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Abstract

This research aims to analyze the current state of Social Education implementation in the field of health. For this purpose, it has been used the following methodology: Search in scientific databases, exploration in professional documents, analysis the studying plans of the degrees in Social Education in Spanish public universities, by consulting the Professional Association of Social Educators network and the major NGOs, application of the Delphi Technique and performing a DAFO matrix on the implementation of Social Education in this way. Our results indicate this discipline is present in health scope (substance abuse, gerontology, functional diversity, health education...). However, its presence is relatively low according to its potential, being necessary to document its utilities and to increase its visibility and participation through activities such as research and publications, in order to set the health field as a valid professional output.

Keywords: social education, health, health education, health promotion, professional profile.

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Resumen

Este estudio tiene como objetivo analizar el estado actual de implantación de la educación social en el ámbito de la salud. Para ello, se ha seguido la siguiente metodología: búsqueda en bases de datos científicas, análisis de documentos profesionalizadores, consulta de los planes de estudios de los títulos de grado en educación social de las universidades públicas y privadas españolas, consulta a la red de colegios profesionales de educadores y educadoras sociales de España y a las principales ONG, aplicación de la técnica prospectiva DELPHI y realización de una matriz DAFO sobre la implantación de la educación social en el ámbito de la salud. Nuestros resultados indican que la educación social está presente en el ámbito de la salud (drogodependencias, personas mayores, diversidad funcional, educación para la salud…). Sin embargo, su presencia es todavía escasa respecto a sus potencialidades, siendo necesario documentar su utilidad e incrementar su participación y visibilidad a través de acciones como la investigación, las publicaciones y la transferencia de resultados, para que el ámbito de la salud se configure como una salida profesional más.

Palabras Clave: educación social, salud, educación para la salud, promoción de la salud, perfil profesional.

Introduction

From the second half of the twentieth century we have witnessed a new way to understand the concept health, which goes from a mainly biological approach to a biopsychosocial conceptualization (Dupuy, 2012).

Among the most important milestones that led to this new conceptualization of health are included among others: 1) The definition of health by Andrija Stampar in 1945 (Grmek, 1966) and taken by the World Health Organization in its Constitution (WHO, 1946), which defines health as «a state of complete physical, psychological and social wellbeing and not merely the absence of disease,» 2) the Ata Alma Declaration on Primary health Care (WHO, 1978) and the Ottawa Charter for health promotion (WHO, 1986), which represent a refocusing of the models of health education (hereinafter EpS) and the emergence of health promotion (Nervi, 2008); 3) The development of new models and theories of health in the 70s: the holistic model by Laframbroise (1973) -developed by Lalonde (1974) in the report New Health Perspectives of Canadians-,

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the biopsychosocial model by Engel (1977) or the salutogenic model by Antonovsky (1979).

With the advent of the biopsychosocial model, it enables the health intervention to open to new disciplines, beyond the biomedical field. It opens, as Perea (2011, p.1) says, «a new stage in the history of public health that brings us closer to a new health culture that welcomes the man as a whole, not only in the physical world but also psychosocial and socio-cultural». The biopsychosocial model allows a new approach to current health problems, from which the traditional medical model seems clearly insufficient, demanding a multidisciplinary approach, both for the preventive intervention as well as for the corrective.

While it is true that this new way of understanding health has not yet been consolidated, it is also true that an increasing segment of the population appreciates the psychological, emotional and social well-being and considers it essential to feel good (Vázquez, Hervás, Rahona and Gómez, 2009). To achieve this, it is clear that it is not only important the work of a medical professional to diagnose and cure our ailments, but also necessary to care for and educate our psychological health and integrate into the society in which we live and participate in it. In this new approach to health, social education plays an important role.

The creation of the State Federation of Professional Associations of Social Educators (FEAFES) in 1989 and the degree of social education in 1991 by the Ministry of Education and Science (Royal Decree 1420/91 of August 30, in BOE, October 10, 1991) are the two events that mark the beginning of this profession.

There are many and varied definitions of social education that have been made. The state association of social education (ASEDES, 2007, p.12) sees it as:

> «The Citizenship right as embodied in the recognition of a profession of pedagogical character, generating educational contexts and mediating and formative actions, which are areas of professional competence, enabling:
>
> - The inclusion of the subject of education to the diversity of social networks, understood as the development of sociability and social movement.
> - Cultural and social promotion, understood as an opening to new possibilities for the acquisition of cultural knowledge, which expand the educational, labor perspective, leisure and social participation.»

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Although this definition has had many followers, there is still no definitive consensus on it. One reason could be that, as Sánchez (2012, p.6) states, «the social education lies in a complex process of professionalization to be understood as a real profession».

Sáez (2005, p.130) explains that professionalization is related to «transform occupations into professions, as these promote more notoriety», and he identifies five participants involved in the professionalization of social education: professionals, the state and their administrations, universities, markets and users. Trying to identify what each of them does, their functions and tasks, we will understand how social education works as a profession, the perception that the professionals have about it, as well as the collective representations that certain institutions and social organizations have about their activities and goals.

The professionalization of social education is valid from the very first time when its educational work provides a service, by which response is given to different needs of citizens having a number of requirements like being acquired from a specific training process, showing a high knowledge of certain skills or abilities, taking on different job responsibilities, receiving remuneration and acting according to an ethical and deontological code (Caride, 2002).

The problem lies in the still existing confusion about the multiplicity of denominations, features, profiles, competencies, responsibilities, etc. attributed to those working in different areas that structure the action and socio-educational intervention (Fullana, Pallisera and Planas, 2011).

Several studies have attempted to identify areas of intervention by social workers (Cacho, 1999; Gómez, 2003; Sáez, 2007 and Vallés, 2011). However, it remains a challenge to establish a taxonomy of them.

Because of its versatile training, social educators act in a complex world, intervening in various and multiple areas with different groups, and thus having for that reason many and varied functions. However, the lack of expertise and the fact of not setting competence boundaries with other disciplines, often make their work overlap with that performed by other professionals working in the social field.

Documents such as the White Paper of the Degree in Pedagogy and Social Education of the National Agency for Quality Assessment and Accreditation (ANECA, 2005a and 2005b), the so called professionalizers documents of the State Association of Social Education (ASEDES, 2007)

the conceptual framework of the competences of social educators published by the International Association of social educators (AIEJI, 2011) and the emergence of professional bodies and associations of social educators in the different autonomous communities (CCAA) of the Spanish State, or the development of a specific code of conduct for the profession... are small steps that are gradually helping to settle the profession.

As Petrus (2000) explains, the social education educates in social participation, which means influencing the cognitive and affective structures of the subject. The social education challenge is to intervene in the behavioral repertoire of citizens, which involves changes within the family, relationships with age peers and school and social institutions. Without forgetting, of course, to convey social skills (HHSS) required in labor relations, generating positive attitudes towards cultures and subcultures, etc. Failure to do so, social education will remain within a design or traditional paradigm and away from the real needs of the population.

As a result of all mentioned above, it can be said that the psychosocial development of a person is crucial when dealing with their welfare. In this sense, since one of the main functions of social educators it is to promote and enhance the personal/social development through socio-educational action (ANECA, 2005a and 2005b), health is or should be an important key point in the intervention of social education, together with other disciplines.

However, to achieve public recognition of professional duties, it is not enough with the expression of the functions and areas of a profession or conducting successful programs and interventions. If they are not disclosed and promoted, the recognition obtained is less than what is needed so that the practitioners of the social education can gain visibility and be considered as important actors in the field of health. That is why research and transfer of knowledge and results become essential to help consolidate and project this profession. You need to show others the evidence of what we have done, what we can do, and what added value, the intervention of social education reports.

In this context, this research aims to analyze the current status of implementation of social education in the field of health. While complementarily, it is also aimed to: i) identify factors that facilitate and hinder the participation of social education professionals in the health

area; ii) know the health areas where social educators are currently involved; and iii) analyze what the inclusion of social education in the field of health is like, in the different autonomous communities of the Spanish State.

Method

To achieve the objectives, we have combined different methodological procedures that have allowed us to analyze the issue from different perspectives (documentary, institutional and professional practice):

- Search scientific databases, to identify and analyze scientific documents (journal articles, books, dissertations...) which make reference to the professional role of social education in the field of health. The literature search was performed in the most important scientific databases (WOS, Scopus, Psycinfo, Medline, ERIC and CSIC-ISOC) all related to the study area and placing as period ends search the years between January 1990 and May 2015.
- Consultation of professionalizers documents, in order to draw the outlines that define the profession and determine the potential of the intervention of social education in the field of health. To do this, different professionalizers documents (ASEDES, 2007; ANECA, 2005a and 2005b; AIEJI, 2011; EDUSO, s.f.; García and Sáez, 2011; Sáez, 2005 and Perea, 2011) were consulted.
- Analysis of the curricula of university degree in social education taught in Spanish public and private universities, in order to know to what extent training in health is present in the academic curriculum of graduates in social education.
- Consultation of the network of professional associations of social educators in Spain, to know in which professional fields within the health field social workers are currently working and examine what the implementation of social education in the health field in the different autonomous communities of the Spanish State is like. To do so, contact was made by e-mail, fax and / or phone calls, with all professional associations in Spain.
- Consultation with non-governmental organizations (NGOs). Given the large number of NGOs with implantation in the Spanish State, the first difficulty was to find a single official list. Therefore we

consider the census of organizations included in the Platform of Social Action NGOs. Which was supplemented with the inclusion of other relevant organizations related to the field of health and implantation in the Spanish territory and were classified based on their scope (national international and/or), being excluded those organizations they had already been included in the list of the NGO platform for Social Action.

- Application of the Delphi technique projections, prospective method that has often been used to probe subjective opinions on different fields, including health care. The Delphi projections allow us to analyze the state of opinion on a particular topic, by consulting a group of individuals considered experts in a subject (Fullana, Pallisera and Planas, 2011). His reflections are made in successive rounds, anonymous, in order to try to achieve consensus, but with maximum autonomy by the participants (Landeta, 1999).
- DAFO analysis on the implementation of social education in the health field. From all the information collected with the different techniques presented above, we proceeded to build a DAFO matrix following the recommendations of Phal and Richter (2007).

Results

Search of scientific databases

After analyzing the references extracted the documents were found to allude to the general field of health and its relationship with education, with very few references that mention the professional work of professional social education in the field of health. Table I shows the results of the search (in title) made with each key word, in the different databases shown.

As can be seen, health and education are closely related concepts, as there is a large number of references that include both terms. However, when the search is narrowed narrow and the social term is added, the number of references is significantly reduced.

TABLE I. Number of references based on the key word and scientific database

Key Word	Database						
	CSIC-ISOC	ERIC	Medline	Psycinfo	Scopus	WOS	Total
Health	685	99563	2595102	925397	2987015	1149122	7756884
Social education	24	21076	6281	158111	172368	58550	416410
Health education	53	31067	100243	148822	456597	102007	838789
Health promotion	0	6463	72402	6338	104426	29006	218635
Social education and health	0	2278	4263	48712	83686	18776	157715
Social educator and health	0	160	35	3404	2786	851	7236
Salud	28175	45	24801	9352	11455	795	74623
Educación social	7769	6	26	1524	683	37	10045
Educación para la salud	2497	3	146	75	190	2	2913
Promoción de la salud	765	0	267	87	233	5	1357
Educación social y salud	525	0	7	122	80	1	735
Educador social y salud	7	0	0	6	0	0	13

Professionalizer documents

After reading and analysing different professionalizer documents consulted (ASEDES, 2007, ANECA, 2005a and 2005b; AIEJI, 2011; EDUSO,

s.f., García and Sáez, 2011; Sáez, 2005 and Perea, 2011) the following conclusions can be drawn:

- Social education is a profession of pedagogical character (ASEDES, 2007) that generates educational contexts and mediating and formative actions with a dual purpose: the incorporation of the subject to social networks and promoting them both culturally and socially.
- Social educators are defined as agents of social change, promoters of social groups through educational strategies that help individuals understand their social, political, economic and cultural environment, and proper integration. Thus, the roles could be summarized as: educational; teaching in certain areas; informative, guiding and counseling, and support to individuals or groups; animation and revitalization of groups and collectives; organizing, planning, programming, development and evaluation of its intervention; management and administration of different services; observation and detection of needs and characteristics of the environment groups and individuals; relationship with institutions, groups and personnel; rehabilitation and development, implementation, monitoring and evaluation of projects, programs, services... (ANECA, 2005a and 2005b).
- AIEJI (2011) classifies the competences of social educators in: fundamental (to intervene, evaluate and think) and central (relational and personal, social and communicative, organizational, of the system, of learning and development, and those generated by the exercise of the profession).
- The most recognized fields of social education action are (EDUSO, s.f.): special care centers, elderly, functional diversity, substance abuse, compulsive gambling... all of them needing health intervention.
- If in its early formulations, as García and Sáez (2011) explained, social education has been seen as a social and educational practice aimed at responding to the needs of society outside school such as socialization, rehabilitation or integration; currently, this practice becomes a real instrument of social progress that goes beyond the previous frames to influence the community. This pedagogical specialization is what will differentiate professionals of social

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education from others who share policy areas, equipment and individuals it works with, which clearly differ in their functions (psychologists, social workers, teachers...).

- The professionalization means the transformation of occupations in professions. The ultimate goal of this process is the professional ideal, one that emphasizes the role of career and specialized training as strategies that allow professions and professional to obtain prestige. In the professionalisation of social education the professionals themselves, the state and its administrations, universities, markets and users (Sáez, 2005) are involved.
- We are currently witnessing a new health culture (Perea, 2011) in which both health needs and their response goes beyond biomedical fields. In this context (biopsychosocial), health care must be conceived from a holistic view, the participation of multidisciplinary teams that accommodate the figure of social educators is still needed.

The results show the links between social education and health. Accordingly, the field of health is an area with potential for development regarding career opportunities and social educators.

Curricula of undergraduate degrees in Spanish social education in state and private universities

85 public and private Spanish universities websites were identified and analyzed to learn, at first, in which the degree in social education is taught. Then curriculum of grades in social education was examined to determine whether they included matters specifically related to health.

The results show that of the 50 existing public universities, the degree in social education is taught in 30 (see Table II). When we analyze their curriculum, we note that some explicit health-related subject is taught in 15, (50%); 80% of cases as an optional subject and only 20% as a compulsory subject.

On the other hand, of the 35 existing private universities, the undergraduate degree in social education is taught in 6 (see Table II). When we analyze their curriculum, we note that some explicit health-related subject is taught in 3 (50%) 66.6% of cases as a compulsory subject. However, at the Ramon Llull University, it is taught as an optional and compulsory.

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TABLE II. Spanish State and private universities with degree in social education that have health-related subjects in their curricula

State Universities		
University	**Subject**	**Optional/Compulsory**
University of Distance Education (UNED)	"Health education"	Compulsory
University of Almería	"Education and sustainable development: health, consume and environment"	Optional
University of Burgos	“Prevention and health promotion and sport"	Compulsory
University of Extremadura	"Health education programs designing"	Optional
University of Jaén	"Education and sustainable development: consume, environment and health"	Compulsory
	"Sport, health and quality of life in social education"	
University of Las Palmas de Gran Canaria	"Socio-educational intervention to promote healthy lifestyles and rehabilitation of addictions"	Optional
University of León	"Health Education"	Optional
University of Murcia	"Education and health promotion"	Optional
University of Salamanca	"Health Education”	Optional
University of Valladolid	"Health Education”	Optional
University of Vigo	"Intervention in health and social education"	Optional
Autònomous University de Barcelona	"Health Education"	Optional
University of Girona	"Mental health promotion programs and health and social education”	Optional
University of Valencia	"Health education. Prevention of addictive behaviour "	Optional
Rovira I Virgily University	“Childhood and Health”	Optional

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Private Universities		
University	Subject	Optional/Compulsory
University of Vic-Universidad Central de Catalunya	"Socio-educational action in mental health"	Optional
International University of La Rioja	"Health, dependence and social vulnerability"	Compulsory
Ramón Llul University	"Health, sexuality and sex in adolescence"	Optional
	"Socio-educational intervention in the field of mental health"	Optional
	"Elderly people and community health"	Optional
	"Health and social vulnerability"	Compulsory
	"Mental health"	Compulsory

Network of Professional social educators Spain

In view of the reported data, we can say that social educators are intervening in health in the areas of elderly, functional diversity, addictive behaviors and EpS (developing their professional work in both public institutions and private initiative especially NGOs). Furthermore, although to a lesser extent, they also act in other areas, such as schools or health care devices (health centres, hospitals, surgeries...) or information centres and sexual orientation (see Table III).

TABLA III. Health-related areas where social educators are working according to the information provided by the various professional associations of Social Educators

Professional Associations of Educators and Social Educators	**Health intervention areas**				
	Elderly	Functional Diversity	Addictive behaviour	EpS	Other areas
Andalucía	■	□	□	■	■
Aragón	□	□	■	■	■
Baleares	□	□	□	■	■
Castilla La Mancha	■	■	■	■	■
Castilla y León	■	■	□	■	□
Cataluña	□	□	□	□	□
Extremadura	□	□	■	■	■
Galicia	■	■	■	■	■
La Rioja	□	□	□	□	□
Madrid	■	■	■	■	■
Murcia	■	■	■	■	■
Navarra	□	■	■	■	□
País Vasco	■	■	■	■	□
Valencia	□	□	□	□	□

With social educators No social educators No answer

Non-Governmental Organizations (NGOs)

Social educators at the NGO Platform for Social Action

The NGO Platform for Social Action is a national, private, secular and non-profit organization that works to promote the full development of

social and civil rights of the most vulnerable and disadvantaged groups in our country and strengthens the third sector social ambit. It consists of 26 non-governmental organizations, federations and state networks.

50% of the integrated platform organizations reported not having social educators working in the field of health. In contrast, a 30.76% claimed to have these professionals as staff working in the field of health. On the other hand, a 19.23% did not respond to the query.

Knowing that the list of the NGO Platform for Social Action was not representative of the universe of institutions, the consultation was complemented by contacting other relevant organizations related to the field of health, to know whether social workers worked there. These organizations were classified based on its scope (international and / or national) and as mentioned those organizations that had already been included in the list of the platform of social action NGOs were excluded. In total, another 62 more NGOs were included, of which 47 operate only at national level, while 15 do also internationally.

Social educators in NGOs operating in the international area

33.3% of the organizations concerned have social educators working in the field of health while 46.6% admit not having these professionals and 20% reported no information.

Social educators in NGOs operating at national level

It is surprising the small number of national organizations that claim to have social education professionals working in the field of health. Only 6.6% have answered positively. In contrast, 60% say they do not have them as staff and 33.3% did not answer.

DELPHI prospective technique

The board of experts, who participated in this process, constitutes a total of seven social educators, with more than 10 years of professional experience working in different areas: the elderly, functional diversity, health education (sexuality) and drug addiction. We contacted them by telephone and email to know about their opinions on the implementation of social education in this area.

The process was developed in four stages or moments:

- Step I: Sending out base document and questions

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- Step II: Collect and analysis of the information received, the first draft of conclusions was sent in order to receive new reviews, and / or contributions by the board of experts.
- Step III: Sending the second draft of conclusions, in order to carry out new opinions and/or contributions.
- Step IV: Preparation of the final conclusions.

DAFO analysis on the implementation of social education in the field of health

From the analysis and reflection of documentation and information collected through various documental sources and instruments seen in the preceding paragraphs, a DAFO matrix was outlined (see Table IV) in order to reflect what the weaknesses, opportunities, strengths and threats social education find in relation to the intervention in the health field.

From an internal perspective the main weaknesses are found, among others in: poor delimitation of functions; lack of social workers in the health field; lack of training in health issues; professional projection facing what already exists; lack of research routine and lack of visibility and knowledge transfer. In contrast, between internal strengths include: the degree in social education provides a theoretical and practical training that enables these to the socio-educational action; they are professionals who are used to working in multidisciplinary teams and able to adapt to different situations; and the renovator and nonconformist character of social education.

Moreover, from an external dimension, the analysis reflected as major threats: the little knowledge of the profession which other professionals and society as a whole have; the lack of financial resources derived from the current economic situation; professional intrusion or lack of autonomy in developing socio-educational action. Finally, opportunities were implemented by: using of the opportunities arising from the current crisis situation, forcing them to open new areas of intervention; increasing presence of health matters in academic curricula of graduates in social education; the introduction of new health paradigms, which contemplate it from a biopsychosocial prism; the scientific recognition of prevention and health promotion; or the need to address current health problems from a multidisciplinary perspective.

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TABLE IV. DAFO analysis of the implementation of social education in the field of health

Internal factors	External factors
Weaknesses	**Threats**
▪ Lack of demarcation of roles and areas of intervention of social educators. ▪ Scarce presence in the health field by social education professionals. ▪ Deficit training in the curriculum of social educators and lack of specific material support in "Health Education". ▪ Lack of instruments and tools for evaluation and validation in the field of socia1 education professional future projection towards what already exists. ▪ Deficient knowledge transfer. ▪ Lack of researcher habit.	▪ Lack of the profession. ▪ Lack of financial resources. ▪ Professional intrusion. ▪ Scarce recognition to social education. ▪ Difficulties in teamwork among professionals of the same branch. ▪ Lack of autonomy in developing socio-educational action.
Strengths	**Opportunities**
▪ Degree in social education. ▪ Theoretical and practical training that enables social educators to successfully develop socio-educational action. ▪ Tendency to interdisciplinary to tackling health. ▪ Successful experiences in the field of health by social education professionals. ▪ Capacity of social educators to adapt to different situations. ▪ Renovator and nonconformist character of the social educator profile.	▪ Use of the economic situation. ▪ Presence of health matters in education. ▪ Introduction of the biopsychosocial model. ▪ Recognition of prevention in the field of health. ▪ Paradigm shift in disease models. ▪ Health as a crosscutting issue. ▪ Need for interdisciplinary teams.

Discussion

As an academic qualification, social education in Spain has a short history, which began in 1991 with the approval of Royal Decree 1420/91 of 30 August. Prior to its creation, the professionals who performed this work were known as specialized educators, sociocultural animators and/or educators in leisure time (Nuñez and Úcar, 2010).

With the implementation of the degree in social education, at first, the main goal is to get the college education of professionals who perform their work in various related non-formal education (Ballesteros, 2003) fields: educational intervention with marginalized people, social problems or to adaptation ones. Today, social educators exercise their socio-educational work with different age groups (children, youth, elderly...) and various groups and problems (leisure, social services, justice, health...).

One of the main obstacles to social education to actually join the intervention in the health field stems from the scarcity of publications. This is explained by the youth of the profession, and the lack of researcher habit of social education professionals. In this way, the results obtained from the search in several of the most important scientific database (CSIC-ISOC, ERIC, Medline, Psycinfo, Scopus and WOS) show that, although references to the terms education and health are very abundant, however, few are the ones which expressly relate social and health education and even more scarce those that allude to the operation, functions and roles developed by professional social workers; partially consistent conclusions with those reported by Lara and Ballesteros (2007) and Bas Peña (2014).

Another major social education drawback lies in its lack of definition and conceptualization, perhaps because it is in a complex process of professionalization making it difficult to be understood as a genuine profession (Sánchez, 2012). Such absence of documentation and information does nothing but perpetuate this situation.

The analysis of the curricula of the degrees in social education of Spanish State and private universities, find that only half (50%) of the universities where the degree is taught in social education covers a subject closely health-related, and in those that do, in most cases these are optional. This shows that, currently, social education is not giving the health field enough potential importance. In part, the solution to this problem is a change in the academic curriculum, which should ensure a workload according to their importance. Thus, no obligation and study laxity of this subject during the university training of social workers, is possibly influencing the ability and attitudes that these have in relation to this area of intervention.

On the other hand, in relation to the information gathered from various professionalizers documents and the one reported by various

professional associations of social educators in Spain and major NGOs, it is noted that currently social education professionals are developing important initiatives and interventions in the field of health, but their work is hardly relevant and it is not sufficiently made visible. Cacho (1999) highlights three areas or collective intervention in the field of health: drug dependence, functional diversity and the elderly. However, we can add others like the EpS, mental health or interventions devices in health care (Agudo, 2008; Belando and López, 2003; Canes, 2000; Crescencia, 2006, Youth Red Cross, 2002; Escribano 2004; Vega, 1993).

In most of the CCAA, there is evidence that social educators are present in the field of health, but the inclusion and acceptance of this figure varies according to the community of which it is concerned.

Traditionally, the intervention in the health field has been carried out mainly by healthcare professionals (nurses and doctors, mainly) and to a lesser extent from psychological and social approaches (psychologists and social workers). The new paradigms in health, enable that emerging professions such as social education, can contribute to and complement those (Cannes, 2000); serving on the one hand to socio-educational demands arising from health care, and secondly, to the need for both preventive and corrective or rehabilitative interventions, where the educational aspect has a very important role (Castillo, 2005). We are at a time when the proposed solutions are not sufficient to address the problems of today's society, so that an intervention is needed from another perspective; social, educational and integrative intervention (Dacoba Vázquez, 2013). In short, the intervention of social education.

We have closed this study conducting a DAFO analysis, which has been supplemented through the implementation of the DELPHI technique, which has relied on the expert opinion of social workers who are currently performing their professional work in the field of health. The results indicate that although significant internal weaknesses (especially the lack of definition of the professional role and weak research career discipline) and threats (such as the existence of other professionals in the socio-educational field working on health issues) there are however, significant strengths and opportunities to envision a promising future for social education in this field.

Health today should be understood as a complex social reality and as a political and social process, and not confined only to a reparative medical care (Aliaga, 2003). In this sense, it is related to caring for the

environment, healthy lifestyles (exercise, healthy eating, socializing...), the possession of a decent job that allows us to feel fulfilled as individuals and participant in the society in which we live... are elements that lead to our physical, psychological and social well-being. Therefore, the importance of EpS and health promotion as an alternative to corrective measures applied when damage or disease have already occurred (García, Sáez and Escarbajal, 2000; Perea, 2009; Rosales, 2006). If the resources for prevention and health promotion increase, irreversible situations could be avoided, whose social and economic cost is very high (Gepkens and Gunning-Schepers, 1996). In this sense, social educators should be taken into consideration as important health agents.

Conclusions

To sum up, although social workers still have little presence in the area of health, we believe that these are called to play an important role in this area of intervention, working for it mainly in three directions:

- Identifying and implementing research involving the socio-educational dimension of social education, being especially important those methodologies linking applied research, such as action research (Greenwood and Levin, 2007), the full cycle model (Cialdini, 2001) or the comprehensive model May and France (1980).
- Increasing knowledge transfer by creating scientific journals, publications, conferences and other scientific events that raise awareness and draw attention to the professional work of social educators in the field of health.
- Defining the areas and functions of the social educator in the field of health.

These proposals must pursue a common objective which responds to the need to increase the visibility of the actions and intervention strategies carried out by social workers in the field of health, thus making it possible to the health intervention to consolidate as a career of social education.

Limitations and future research

While the main value of this study is to provide new information in a little studied area from social education, it nevertheless has certain limitations among which, we can outstand, on the one hand, the lack of response from some of the professional associations of social educators in Spain (14.28%), which undermines representation to the query. On the other hand, the absence of an official census of NGOs operating in the Spanish State has greatly hampered our research work, being aware therefore that we have failed to identify all NGOs operating in the health field in Spain, which undermines representation to the sample. In addition, of the 71 NGOs contacted, 18 have not given us an answer (25.35%). It is important for future research, that we are able to increase collaboration of the institutions in this regard. Another limitation refers to the fact that the teaching guides and descriptors of all the materials of the degrees in which social education is taught were not analysed. All these limitations have to be taken into consideration for future research.

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