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Emerging areas in social education: socio-educational intervention with people affected by alzheimer's disease or another major neurocognitive disorders

Ámbitos emergentes en educación social: intervención socioeducativa con personas afectadas por la enfermedad de alzheimer y otros trastornos neurocognitivos mayores

Âmbitos emergentes em educação social: intervenção socioeducativa com pessoas afetadas pela doença de alzheimer e outros transtornos neurocognitivos maiores

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ABSTRACT: The increase in life expectancy produced in the last five decades has accompanied an increase in the visible spectrum of major neurocognitive disorders (MND), among which Alzheimer's disease (AD) stands out as the most prevalent clinical entity. Currently there is no effective treatment for these pathologies, being biomedical approaches necessarily complemented with non-pharmacological therapies, coming from different psychological and socio-educational disciplines, among which social education (SE) is beginning to be present. However, their practices are still not very visible, requiring greater efforts in research and transfer. The objective is to describe and analyse the socio-educational intervention that SE professionals carry out with people affected by AD or another MND. Additionally, the degree of labour insertion in the gerontological field was defined. The present study responds to a descriptive, cross-sectional observational design, with mixed methodology, using the qualitative Delphi technique from a panel of experts consisted of 25 participants and a more quantitative approach through a survey aimed at all gerontological centers in Galicia. The results

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reflect SE professionals present an important labour insertion in gerontological centers and, particularly, in the care facilities for people affected by AD or another MND. Its performance is very heterogeneous, both due to the diversity of areas in which they intervene, as well as the groups to which it addresses them. However, there are still limitations that interfere with the adequate development of the professional career of social educators, motivated by the absence of labour regulations, the lack of clarification of their functions and the scarce training in this field of intervention. Likewise, there has been a limited presence of published research on the subject.

PALABRAS CLAVE:
Educación social;
enfermedad de alzheimer;
geragogía;
profesionalización;
personas mayores;
trastorno neurocognitivo mayor

RESUMEN: El aumento de la esperanza de vida producido en las últimas cinco décadas lleva parejo un incremento del espectro visible de los trastornos neurocognitivos mayores (TNM), entre los que destaca la enfermedad de Alzheimer (EA) como la entidad clínica más prevalente. Actualmente, no existe un tratamiento eficaz para estas patologías, siendo los enfoques biomédicos necesariamente complementados con terapias no farmacológicas, provenientes de diferentes disciplinas psicológicas y socioeducativas, entre las que la educación social (ES) comienza a hacerse presente. No obstante, sus prácticas son todavía poco visibles, precisándose de mayores esfuerzos en materia de investigación y transferencia. El objetivo de este estudio es describir y analizar la intervención socioeducativa que los profesionales de la ES realizan con las personas afectadas por EA u otro ENM. Complementariamente, se analizará el grado de inserción laboral en el ámbito gerontológico. El presente estudio responde a un diseño observacional descriptivo transversal, con metodología mixta, utilizando la técnica cualitativa Delphi a partir de un panel de expertos configurado por 25 participantes y un enfoque más cuantitativo mediante encuesta dirigida a todos los centros gerontológicos de Galicia. Los resultados reflejan que los profesionales de la ES presentan una importante inserción laboral en los centros gerontológicos y, particularmente, en los dispositivos de atención a personas afectadas por EA u otro TNM. Su actuación es muy heterogénea, tanto por la diversidad de áreas en las que intervienen, como por los colectivos a los que las direcciona. Persisten, sin embargo, limitaciones que interfieren el adecuado desarrollo de la carrera profesional de los ES, motivadas por la ausencia de una regulación laboral, la falta de clarificación de sus funciones y por la escasa formación en este ámbito de intervención. Asimismo, se ha constatado una limitada presencia de investigaciones publicadas sobre la temática.

PALAVRAS CHAVE:
Educação social;
doença de alzheimer;
geragogia;
profissionalização;
idosos;
transtorno neurocognitivo maior

RESUMO: O aumento da expectativa de vida produzido nas últimas cinco décadas tem sido acompanhado por um aumento no espectro visível dos principais transtornos neurocognitivos (DNM), dentre os quais a doença de Alzheimer (DA) se destaca como a entidade clínica mais prevalente. Atualmente não existe um tratamento eficaz para essas patologias, e as abordagens biomédicas são necessariamente complementadas com terapias não farmacológicas, de diferentes disciplinas psicológicas e socioeducativas, entre as quais a educação social (ES) começa a se fazer presente. No entanto, suas práticas ainda são pouco visíveis, exigindo maiores esforços em termos de pesquisa e transferência. O objetivo é descrever e analisar a intervenção socioeducativa que os profissionais da SE realizam com pessoas acometidas por DA ou outro DNM. Além disso, o grau de emprego no campo gerontológico será analisado. O presente estudo responde a um desenho observacional descritivo transversal, com metodologia mista, utilizando a técnica qualitativa Delphi a partir de um painel de especialistas composto por 25 participantes e uma abordagem mais quantitativa através de um inquérito dirigido a todos os centros gerontológicos da Galiza.Os resultados mostram que os profissionais da SE apresentam uma importante inserção laboral nos centros gerontológicos e, principalmente, nos dispositivos de atenção às pessoas acometidas por DA ou outros DNM. A sua atuação é muito heterogénea, quer pela diversidade das áreas em que intervêm, quer pelos grupos a que se dirigem. No entanto, ainda existem limitações que interferem no desenvolvimento adequado da carreira profissional dos SEs, motivadas pela ausência de regulamentação laboral, pela falta de esclarecimento das suas funções e pela falta de formação neste campo de intervenção. Da mesma forma, verificou-se uma presença limitada de pesquisas publicadas sobre o assunto.

Introduction

Ageing is a global phenomenon that particularly affects developed countries (United Nations, 2019). Europe (EU-27) stands out as one of the oldest continents, with a percentage of older people representing, as of January 2019, the 20th. 3% of its total population, which is an increase of 2.9% in the last 10 years (EUROSTAT, 2020). Spain is also a country with the highest aging rates on the continent (INE, 2020).

It is estimated that around fifty million people currently live with an MND in the world, of which about two-thirds suffer from Alzheimer's disease (AD), the most prevalent clinical entity (Alzheimer's Disease International, ADI, 2018; Alzheimer's Association, 2020). This pathology affects women to a greater extent (7.1% versus 3.3%), and

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significantly increases its prevalence with age (Garre-Olmo, 2018; Niu et al., 2017).

Research on neurodegenerative disorders has increased considerably, constituting one of the main areas of study (ADI, 2018). Despite this, there is no effective treatment capable of curing the AD and stopping the brain damage it causes (Alzheimer's Association, 2020). There are pharmacological and non-pharmacological alternatives that try to maintain functional and cognitive capacity for as long as possible and alleviate symptoms. This type of treatment is implemented by different professionals, psychologists, occupational therapists, physiotherapists, pedagogues, social educators...

Social education (SE) in Spain has originated as a result "of the integration of three occupational traditions: sociocultural animation, adult education and specialized education" (Pérez de Guzmán, et al., 2020, p. 634). One of the most relevant milestones that has marked the consolidation of the social education profession has been the approval of the diploma in social education in 1991 in which, in a generic way, the areas of action are established. In Royal Decree RD 1420/1991 it stated in its first guideline that "the teaching leading to the obtaining of the official diploma in SE must be oriented to the training of an educator in the fields of non-formal education, adult education (including those of the old people)". Due to the ambiguity of the provisions of this guideline, as well as the integration in the same degree of the three professional traditions indicated above, it is still necessary to clarify and define the profession. In an analysis of the different professionalizing documents (Asociación Estatal de Educación Social, ASEDES, 2007; Asociación Internacional de Educadores Sociales, AIEJI, 2011; Colexio Profesional de Educadoras e Educadores Sociais de Galicia, CEESG, 2018) we have found few direct allusions to intervention in the field of gerontology and scarcer in the field of care for people with AD and MCD. It is in the document Functions of social educators by areas of action (CEESG, 2018) in which it is explicitly alluded to, among the functions related to gerontology, to "intervention with people with dementia".

Although for some years the intervention of SE professionals has been verified in the field of care for people with cognitive impairment or their families (Seijo, 2009; Perez, 2014; Garcia Mateos et al, 2014; Gimenez & Habib, 2015), however, we do not know in detail their professional work in this field. What is evident is the absence of specific publications on this subject in the main databases. In this sense, in a parameterized search that we have carried out in the bibliographic databases Medline, Psycinfo, Scopus, WOS and ERIC in the period between January 2000 and January 2022 using the terms "older people", "gerontology", "major neurocognitive disorder" and "social education" or "social educator", we have found that the first terms account for the largest number of references, Even the terms "social education" and "social educator" bring together a relatively important number of scientific publications. However, when we cross the terms "older adults", "gerontology" or "major neurocognitive disorder" with "social education" and "social educator", the number of bibliographic references is significantly reduced, being practically absent those that, specifically, refer to the professional work of social educators, and not identifying any that specifically alludes to the intervention of social educators aimed at people affected by AD or another TNM.

The socio-educational intervention developed by the SE can and should play an important role in the development of the active ageing (Martínez et al., 2016; Buedo-Guirado et al., 2017). However, it is necessary to increase the visibility of its practices and intervention strategies by contributing to disseminate the professional work of the SE, in the field of gerontology (Muñoz, et al., 2020) and more specifically, in the care of people affected by AD or other MND (AD-MND). In this context, the present study aims to describe and analyze the socio-educational intervention performed by SE professionals with people affected by AD-MND. Additionally, in order to contribute to this objective, we have analyzed the degree of labor insertion of social educators in the general gerontological field and in the specific field of care for people affected by AD or another TNM. Additionally, in order to contribute to this objective, we have analyzed the degree of labor insertion of social educators in the general gerontological field and in the specific field of care for people affected by AD or another TNM.

1. Methodology

In the present study, it responds to a descriptive, cross-sectional observational design, with mixed methodology. On the one hand, the qualitative research techniques Delphi (López Gómez, 2018) were used, whose purpose is to arouse the degree of consensus among experts in the subject matter of the research, in our case the analysis of the socio-educational intervention carried out by social educators with people affected by AD-MND. The forecast of the expert panel is obtained through successive consultations, also called rounds, through structured questionnaires with multiple choice proposals and/or open questions.

The provisional results of each round are analyzed and returned to each expert for further reconsideration and/or development in successive rounds of consultation, until a consensus is reached.

In addition, with a more quantitative approach, a survey analyzed the professional insertion of ES in the gerontological field and in the care of people affected by AD or other TNM. For this last group, questions related to their professional profile and their training needs and demands in relation to this area of intervention were also analyzed.

Finally, from all the information collected and analyzed, an analysis of the Strengths, Weaknesses, Opportunities, and Threats was carried out, using a SWOT matrix.

Instrument and procedure

Prior to the selection of the panel of experts, it was necessary to identify which gerontological devices in Galicia had the professional figure of Social Educator and which centers of specific attention to people affected by AD or other TNM. The analysis of the insertion of social education professionals in the field of gerontology was limited to Galicia (region located in the northwest of Spain). For this purpose, were used catalogs provided by the Galician regional administration, the CEESG (College of Social Educators of Galicia) and AFAGA (Federation of Galician Associations of Relatives of Alzheimer's and other Dementia. Once the institutions were identified, all of them were contacted by email, telephone or going directly to the center/entity in which they were asked how many social education professionals they had hired. This allowed us to identify which institutions and the population of SE professionals who were working in this field.

Secondly to analyze the *Professional practice* of working SEs who work with people affected by AD-MND, the Delphi projection method was used. For its selection, an intentional non-probabilistic sampling was chosen (Otzen and Manterola, 2017), which has allowed us to select cases that met the following conditions: having the qualification of social educator, working with people suffering from Alzheimer's disease or another major neurocognitive disorder, who develop their activity in the autonomous community of Galicia and with a minimum of 5 years of experience in this field. Finally, the panel of experts was configured by 25 participants who had an average age of 34.36 years old (Sx = 5.60), with an age range between 25 and 48 years old, being 95.5% female. Most of the experts had a degree in social education (81.8%) and graduates the remaining 18.2%, having obtained the degree between 1997 and 2016. They carried out their professional work mainly in day centers.

In a first round, a semi-structured ad *h*oc questionnaire containing information on four blocks: professional profile, socio-educational practice, needs detection and training was administered. Instruments, which were previously submitted to a content validation by six experts, which evaluated four criteria, using a scale with a five-point Likert-type response format (from 1, strongly disagree, to 5, totally agree): 1) Representativeness of the contents evaluated; (2) Clarity of the issues raised; 3) Response format and length; 4) Overall assessment. The judges were consistent in their assessments, giving high scores (ranging between values 4 and 5 in all the criteria evaluated, with the sole exception of the item related to the length of the questionnaire, which obtained a score slightly higher than 3, which forced us to eliminate two of the questions that were in the initial version. Kendall's concordance coefficient was adequate (W6= .76, p=.016). After validation, the panel of experts was consulted in three rounds (opinions, partial conclusions, final report) using email and the Google Drive repository.

The participation of the experts was carried out on a voluntary basis and always guaranteeing their anonymity. In addition, the entire research process was conducted in accordance with the ethical and procedural standards governing the Helsinki Protocol for research involving human subjects.

The study was approved by the Ethics Committee of the Doctoral Program in Educational and Behavioural Sciences of the University of Vigo (CE-DCEC-UVIGO-2018-02-23-6462). This authorization guarantees that the study complies with the ethical principles included in the Declaration of Helsinki, for studies with human beings.

Data analysis

First, a quantitative analysis was performed to determine, on the one hand, the number of social education professionals inserted into the field of gerontology and, specifically, for those who provide services to people affected with AD-MND, and, on the other hand, in the answers obtained from the questionnaires to analyze issues related to professional practice and other sociodemographic aspects, using statistics of central tendency and dispersion, and an analysis of frequencies and percentages using the SPSS program.

The qualitative analysis was applied to analyze the answers to the open-ended questions in the questionnaires administered to the professionals; a content analysis was made, which allowed us to develop a categorial system (inductive-deductive)

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to describe the intervention of the SE in this field, using manual descriptive matrices, supported by the Excel program. Individually, each of the researchers elaborated a first categorization that was agreed upon in a joint meeting (triangulation of perspectives), leading to the final categorization of the results. The content analysis gave rise to different levels of classification –first, second and third order, based on a naturalistic conception of the information obtained, following the guidelines of Bardin (1986) of completeness, exclusivity, semi-induction, and relevance of the category. In support of the results report, different illustrative extracts are included, identified by gender (H or M) and participant number (from 1 to 25 in subscript), their age and the line numbers of the results document.

2. Results

Professional Insertion

Prior to the characterization of the professional practice of social educators in care centers for people suffering from AD-MND, we will briefly present the results of their labor insertion in the gerontological field, first from a generalist perspective and then focus on the specific centers of attention to this group.

We identified 593 active institutions providing services in the field of care for the older adults (day centers, residences, and community housing), of which 202 (34.08%) they reported having at least one social educator among their staff (figure 1) – mostly with a contract as a social educator and in some cases as a sociocultural animator. In this type of places, although they are not specific centers for the treatment of dementia and Alzheimer's, people with moderate or severe cognitive impairment are mainly treated.

On the other hand, of all gerontological care centers, 50 care ones were identified for people affected by AD-MND. These resources are classified into: day, therapeutic centers and therapeutic units. In 34 of them (68%) they had hired at least one professional with the category of social educator (Figure 1).

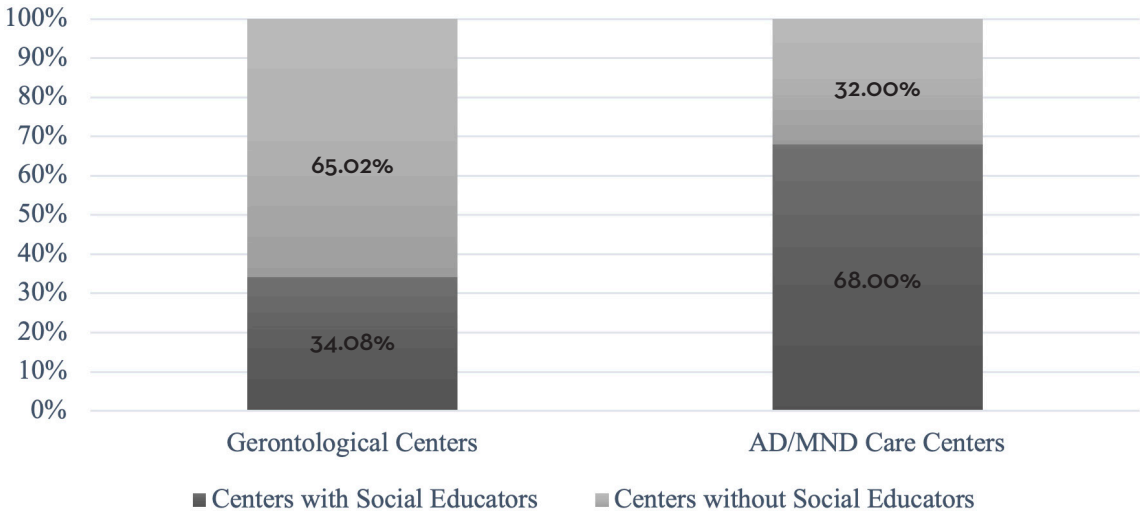

Figure 1. Level of insertion of graduates in Social Education.

Among these professionals, 77.3% had an indefinite contract; regarding dedication, 72.7% were hired full-time, 22.7% part-time and 4.6% worked hourly.

Professional Practice

The professional activity of social educators was organized into four primary categories (Table 1), which correspond to the target population of their intervention: i) People with AD-MND; (ii) Family members/primary careers; (iii) Professionals or future professionals in the field; and (iv) Socio-Community environment. From these primary categories were established categories of second (areas of intervention) and third order. The latter correspond to activities and are directly indicated in the description of the areas of intervention.

Actions directed at Persons with AD-MND

The actions and services of attention to people with AD is conditioned, in the first place, by their level of cognitive impairment and dependence.

> "... one of the difficulties encountered is to adapt to the abilities and personal circumstances of each user, since each one has a different progression of the disease and are in very different stages" (M_{13}, 32, 2203-2205).

Table 1. SE functions in the field of intervention of the AD or other MND. First-and second-order categories

First-order categories *Addressees of assistance*	**Second-order categories** *Areas of intervention*
– People with AD or other MND	– Cognitive stimulation area – Functional and motor area – Social interaction area – Ergotherapy/Laborterapia – Dramatic-musical area – Evaluation, planning and management activities
– Primary family members/caregivers	– Evaluation, information and advice-guidance – Training area – Recreational-social area
– Professionals or future professionals in the field	– Training area – Coordination – Management
– Socio-Community environment	– Interventions aimed at the prevention of cognitive decline and health promotion – Training, awareness-raising and dissemination actions

In the mild phases of the disease, users are treated in centers or therapeutic units, and when the affectation is greater, they are referred to specific day centers. This makes an important difference with residential centers, where activities are adapted, but not the services. The general purpose of the interventions of social educators, in any of the phases, is aimed at acting on the preserved capacities of individuals, with the intention of rehabilitating them, maintaining them and/or slowing the progression of functional and cognitive impairment, trying to make the person remain as integrated in their environment and socially connected.

> "... we intervene trying to adapt to the tastes, preferences and capabilities of users with the aim of stimulating their current capabilities... so that they can continue to carry out those daily and leisure activities that are significant to them" (M_2, 38, 227-229).

The intervention designed in the different therapeutic resources is focused from a comprehensive care model, considering the Individual Care Plan (ICP), acting, in different areas, in collaboration with other professionals.

> "... both the interventions and the activities associated with them are programmed by a team of different professionals" (M_3, 45, 431-432).

The areas of intervention in which the SE professionals consulted focus their activity, have been grouped into categories attending to the areas preferably involved: cognitive, functional, and social. In addition, two more have been added for simultaneously involving different areas (ergotherapy/labor therapy and dramatic-musical) and a last one called "evaluation, planning and management".

- *Area of cognitive functioning*

In order to stimulate cognitive abilities, different techniques are used. They stand out, by its recurrence therapies of orientation to the reality, reminiscence or those directed in a specific way to rehabilitate/stimulate some cognitive function. They use both physical and tangible stimuli (chips or games) as well as virtual (computer programs such as Smartbrain or Gradior), or verbal communication.

- *Functional and Motor Area*

The intervention is aimed at maintaining the functioning and autonomy of people, in their motor capacities, linked to activities of daily living, personal care, independence in the home, as well as those related to the occupation of free time and social participation. To do this, social educators resort to activities that involve body movement, such as gerontogymnastics, psychomotricity, cenesthesis and proprioceptive stimulation, graphomotor, sensory games, relaxation/meditation, assisted ambulation or walks.

> "... among its objectives is to promote mobility, strengthen muscles and joint functionality, work fine motor skills... and to maintain maximum independence for the performance of the basic activities of the daily round..." (M_6, 37, 1051-1053).

- *Area of social interaction*

Also called socio-cultural or leisure activities. Activities with a preferably socializing character

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are included that aim to break with the daily routine, amuse and/or stimulate participation, enhancing social interaction, connection with the environment and emotional well-being.

They highlight, on the one hand, those developed in the center itself, such as celebrations of specific dates (festivities, ephemeris, anniversaries...), playful or traditional games, board games, dynamics, thematic conversations...

> "... it is about carrying out activities that are truly meaningful, taking into account the interests of each person..." (M_9, 37, 1521-1522).

And, on the other hand, activities that involve a relationship with the environment, such as celebrations, parties, intergenerational activities, attendance at community activities, outings, excursions or talks that are given by people outside the center.

> "... We are currently developing an intergenerational program with early childhood education centers... with which we try to teach children what Alzheimer's disease is... and how to treat people with the disease" (M_{17}, 34, 2951-1055).

- *Ergotherapy/Laborterapia*

Known as occupational activities, they seek to maintain, develop, or enhance cognitive, physical, and social abilities, and not only entertainment or occupation of time, with the main objective of slowing down physical and cognitive decline and social isolation.

The proposal of activities in this category is broad and has been grouped into three subcategories: i) Plastic Arts, such as painting, modeling, decoration, crafts... ii) Occupational dynamic activities, more linked with productive activities, such as horticulture, gardening, cooking workshops, recycling... and, iii) Animal-assisted activities (equine therapy and canine therapy).

- *Dramatic-musical area*

Social educators use scenic-theatrical or musical elements, in order to foster interpersonal relationships, in addition to acting on cognitive, emotional, and motor skills. Through body expression, dance, singing, dramatizations, tales, and legends... it facilitates expression and communication, acts on memory and language, mobility and enhances the evocation of emotions, which allows to increase the level of emotional well-being, attention, and concentration, as well as motivation and participation of users.

- *Evaluation, planning and management*

They are actions of an organizational nature, which do not provoke a direct action on people, although they are necessary for the good development of direct activities and for an individualized attention centered on the person (ACP).

Among them, we can mention, the participation in the elaboration of the ICP, the detection of tastes and interests of each user, the programming of activities, their evaluation and registration, team meetings, home visits, the elaboration of projects, multidisciplinary evaluations, or the search for resources to be financed.

> "... in addition to direct intervention activities, we carry out planning and evaluation tasks of projects, activities, workshops..." (M_{22}, 31, 3862-3863).

It is noteworthy that, in the opinion of the SE professionals consulted the activities that provide the greatest benefits for users are cognitive stimulation (especially reminiscence and orientation to reality), musical activities, games, psychomotricity, workshops/crafts and intergenerational activities. Likewise, they consider that the main difficulties encountered in their professional practice are related to disruptive behaviors and progressive cognitive and functional impairment of users.

> "... we encounter the difficulties of the progression of the disease that, often, make it difficult to follow up the workshops and activities, until a phase in which only sensory stimulation can be worked..." (M_{13}, 32, 2250-2253).

In addition, they consider that their interventions may be limited by the scarcity of resources (material, human or technical), such as the lack of multisensory rooms or specialized equipment for sensory stimulation; the high ratio of groups that prevents individualized attention.

Finally, professionals feel that another obstacle to their practice is ignorance of their profession, both by employers and by society.

Actions aimed at family members/primary caregivers

More specifically, from the SE, they intervene in three areas:

- *Area of evaluation, information, and advice-orientation*

These are actions specific to this area: personalized information and support during pre-admission, admission (reception) and stay in the center

(operation, access requirements, visits); orientations and reports on community resources, aids (technical, economic) and activities; advice related to the evolution of the disease; coping with the disease, adaptation to the different phases, establishment of standards, self-care and family respite...; educational advice during the phases of proximity to death...

- *Training area*

Through various training actions (courses, workshops, talks...) they try to improve knowledge about aspects related to pathology, care and how to face the challenges in the different phases of the disease. In addition to courses and workshops, they incorporate more innovative activities such as family schools or good practice tutorials.

On the other hand, they also propose actions aimed at the well-being of the main informal caregivers, around the prevention of burnout, or through self-help strategies and/or encouraging participation in mutual aid groups.

- *Playful-social area*

Located in this area, with a purpose of entertainment, respite and social or relational interaction, activities such as dances, parties and celebrations, contests (pastries, murals...), coexistence activities with their own relatives (snacks, intergenerational activities), outings or trips, or mindfulness and yoga activities are planned.

The social educators identify a series of difficulties associated with working with family members, among which are: the lack of involvement with the center; ignorance and acceptance of the disease; difficulties in reconciling family and center; physical and psychological overload; feelings of guilt for the institutionalization of their family member or lack of community resources.

> "... difficulties in understanding the disease, especially in spouses, due to age, socially acquired roles... in addition to problems of conciliation that prevents him from attending the center, as well as complaints of overload of the caregivers" (M_6, 37, 1051-1053).

Actions aimed at professionals or future professionals in the field

The intervention of social educators aimed at this group focuses fundamentally on three areas of action.

- *Training area*

Social educators are involved in the design and implementation of specialized training actions, aimed at professionals of the socio-health branch, both internal (workers of the institution itself) and external (professionals from other centers or future professionals). This training can be face-to-face or telematics.

In addition, they participate in the preparation of manuals and specialized reference guides for professionals, tutor internships of personnel in training (with special attention to SE students) and carry out the detection of training needs.

- *Coordination*

The intervention with people affected by AD or another MND usually requires collaboration with other professionals or with other care devices, for the follow-up of cases, for the joint elaboration of guidelines for the intervention or for the adaptation of activities to the prescriptions of physical or cognitive rehabilitation.

- *Management*

It is specified in the direction, selection and management of human resources, in actions of a care nature, direction of the center, or in informative actions of the socio-educational intervention that they carry out.

Actions aimed at the Community environment

They are interventions that are aimed at the whole community or a specific group of it. SE professionals are especially involved in two major groups of activities in this area.

- *Interventions aimed at the prevention of cognitive decline and health promotion*

Aimed at a specific group of the population, usually over 50 years old, who present or not cognitive impairment. They are constituted as preventive programs that, under different denominations, such as "active aging", "cultivates the mind", "prevention and promotion of health", aim to educate for a healthy aging and with the highest possible level of autonomy.

- *Training, awareness-raising and dissemination actions*

Includes informative talks, commemorative events (such as World Alzheimer's Day) or other activities that allow to disseminate the services provided by the institutions in which they work, the knowledge of the disease, awareness-raising activities in schools (e.g. the grandmother needs kisses), film cycles (e.g. Wrinkles), intergenerational

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activities, social and/or charity dinners or other leisure activities.

> "... an important intervention of our profession is the community, to continue to feel an active part of our community..." (M_3, 45, 507-508).

Training

The majority of professionals refer that the training obtained after completing the degree in SE did not enable them to intervene with this group. To complete their training, they made use of other complementary ways such as masters and postgraduates, specific courses, congresses, exchange of experiences with other, professionals, visits to other centers or through readings/consultation of manuals.

> "... in social education I had subjects focused on older people, but with very little relation to Alzheimer's disease and what we saw was very impractical..." (M_{11}, 33, 1902-1903).

SWOT Matrix: Social Education and intervention with people affected by AD-MND

The information obtained through the different data sources was turned into a SWOT matrix (Table 2), synthesizing the most relevant results. This analysis has allowed us to diagnose the current state of the socio-educational intervention carried out by SE professionals aimed at people affected by AD-MND.

Table 2. DAFO matrix. Socio-educational intervention of educators in the context of intervention with people affected by AD or other MND

INTERNAL FACTORS	EXTERNAL FACTORS
Strengths	**Opportunities**
· Title that provides theoretical and practical knowledge about the socio-educational intervention (social skills, teamwork, social pedagogy, group dynamics, sociocultural animation ...) useful to intervene in this field. · Undergraduate training includes, in many universities, specific subject/s on gerontology and geriatrics. · Existence of Professional Associations of Educators and Social Educators in different points of the national scope that defends the profession and elaborates professionalizing documents. · Public and private institutions have incorporated ES professionals among the professional profiles of gerontological centers. · Existence of professional references in the field of intervention with people affected by AD or another MND. · Diversity of actions in different areas of intervention and with different groups.	· The new conception of health intervention conceives this from a holistic biopsychosocial perspective. · Increase in the elderly population and, therefore, also in neurodegenerative diseases. · Emergence of new paradigms or models of intervention (e.g. Active aging) on which to base the intervention from the ES, as an instrument to improve the quality of life. · Incorporation of social educators in the elaboration of the Individual Care Plans. · Growth of care devices specialized in the care of elderly people and with degenerative disorders. · New alternatives to increase postgraduate training in this field. · Social demand of the figure of the ES.
Weaknesses	**Threats**
· Low presence in the academic curriculum of subjects related to socio-educational intervention with people affected by AD or other NM. · Lack of clear definition of the functions to be performed by social educators in gerontological centers and institutions. · Absence of labor regulation regarding the hiring of social educators in gerontological and specific centers in the field of AD or other MND. · Lack of research habit and a solid body of scientific documentation derived from it, as well as a transfer strategy for the dissemination of knowledge and the visibility of good practices.	· Existence of other professional figures who carry out socio-educational interventions in this field at a lower cost to the employer (sociocultural animator, social integrator...) which can lead to professional intrusion. · Lack of knowledge and lack of recognition of the roles played by social educators by the employer institutions, and/or those responsible for social policies and/or the population. · Prevalence of care to the detriment of socio-educational in the intervention with people with AD. · The current economic and health crisis is accompanied by cuts in the social area, which implies less supply of employment and restrictions on socio-educational action.

3. Discussion and conclusions

The consequences of AD-MND go beyond the patient's immediate environment to become a problem that transcends the strictly biomedical, with serious social, economic and health repercussions (WHO, 2017), requiring a multidisciplinary vision (Zucchella et al., 2018), especially with a psychosocial approach (Waldorff et al., 2012). In this context, in recent years there has been a growing demand for socio-educational intervention, making social educators a key element in the attention to

this group. Its intervention is wide and varied and is aimed at those suffering from AD-MND, as well as families, other professionals or the community itself. These professionals, according to this study, propose actions in which music, theatre, games, physical activity, intervention with animals, cognitive stimulation or intergenerational activities, are references of their daily tasks.

Based on the information collected we have made a diagnosis that identifies the facilitating elements and obstacles for the intervention developed from the SE in the field of care for people affected by AD-MND.

Facilitating elements

The academic training is one of the variables that most affects the processes of professionalization. The approval of the university degree of SE meant a social, labor, and economic recognition of the profession, allowing the creation of professional associations oriented to organizational aspects and to the defense and development of the profession. The non-specialized training option, adopted in Spain, has integrated into a single degree, professionals from different fields of intervention (Pérez de Guzmán et al., 2020), enabling graduates in SE to acquire generic theoretical and practical knowledge of great relevance for geragogic intervention and for which students express a growing interest (Dapía et al., 2017).

The generalist training model adopted, opens possibilities for intervention in a variety of areas (March et al., 2016) and can be considered "as one of the opportunities offered by the profession and that favors the search for new sources of employment and incorporation into the labor market" (Eslava et al., 2018a, p. 59). One of the market niches, as has been found, that social educators have explored for their labor integration, has been the attention to people with AD-MND; an area of intervention that could be defined as heterogeneous, both by the areas attended and activities carried out, and by the plurality of recipients with whom they intervene (patients, relatives, professionals, community). As has happened in other areas, the construction and development of the SE profession has occurred through the good work of their professional practice (Losada et al., 2015).

On the other hand, the conception of health focused from a biopsychosocial perspective, together with the emergence of new paradigms such as "active aging" make it possible to approach ageing as a stage of life in which older people have the necessary conditions to guarantee health and safety, which allows them to continue developing a full life (Walker & Zaidi, 2019). Aging healthy and actively implies, also, having satisfactory social networks that enable effective and meaningful participation in the community, as fundamental elements to achieve a good quality of life and satisfaction with aging itself. This model provides new opportunities for SE professionals, among other disciplines, to develop their socio-educational intervention (Bermejo, 2016), contributing to this new way of understanding and conceptualizing the aging process, and to moving from a care model to a more integral approach (Echenique, 2009).

The phenomenon of population aging implies a significant increase in neurodegenerative pathologies (Garré-Olmo, 2018), which has led in recent decades to a growing implementation of specialized care centers aimed at people with AD-MND. They are care devices that adopt multidisciplinary intervention approaches, enabling opportunities for SE professionals (Buedo-Guirado et al., 2017). The hiring of social educators in the private, public and third sectors is facilitated by their versatility and ability to adapt to social changes and new areas of intervention (Serdio, 2015; March et al., 2016), heterogeneous and complex such as care for people affected by AD-MND.

Barriers

The generalist and versatile approach of the university degree of SE generates training deficiencies that are perceived in the professional practice; there is a lack of practices, and, above all, specific training aimed at the different areas of intervention and/or specific groups (Álvarez Fernández, 2017; Eslava et al., 2018a,b). To remedy these shortcomings, they turn to continuing training, enabling them to adapt to new emerging needs (Eslava et al., 2018b).

Although since the end of the last century new paradigms have been emerging (Engel, 1978) and new ways of conceptualizing gerontological intervention as the ACP model (Martínez Rodríguez, 2017; Martínez et al., 2016), still the intervention in the socio-health field has not been detached from the care model; this model reduces the possibilities for socio-educational intervention (Echenique, 2009) and turns the active aging model into a theoretical reference, not always present in gerontological care practices (Bermejo, 2016; Buedo-Guirado et al., 2017).

On the other hand, although we have found that there is a high percentage of specialized care centers for AD-MND that have social educators, it is not something extended to all of them, because their incorporation is not regulated in the labor market, nor is it included in the current labor

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agreements. We agree with Muñoz Galiano (2008, p. 431) when he states that "the professional practice of social educators in general and with older people in particular depends to a large extent on normative regulation, on social policies (...) and on the quality of the training received".

In addition, there is still a social ignorance of the figure of the social educator, even on the part of employers, about what functions these professionals exercise and about the delimitation their specific functions, compared to other professionals (Álvarez-Fernández, 2017; Eslava et al., 2018a). At the same time, ignorance, and the lack of clear regulation cause other graduates in the field of socio-educational intervention with a lower level of training/training to develop activities that exceed their qualifications and invade the competences of social educators, which evidence professional intrusion (Buedo-Guirado et al., 2018).

The difficulty involved in working with people affected by an MND –comprehension difficulties, progressive functional deterioration, disruptive disorders...–, make it necessary to be permanently adapting the activities to the changing needs of the users, adding complexity to the socio-educational intervention (Giménez Gualdo & Habib Allah, 2015). To all this, we must add the precariousness of aid resources and the difficulties involved for families to assume care (Esandi & Canga-Armayor, 2011).

Finally, although it has not been a subject analyzed in this study, it is detected that the SE needs, for its development, to promote research and knowledge transfer actions, necessary for its visibility and consolidation in this professional field (Morales & Sánchez, 2012; Muñoz et al., 2020; Sánchez-Santamaría et al., 2012).

This study is original in that it makes visible and contributes to the professionalization of social educators in the field of care for those affected by AD-MND, however, it has certain limitations. Firstly, the small sample size, although the participants represent more than 70% of the total number of SE professionals who are currently working in Galicia. Secondly, having focused only on one autonomous community reduces the level of generalization, and it is advisable to extend this study to other communities and/or to the international context.

The data from this study are useful to guide the professional practice of social educators in the field of intervention with people affected by major neurocognitive disorders and contribute to increase the body of information available in a clearly deficient area.

In conclusion, it can be said that graduates in social education have been able to detect as a niche of employment the care of old people and, in particular, people affected by AD or another MND and integrate professionally into this field, although they face great challenges in which the collaboration of different participants is necessary: Administration, university, professional associations and business world.

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