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# From Reaction to Prevention:
## A Viewpoint on Reimagining Social Work Through a Public Health Lens

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### ABSTRACT

This viewpoint article argues that social work should incorporate key prevention principles from public health practice. Rather than replacing existing interventions, it aims to complement them by shifting practice from a reactive model to one that is proactive, explicitly prevention-focused, and systemic in scope. Public health has long emphasized the critical value of early intervention through a four-tier framework—primordial, primary, secondary, and tertiary prevention—that reduces risk and addresses inequities before they become entrenched. Applying this model could enable social work to act further upstream, focusing on the root causes that create social problems, rather than just treating the resulting symptoms downstream in the causal chain of disadvantage. Prevention-oriented practice would integrate professional judgment, values, and lived experience with evidence on effective approaches, while addressing social determinants of health such as housing, education, employment, poverty, and the environment. Implementation requires interdisciplinary work and cross-sector collaboration.

### KEYWORDS

Social Work, Public Health, Prevention, Evidence-Based Practice, Social Determinants

### INTRODUCTION

In recent years, there has been a call for social workers to engage more in prevention (Cederbaum & Ross, 2025; Swedish Government, 2024). This trend is evident in countries such as the United States, where researchers have argued for a new profession called "public health social work" (Ruth et al., 2015, 2016, 2019), and in Sweden, which has recently adopted a new Social Services Act requiring services to be more preventive and evidence-based (Swedish Government, 2024). This renewed emphasis on prevention has emerged because, despite its strong commitment to social justice, contemporary social work practice remains overwhelmingly reactive worldwide (Cederbaum & Ross, 2025; Santana-Hernandez, 2021; Veta & McLaughlin, 2023). Across settings ranging from child welfare and mental health to homelessness and substance use, interventions are typically initiated only after harm has occurred (Griffin & Botvin, 2010; Hopper, 2010; Neger & Prinz, 2015). This approach limits the field's impact and perpetuates a cycle of crisis management that fails to address the root causes of social problems (Cederbaum & Ross, 2025; Neger & Prinz, 2015). Nevertheless, documented examples of effective prevention strategies exist, including in child mental health and

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in delaying the onset of need for adult care (Keemink et al., 2023; McGovern et al., 2023; Tew et al., 2025). In contrast, public health has long embraced prevention as a core strategy. Through its structured framework of primordial, primary, secondary, and tertiary prevention and its systematic use of data and evidence, public health has achieved measurable improvements in population outcomes (Frieden, 2010). For example, early childhood vaccination, tobacco control policies, and maternal health programs have reduced morbidity and mortality globally (Frieden, 2010).

This viewpoint aims to stimulate debate by arguing that social work should adopt principles similar to those used in public health, placing greater emphasis on prevention to complement, rather than replace, existing interventions while integrating evidence-based approaches into policy and practice. It also considers the potential structural and ethical challenges that may arise as the profession increasingly adopts a preventive orientation.

## CURRENT STATE OF SOCIAL WORK: MOSTLY REACTIVE BY DESIGN

Contemporary social work across the globe is characterized by an inherently reactive orientation, with systems designed primarily to respond to rather than prevent crises (Gray & Webb, 2013; Parton, 2008; Roberts, 2022). Although grounded in principles of social justice, empowerment, and early intervention, practice is often constrained by policy frameworks, funding models, and institutional mandates (Gray & Webb, 2013; Parton, 2008). In both high-income and low- and middle-income countries, services are frequently overwhelmed by urgent cases requiring immediate attention, producing reactive models of care that favor short-term fixes over long-term change (Gray & Webb, 2013; Parton, 2008; Roberts, 2022). Across the lifespan, from child protection to elder care, this reactive stance has become the norm (Casey Family Programs, 2022). In child welfare, for example, social workers are often involved only after harm has occurred, prompted by mandatory reporting laws and risk management protocols (Casey Family Programs, 2022). While essential for safety, this model narrows the space for proactive family support and community-based interventions (Munro, 2011). In adult mental health services, social work involvement is commonly triggered by acute crises, such as hospitalization or legal contact, rather than early distress or emerging social isolation (Fisher et al., 2021). Globally, this reactive design is intensified by the unequal distribution of resources (Hugman et al., 2010). In many Global South contexts, social work is practiced amid humanitarian emergencies, political instability, and chronic poverty (Veta & McLaughlin, 2023). Here, practitioners are compelled to meet immediate survival needs such as food, shelter, and protection, leaving limited scope for systemic advocacy or long-term planning (Hugman et al., 2010; Veta & McLaughlin, 2023).

Even in better-resourced countries, austerity measures and bureaucratic constraints have stripped back preventive services, forcing practitioners to operate in a state of "permanent crisis" (Jones, 2015). This reactive orientation does not stem from professional indifference or lack of skill but from the socio-political environment in which social work operates—a field expected to address the symptoms of structural inequality while being under-resourced to prevent them. For example, research in the U.K. has shown that austerity-driven cuts to local authority budgets have coincided with rising child protection investigations and out-of-home placements, pushing practitioners toward crisis-driven responses rather than early help (Bywaters et al., 2015; Hood et al., 2020). Similarly, in the United States, ongoing debates around the implementation of the Family First Prevention Services Act highlight how limited funding streams and complex eligibility requirements constrain agencies' ability to deliver preventative, community-based services, resulting in continued reliance on reactive child welfare interventions (Perez & Patterson, 2020; Villalpando, 2020; Waid & Choy-Brown, 2021). These cases illustrate how structural resource limitations shape the conditions of practice, narrowing the scope for preventative work and reinforcing a system in which social workers intervene only once harm has already occurred.

Efforts to advance more proactive, community-based, and relational models of practice have frequently been undermined by risk-averse cultures and performance-driven governance