature of the professional identity of the SHE is made up of authors, publishers and study centers that are very close to the world of services and of the various helping professions and which have contributed, since the seventies, to stimulating debate and further research. Works related to university research in the vast field of social work and health and social care have been published only recently.

SHEs working in the services sector are well connected, both internationally, through a world federation founded after the Second World War, and at a national level, through an association founded in 1992 that manages the new Professional Register. However, the internationalization of students and scientific articles in international journals are still in their early stages.

The recent establishment of the Professional Register is a sign towards greater protection of the rights of the weakest; this is an important step, strengthening the legitimacy of the SHE in the field of the helping professions, but at the same time exposing it to the criticisms of those who conceive health with concepts previous to Antonovsky and the Ottawa Charter. That is, with "the dominant pathogenic model, which studies the physiopathological mechanisms and processes causing alterations of the physiological state that lead to the onset and development of a disease, and according to which health is conceptualized as the absence of disease" (Premoli, 2012, p. 122).

The areas of educational intervention can be summarized according to articulated actions of "direct work with" users (individuals and groups) and "indirect work for" users (team, networking, community).

The model for the development of *core competence* (skills, functions and activities) of future SHEs refers to the transversal concept of Health Promotion. The methodological approach of the "Educational handbook for health personnel" is based, in fact, on a choice officially supported by the WHO, since "*it is an orientation towards the health needs*

'Ten Principles' of CNCA at: http://www.cnca.it/essere-cnca/principi

[15] The author can be considered a key informant having held various roles since the early 1980s: a young man who opted for conscientious objection to the military service, scout, SHE, founder of ANEP, insider researcher, general coordinator of a welcoming community, president of a local Federation of welcoming communities, teacher and trainer of SHE degree course, coordinator of trainee activities for SHE students, trainer of SHEs in lifelong learning programs.

of individuals and of the population, on the one hand, and an approach that provides students with an active role as protagonists of their own learning" (Guillbert-WHO, 1990[2002], p. 7). Among the "design, planning and implementation" activities of the SHE, core competence involves (in the IEP-G function) "*building the educational project according to the perspectives of Health Promotion and prevention, with a participatory, facilitating and mediating approach*" (Crisafulli et al., 2010, p. 65). After analyzing this important research work, we can say that the concept of Health Promotion is transversally present across the whole document as an *empowerment* process, allowing people and groups to exercise greater control over their health and therefore their lives.

However, none of the six recently analyzed research papers regarding the classification of the competencies of the SHE explicitly associates the concept of Health Promotion with a core function or competence (Crisafulli, 2019). Yet, relevant words and concepts are used, such as prevention, health education, social promotion and personal and community empowerment. The relational competence is a "specific and central" competence of this helping profession, which must be acquired through university education and later developed according to specific training.

From an epistemological point of view, therefore, Social Health Education assumes the *salutogenic orientation* to research and interventions, to encourage all people to focus on health factors so that they can learn to swim in the river of life, as Antonovsky suggests (1996).

It also assumes the *biopsychosocial paradigm* (Zucconi and Howell, 2003) as a central point of view, based on the new concept of health and educational interventions centered on the person (Rogers, 1978).

The concept of health as absence of disease that leads to interventions focused on symptoms, therefore, seems not to belong to the epistemological status of Social Health Education. This, in fact, rather identifies health as "*an attitude in different situations that can be of illness or health*", since "*being a person is not simply being healthy, but knowing how to face illness and health in the best way. Being healthy means having a sense of life that encompasses health, illness and death*" (Boff, 2000, p. 101).

In this sense, the role of the SHE becomes that of a facilitator of a "greater control" (WHO, 1986) on health by the people he/she takes care of. The SHE becomes a promoter of the protagonism and autonomy of the person. He/she acts, with a design method, on the determinants of health, that is "the range of personal, social, economic and environmental factors which determine the health status of individuals or populations" (WHO, 1998, p. 6), accrediting himself as one of the fundamental actors for the social health integration provided for by law[16] but still a great goal to be achieved.

[16] D.L. 19/6/1999, no. 229, Art. 3-*septies*.

The definition of "education" (Bertolini, 1996; Dewey in Chiosso, 1997) involves intervening on the "biological, psychological, social and spiritual" dimensions, which are also included in the definition of Health Promotion (WHO, 1986; O'Donnell, 2009).

The rehabilitation function of the SHE involves (as suggested by the ICF and in full line with the Ottawa Charter) acting on the functioning and increasing the level of people's participation in social life "with the least possible restriction of their operational choices, regardless of the severity of their disabilities" (Covili, 2016, p. 40), triggering a "motivational logic" thanks to the "entropatic" understanding (Bertolini and Caronia, 1993).

Finally, from an ethical point of view, Italian SHEs are committed to taking responsibility for others, avoiding "the role of problem solvers by acting in their place". People, in fact, need to be helped to be active subjects along the whole path (ANEP, 2002), with "the least directive" intervention style (Folgheraiter, 1987).

The theoretical conjectures set out in these conclusions, which should be subject to further validations, reviews and in-depth analysis by the community of SHE researchers, make us state that the concept of Health Promotion is currently one of the main founding principles of the epistemology of Italian Social Health Education and of the professional identity of the SHE.

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References

AIEJI, CGCEES. *The profession of social education in Europe* (http://aieji.net/wp-content/uploads/2010/11/The-Profession-of-Social-Education.pdf).

ANEP. *Bibliografia proposta da ANEP.* Bologna, 2010.

ANEP. *Documento programmatico dell'Associazione Nazionale Educatori Professionali*. Bologna, 2002.

ANEP. *Il codice deontologico dell'educatore professionale*. Bologna, 2016.

ANEP. *Gli educatori professionali finalmente avranno un albo*. Bologna, 2018.

Antonovsky A. *The salutogenic model as a theory to guide Health Promotion.* Health Promot Int 1996;11:1,13-14.

Atkinson P, Hammersley M. *Ethnography and participant observation.* In: Denzin NK, Lincoln YS. Eds. *Strategies of qualitative inquiry.* London: Sage 1998.

Balint M. *The doctor, his patient and the illness*. London: Pitman 1957.

Barnao C. *L'osservazione partecipante per la comprensione dei fenomeni di marginalità sociale*. Salute e Società 2007;6:135-55.

Battaglia C. Ed. *I percorsi educativi nelle tossicodipendenze*. Firenze: Masso delle Fate 1996.

Bertolini P. Ed. *L'operatore pedagogico*. Bologna: Cappelli 1985.

Bertolini P. *Dizionario di pedagogia e scienze dell'educazione*. Bologna: Zanichelli 1996, p. 167.

Bertolini P, Caronia L. *Ragazzi difficili. Pedagogia interpretativa e linee di intervento.* Firenze: La Nuova Italia 1993, p. 95.

Bertolini P. *I principali motivi della mia riflessione pedagogica.* In: Tarozzi M, Ed. *Direzioni di senso. Studi in onore di Piero Bertolini*. Bologna: Clueb 2006, pp. 409-10.

Bertolini P. *L'esistere pedagogico*. La Nuova Italia, Scandicci 1991.

Bertolini P, Pranzini V. *Scoutismo oggi. Il segreto di un di un successo educativo.* Firenze: Cappelli 1981.

Bertolini P, Pranzini V. *Pedagogia scout. Attualità educativa dello scautismo.* Roma: Nuova Fiordaliso 2001.

Bertolini P. *Educazione e scautismo*. Ozzano Emilia: Malipiero 1957.

Boff L. *Il creato in una carezza. Verso un'etica universale: prendersi cura della Terra*. Città di Castello: Cittadella 2000, cit. In: Gaiera G, Ed. *Area medica*. In: Brandani W, Zuffinetti P, Eds. *Le competenze dell'educatore professionale*. Roma: Carocci Faber 2004, p. 159.

Bollani M. *Educatori professionali: integrazione o dis-integrazione socio-sanitaria?* Vita 2/1/2019 (http://www.vita.it/it/article/2019/01/02/educatori-professionali-integrazione-o-dis-integrazione-socio-sanitari/150237).

Bonechi S, Marasco D, Niccoli L, Eds. *Dis-abilità, interventi educativi con l'handicap.* Milano: UNICOPLI 1999.

Bonner A, Tolhurst, G. *Insider-outsider perspectives of participant observation.* Nurse Res 2002;9:7-19.

Brandani W, Tomisich M. *La progettazione educativa*. Roma: Carocci Faber 2005.

Brandani W, Cardini M, Castelnovo A, et al., Eds. *L'educatore: evoluzioni della professione e nuovi modi di prendersi cura.* Research ANEP, CNCA, Animazione Sociale 2002.

Brandani W, Zuffinetti P. *Le competenze dell'educatore professionale.* Roma: Carocci Faber 2004.

Byrne PS, Long BEL. *Doctors talking to patients.* London: Her Majesty's Stationery Office 1976.

Calò L. *L'educatore tra passato e futur*o. In: Pasqualotto L, Ed. *Educatori di professione oggi.* Milano: Unicopli 2006, p. 22.

Canevaro A. *La formazione dell'educatore professionale. Percorsi teorici e pratici per l'operatore pedagogico.* Roma: La Nuova Italia Scientifica 1991.

Cardamone G, Giusti L. *Storia di Nino, calciatore. Fatti di salute mentale comunitaria.* Prato: Masso delle Fate 1996.

Cardini M, Molteni L. *Stare, fare, creare.* Prato: Masso delle Fate 1996.

Cavagnoli P, Ed. *La professione di educatore oggi*. Trento: APPM 1991.

Chiosso G. *Novecento pedagogico*. Brescia: La Scuola 1997, p. 75.

CNCA. *Sarete liberi davvero*. Torino: EGA, 1983.

CNCA. *Una storia di accoglienza. Antologia dei documenti CNCA 1982-2005*. Roma: Comunità Edizioni 2005.

Concato G, Ed. *Educatori in carcere. Ruolo, percezioni di sé e supervisione degli educatori penitenziari.* Milano: UNICOPLI 2002.

Corbetta P. *Metodologia e tecniche della ricerca sociale.* Bologna: il Mulino 1999.

Covili M. *La riabilitazione…tra professionalità e creatività*. In: Crisafulli F, Ed. *E.P. educatore professionale. Competenze, formazione e ricerca, strumenti e metodologie.* Santarcangelo di Romagna: Maggioli 2016, p. 35.

Crisafulli C, Molteni L, Paoletti L, Eds. *Il "Core Competence" dell'educatore professionale. Linee di indirizzo per la formazione.* Chiaroscuri (ANEP); Milano: UNICOPLI 2010, p. 65.

Crisafulli F, Ed. *Selezione di letteratura per educatore professionale, ANEP 2017* (https://www.anep.it/letteraturascientifica).

Crisafulli F. *Seconda indagine nazionale sulla figura dell'educatore professionale.* Prospettive Sociali e Sanitarie 2016;2.2;36-4.

Crisafulli F. *Caos educatori: ripartiamo dalla figura professionale unica.* Vita 27/9/2018 (http://www.vita.it/it/article/2018/09/27/caos-educatori-ripartiamo-dalla-figura-professionale-unica/149164).

Crisafulli F. *The "core competence" of the social health educator. Proposed models and literature review*. Form@re 2019;18:220-36.

Crisafulli F,Titta N. *Educatori professionali: una proposta integrata per uscire dal caos.* "Vita" 5/12/2018, vis. il 3/1/2019 (http://www.vita.it/it/article/2018/12/05/educatori-professionali-una-proposta-integrata-per-uscire-dal-caos/150019).

De Barberis S. *L'emozioni dell'ascolto. Educatori, comunità e minori nelle situazioni di abuso sessuale*. Milano: UNICOPLI 2001.

Demetrio D. *Educatori di professione*. Firenze: La Nuova Italia 1990, p. 101.

Demetrio D. *L'educatore auto(bio)grafo, Il metodo delle storie di vita nelle relazioni di aiuto.* Milano: UNICOPLI 1999.

Demetrio D. *Educatori di professione*. Roma: NIS 1990.

Demetrio D. *Lavoro sociale e competenze educative*. Roma: NIS 1988.

Dewey J. *My pedagogic creed.* School Journal 1897;54:77-80.

Fantuz L, De Piccoli F. *L'educatore nella disabilità adulta*. In: Pasqualotto L, Ed. *Educatori di professione oggi.* Milano: Unicopli 2006, p. 30.

Folgheraiter F. *La relazione di aiuto nel counseling e nel lavoro sociale*. In: Mucchielli R. *Apprendere il counseling. Manuale di autoformazione al colloquio d'aiuto.* Trento: Erickson 1987, p. 20.

Folgheraiter F. *La logica sociale dell'aiuto. Fondamenti per una teoria relazionale del welfare.* Trento: Erickson 2007.

Folgheraiter F. *Operatori sociali e lavoro di rete.* Trento: Erickson 1990.

Fondazione E. Zancan. *Manifesto sugli educatori. L'educatore professionale; identità, ambiti di intervento e problematiche emergenti*. Politiche Sociali 1996;1.

Foot J. *La "Repubblica dei matti". Franco Basaglia e la psichiatria radicale in Italia. 1961-1978.* Milano: Feltrinelli 2014.

Fortin D. *Educational interventions for people with social and health difficulties in Italy: the case of a 'welcoming community' for young and adults*. Eur J Social Work 2015;18:3.

Fortin D. *Exploring social work in Italy: the case of university training of 'Social health educators'.* Social Work Education 2013;32:1.

Fortin D. *Decisioni "person-centered" in educazione professionale*. In: Crisafulli F, Ed. *EP Educatore professionale. Competenze, formazione e ricerca, strumenti e metodologie.* Roma: Maggioli 2016, pp. 217-42.

Fortin D, Gottardi G. *The Person-Centred Approach in Trentino: from its introduction by the Jesuits to today's Social Health Educators.* Jesuit Higher Education J 2017;6:116-34.

Giovetti P. *Maria Montessori: una biografia*. Roma: Mediterranee 2013.

Goffman E. *Asylums: essays on the social situation of mental patients and other inmates*. New York: Doubleday 1961.

Groppo M, Ed. *L'Educatore professionale oggi. Figura, funzione, formazione.* Milano: Vita e Pensiero 1990.

Groppo M. *Professione educatore. L'operatore socio-psico-pedagogico.* Milano: Vita e pensiero 1994.

Guillbert JJ. *Educational handbook for health personnel*. Geneva: WHO 1990[2002].

Illich I. *Medical Nemesis: the expropriation of health*. New York: Pantheon Books 1976.

James E, Morgan H, Mitchell R. *Named social workers. Better social work for learning disabled people?* Disability Soc 2017;32:10.

Jaspers K. *Allgemeine psychopathologie*. Berlin: Springer Verlag 1959.

Joss S, Durant J, Eds. *Public participation in science: the role of Consensus Conferences in Europe*. Peterbourgh: NMSI Trading ltd., Science Museum 1995.

Kaneklin C. *Pensarsi educatori professionali. Alcune scelte culturali in vista di una nuova professionalità*. Animazione sociale 1995;3.

Katzman ER, Kinsella E. *A.'It's like having another job': the invisible work of self-managing attendant services*. Disability Soc 2018;33: 1436-59.

LABOS. *Le professioni sociali oggi.* Roma: TER 1993.

Lancisi M. *Don Milani. La vita*. Torino: Piemme 2013.

Lotti A, Di Pace A. *Dal core competence al core curriculum, Atti del convegno "Il futuro della ricerca pedagogica e la sua valutazione"*. Roma: Armando 2012.

Maida S, Nuzzo A, Reati A. *Il colloquio nella pratica educativa.* Roma: Carocci Faber 2006.

Malé M. *Educatore professionale, il punto e la ripartenza*. Vita 2/1/2019 (http://www.vita.it/it/article/2019/01/02/educatore-professionale-il-punto-e-la-ripartenza/150236).

Manoukian Olivetti F. *La progettazione educativa: quadri di riferimento ed ipotesi operativ*e. In: *I sentieri della prevenzione*. Città di Torino 1992.

Marcon P, Ed. *Educatori nell'Europa del 1992*. Roma: AIEJI/IIES 1989.

Marcon P, Ed. *La formazione degli educatori professionali in Francia.* Settimo Milanese: Marzorati 1994.

Marcon P, Ed. *La formazione dell'educatore professionale nella Repubblica Federale di Germania.* Milano: Marzorati 1990.

Marcon P, Ed. *L'educazione extrascolastica specializzata al bivio.* Roma: I Problemi della Pedagogia 1985.

Massa R, Kanizsa S. *I modelli pedagogici del rapporto educativo*. In: Marsicano S, Ed. *Comunicazione e disagio sociale. La relazione psicopedagogica nel rapporto operatore utente nei servizi sociosanitari educativi.* Milano: FrancoAngeli 1988.

Massa R. *Saggi critici sullo scoutismo.* Roma: Fiordaliso 2001.

Maurizio R. *Animatori ed educatori nella Comunità Europea. I profili professionali e la formazione.* Animazione Sociale 1992;7-8.

Michelotto P. *Democrazia dei cittadini*. Vicenza: Troll 2008.

Molteni L, Cardini M, Eds. *L'Educatore professionale. Guida per orientarsi nella formazione e nel lavoro.* Roma: Carocci Faber 2003.

Mustacchi C, Ed. *Nel corpo e nello sguardo. L'emozione estetica nei luoghi della cura e della formazione.* Milano: UNICOPLI 2000.

O'Donnell M. *Definition of Health Promotion 3.0: embracing passion, enhancing motivation, recognizing dynamic balance, and creating opportunities.* Am J Health Promot 2009;2:1.

OMS. *Preambolo della Costituzione dell'OMS.* New York 1946.

Poffa F. *Formazione e ruolo dell'educatore professionale*. Milano: Vita e Pensiero 1993.

Pollo M. *Educazione come animazione. I concetti.* Torino: LDC 1991.

Pollo M. *Educazione come animazione. Il metodo.* Torino: LDC 1992.

Premoli S. *Bambini, adolescenti e famiglie vulnerabili. Nuove direzioni nei servizi socioeducativi.* Milano: FrancoAngeli 2012.

Prisciandaro A, Nicodemo G. *Educatore, due formazioni e due professioni. E adesso?* Vita 21/1/2019 (http://www.vita.it/it/article/2019/01/21/educatore-due-formazioni-e-due-professioni-e-adesso/150400).

Provincia Autonoma di Trento. *Documentazione relativa all'autorizzazione al funzionamento delle strutture di cui alla L.P. 14/91 e alla L.P. 35/83.* Trento: Servizio Attività Socio Assistenziali 2000.

Rogers CR. *Client-centered Therapy.* Boston: Houghton Mifflin 1951.

Rogers CR. *Freedom to learn. A view of what education might become*. Ohio Merrill: Columbus 1969.

Rogers CR. *Potere personale.* Roma: Astrolabio 1978.

Rogers CR. *Un modo di essere.* Firenze: Martinelli 1983.

Scarpa P, Corrente M. *La dimensione europea dell'educatore professionale. Autonomie locali e servizi sociali*. Bologna: il Mulino 2003.

Scurati C, Ed. *L'educazione extrascolastica*. Brescia: La Scuola 1996.

Seppilli A. *La rivoluzione della salute*. Roma: Il Pensiero Scientifico 1985, p. 61.

Szasz T, Hollender M. *A contribution to the philosophy of medicine: the basic models of the doctor-patient relationship.* AMA Arch Intern Med 1956;97:585-92.

Valle G. *L'educatore professionale e la sua formazione*. Vita 15/1/2019 (http://www.vita.it/it/article/2019/01/15/leducatore-professionale-e-la-sua-formazione/150335).

Vitillo M. *L'educatore professionale e l'Anep. I diritti di una professione, i doveri delle istituzioni.* In: Crisafulli F, Molteni L, Paoletti L, et al., Eds. *Il core competence, dell'educatore professionale.* Milano: Unicopli 2000.

O.M.S. ICF. *Classificazione Internazionale del funzionamento della disabilità e della salute.* Trento: Erickson 2002.

WHO. *The Ottawa Charter for Health Promotion.* First International Conference on Health Promotion (Ottawa, 17-21 November 1986) In: Zucconi A, Howell P, Eds. *La promozione della salute. Un approccio globale per il benessere della persona e della società*. Molfetta: La Meridiana 2003, pp. 40-4.

Woodward WM. *Vittorino da Feltre and other humanist educators.* Cambridge: University Press 1897.

Zucconi A, Howell P. *La promozione della salute. Un approccio globale per il benessere della persona e della società.* Molfetta: La Meridiana 2003, p. 187.

Zuffinetti P, Ruta F. *Educatori professionali: i nodi aperti, oltre la legge di bilancio.* Vita 27/12/2918 (http://www.vita.it/it/article/2018/12/27/educatori-professionali-i-nodi-aperti-oltre-la-legge-di-bilancio/150210).