Between reaction and prevention: a systematic review of a social intervention dilemma for Social Work (2000-2019)

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Abstract. The underlying purpose of Social Work is to promote changes that better people's quality of life and their environments. This is normally evidenced in social intervention that reacts to an emerging or existing problem affecting individuals, or families, groups and communities. Prevention, however, does not stay within the realm of immediate care. Instead, it relies on forward-looking diagnostics to assess the personal and environmental risk factors of vulnerable individuals to prevent them from suffering their effects or, equally, from aggravating them. In line with these assumptions, the objective of this study has been to analyse the characteristics of social intervention as found in social work journals published between 2000-2019, and to establish the relevance of reactive intervention (responses to problems already present) versus preventive intervention (attempts to prevent problems from ensuing). For this purpose, a review has been performed of 29 papers in published in scientific journals between 2000 and 2019. From the results obtained, it was observed that most studies relate to experiences based on reactive intervention whilst few are based on preventive intervention. Consequently, the authors propose recommendations for the practice and research of Social Work from a preventive approach.
Keywords: Political framework, preventive social intervention, reactive social intervention, models of intervention, social work.

Summary: Introduction. 1. Materials and methods. 2. Results. 2.1 Temporal scope. 2.2 Countries where studies were performed. 2.3 Participants. 2.4 Type of intervention. 2.5 Organisational context. 2.6 Methods and techniques used. 2.7 Contributions to Social Work. 3 Discussion and conclusions. 4. References.

Introduction

Those who are professionally engaged in social work strive to change living conditions to better people's quality of life and overall health. This work is performed at the community level, at the group level, the family unit level, or equally, at an individual level. In social work practice change is closely tied to social intervention. This term refers to any intentional action that may modify a process, condition, or situation. The underlying aim of any intervention is to diminish or eradicate risk factors whilst also activating and fostering protection factors. This being the case, the *International Social Workers Federation* (IFSW, 2014) states that, "Social Work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people". A number of cardinal principals are embodied in this definition i.e.: social justice, human rights, collective responsibility, and respect for diversity. Similarly, it is also possible to derive from this definition the following mandates: the promotion of social change, social development, social cohesion, and the empowerment and liberation of individuals.

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These mandates are legitimized because Social Work intervenes at the points where people interact with their environment.

The European Council has also published its stance on the role of social workers, stating in *Resolution 67/16 of the Committee of Ministers of the Council of Europe on "duties, training and status of Social Workers"*[2] that one of the key duties of a social worker is to help the community build preventive services, which should be offered in parallel with services aimed at solving problems in order to expand engagement with the population concerned and encourage greater participation on their part.

In the case of Spain, the territory is divided into autonomous communities. Given the nature and configuration of these, it is necessary to have specific legislation concerning regional powers and the scope of autonomous competencies. Many laws have been enacted to this end, amongst which are included those that govern social services[3]. In these laws, social workers have a major role in setting up and running the Public Social Services System. As social service laws provide the legal framework governing the activities of social workers, the author has performed, by way of example, an ATLAS.ti analysis of *Act 16/2019, of May 2nd, of the Canary Islands Social Services* (*Official State Gazette. 141*)[4]. This analysis produced the following results, amongst others: The Act contains 40,345 words, with the term *prevention* appearing 30 times, whilst terms relating to intervention (as a reaction) appear a total of 804 times (*intervene* 61, *promote* 76, *protect* 51, *support* 34, *advise* 8, *assist* 17, *help* 32, *address* 228, *process benefits* 297). Furthermore, the word *empower*, which a key term in Social Work, appears only once. And finally, other important concepts with little representation in the aforementioned law were: *supervision* 6, *studies* 3, and *research* 8. As evidenced by the 804 references to reactive actions versus just 30 references to preventive actions, reactive social intervention in mentioned prevalently the aforementioned legal act.

When it comes to the theoretical education and practical training offered in the field of Social Work, the White Paper for the undergraduate degree in Social Work (Vázquez-Aguado, 2003, p. 170) sets forth eleven duties that must be performed by social workers. The first of these eleven duties refers to prevention, and the second of these eleven refers to intervention. However, in the aforementioned document no mention is made of the first duty under the set of specific competencies that must be acquired by graduates of the Degree in Social Work, e.g.: what competency is needed to draft the preventive interventions forming part of a Safety Plan for areas in which professional duties may be performed. The White Book also defines the preventive duties and early intervention measures available to social workers in conflicts ignited by problematic individuals, or groups, resulting from human interactions or the social environment. Conversely, the role of direct support is to provide attention to individuals or groups who are experiencing, or at risk of experiencing, social problems. Its purpose is to strengthen the skills and faculties of the individual to that they are able to address future issues without the need for assistance, and successfully integrate themself into the social life of their community.

The classification system for prevention and intervention provided by the United Nations has proven to be of immense importance (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2003). In the WHO's first World Report on Violence and Health (2003) the authors use *temporal aspect* and *population group* as criteria for describing preventive interventions. Turing our attention to the *temporal aspect* first, which defines whether an intervention occurs prior to a violent act, immediately following the act, or at a later date, it is possible to observe that public health interventions are characterised by three levels of prevention: primary, secondary, and tertiary. Primary prevention covers approaches that aim to prevent violence before it occurs; secondary prevention covers approaches that centre on more immediate responses to violence that has taken place, i.e. medical attention, accident and emergency services, or treatment for sexually transmitted diseases following rape; and tertiary prevention covers approaches that focus on long-term support in the wake

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[2]   Whenever the term "social worker" is used, reference is being made to both male and female workers.
[3]   In Spain there is no state law governing Social Services, instead each autonomous community has its own law and specific powers to enact new legislation.
[4]   Ley 16/2019, de 2 de mayo, de Servicios Sociales de la Comunidad Canaria (BOE, num. 141)

of violence, i.e. rehabilitation and reinsertion, attempts to reduce trauma or long-term disability resulting from violence. Turning now to *population group*, interventions are classified as follows:

- **Universal interventions** - those aimed at specific groups, or the general population, that pay no regard to individual risk;
- **Selected interventions** – those aimed at individuals identified as being at heightened risk. In other words, people presenting one or more risk factors;
- **Indicated interventions** – for example, those aimed at individuals with a history of violence.

It is interesting to note that the proposed classification system contemplates the transversal nature of prevention in each type of intervention; therefore, there should be no reactive intervention that does not also take into account the preventive aspect. It is possible to state that with this classification system it follows that intervention is at the service of prevention, even when its role is to provide a response to pre-existing problems, as seen in the case of tertiary level prevention or indicated intervention.

Rigorous research on intervention, whether it is reactive or preventive, is vital for the field of social work. By producing research findings, it is possible to provide solid evidence to support our understanding of interventions and i) identify which interventions are effective and for whom, and ii) test the efficiency of an approach, whether it be at the primary, secondary or tertiary level. Reid, Kenaly & Colvin (2004) performed a review of social work programs published between 1990 and 2001. They found that although considerable progress had been made in social work practice at the end of the 20th century, and in identifying effective intervention measures, progress had been slower when it came to identifying which of these interventions would in fact be better suited to a specific problem over others. What this indicates is that there has been a lack of comparative design in the analysis of intervention results. Prior to this, Hanrahan & Reid (1984) detected a study was being performed that was relevant to social work practice and suggested that professional social workers perform a systematic review of the effects of interventions in order to determine whether or not they satisfy criteria for originality, importance, and generalization.

Professional practice and interventions should be supported by empirical evidence, as demonstrated by the study by McBeath, Briggs & Aisenberg (2010). According to these authors, four basic premises can be used for defining efficient interventions: i) the intervention must be relevant to people's shared needs and problems, ii) the intervention must be culturally appropriate, iii) the intervention must be replicable, and iv) the intervention must be sustainable in the context of the community. During their review, the authors did not find sufficient supporting empirical evidence to demonstrate that this approach based on four premises was being used; thus, the authors provided recommendations on how to develop the approach.

In terms of prevention, social workers must identify the approaches that do in fact work and separate them from those that do not, or those that have not been adequately demonstrated to work. Under these circumstances, they may test interventions that seem promising although not yet appraised (Hawkins, 2006). Nonetheless, preventive interventions remain scarce. Amongst others, it is possible to use the following situations affecting children and adolescents by way of example: truancy, alcohol or drug abuse, violence, unsafe sexual practices, suicides, etc. (Shapiro & Bender, 2018).

Despite and increase in the volume of research in the field of social work, there is still very little research that evaluates the interventions that are used, and even fewer still that focus on preventive intervention. Accordingly, we set ourselves the task of revising the scientific literature and publications pertaining specifically to Social Work in order to establish the characteristics of **reactive intervention** (that which provides a solution to problems that are already present) and **preventive intervention** (that which prevents problems from arising or worsening). To achieve this, we have defined a general objective and a subset of specific objectives.

General objective

Analyse the characteristics of social intervention via a systematic review of social work journals published between 2000 and 2019.

Specific objectives

- Describe the characteristics of social intervention in social work practice.
- Analyse the relevance of reactive intervention compared to preventive intervention in social work publications.
- Establish the extent to which government regulations set the guidelines that dictate which interventions must be used by professional social workers.
- Compare the use of reactive intervention against preventive intervention in terms of social work efficiency.
- Discover the models and intervention techniques employed by social workers during professional practice.

1. Materials and methods

Secondary research has been performed using a systematic review of papers published in scientific journals. Prior to performing any systematic review, a clearly defined research question must be formulated, after which a predetermined explicit and systematic methodology must be used in order to identify, select, and critically appraise research all relevant research, and also to collect and analyse data from the primary studies included in the review (Martin, Tobías & Seoane, 2006, in Sánchez-Meca & Botella, 2010). Thus, just as the task of performing an empirical study is deemed to be a scientific task, so to is the process of systematically reviewing empirical studies. As such, in this instance the systematic review was divided into a number of clearly defined steps, which are listed here: problem formulation, selection process, data coding, data analysis and interpretation.

Problem formulation: The question formulated for this review was: 'What are the characteristics of social intervention according to social work journals?'.

Selection process: The study criteria were defined, as follows: studies need to have been published between 2000 and 2019, in peer-reviewed journals, and in either English or Spanish. The search query included Boolean operators for the following terms in English and Spanish: 1) content in the paper heading –*social work* or *social workers* or *social work practice*; 2) content in the description– *prevention* or *intervention* or *treatment* or *pro-*

gram. Once the selection criteria had been established, the search process was then begun. The following electronic databases were used in said process: Academic Search Complete, Eric, Medline, PsycInfo, PsyArticles, Dialnet, and Google Scholar. Initially 1095 articles were found using the aforementioned criteria; however, following adaptations to the established criteria the number of articles meeting all prerequisites fell to just 29.

Data coding: Once the selected empirical studies had been located and retrieved, the papers were then read and the characteristics of each study were logged. To achieve this, a protocol was created that established which moderating variables would be recorded. These variables were:

- *participant variables*, i.e. age, sex, health status, etc.;
- *treatment, assistance or prevention variables*, their duration, etc.;
- *environmental variables* that indicate where the intervention took place, i.e. in the community, in an organisation, in the home, etc.;
- *methodological variables*, those implicated in the design, techniques or instruments of the empirical study;
- *legal variables*, whether the intervention is the consequence of a law or political ruling to that effect.

The purpose of the data-coding phase, which logs the characteristics of the studies, was to provide a set of variables that could be used to explain efficiency variances in the results gathered from different studies.

Analysis and interpretation: The results obtained from data coding the aforementioned variables have been presented in a table that summarises the evidence found. In this stage the research findings were analysed and their implications on intervention and prevention discussed.

2. Results

In this section the results are detailed in two sections: firstly, the authors present a brief summary of each variable analysed that includes the temporal scope of papers, the countries in which the studies were performed, the participants and/or object of study, the type of

intervention and prevention, the spatial context of the study, and the methodologies and techniques used; secondly, the authors provide a table presenting a summary of the details from each of the papers analysed in this study (Table 1).

2.1. Temporal scope

The analysed articles have been grouped into two decades: 2000-2009 and 2010-2019. Observations indicate that the majority of work was published in the latter of these two groups, as only four works (13.8%) were found in the first decade (2000-2009), whilst twenty-five works (86.2%) were found in the second decade (2010-2019).

2.2. Countries where studies were performed

It was found that the countries in which the majority of studies had been performed in the United States of America and Canada (44.8%); in second position, the countries Iran 2, Australia 2, Egypt 1, Singapore 1, India 1, New Zealand 1, and China 1 (31.0%); and in final position (24.1%), a small collection of countries from within Europe (the U.K 3, Ireland 1, Sweden 1, Belgium 1, Spain 1).

2.3. Participants

Different people possessing a variety of characteristics are reflected in the studies. Notably, the majority are those with health problems or some form of addiction (41.4%), followed by children and adolescents with family or educational issues (20.7%); these are then followed by a series of secondary studies on a variety of issues (17.2%). To a lesser extent there are those who have suffered the affects of catastrophes (10.3%), and the elderly (3.4%). Lastly, there are two studies in which participants were professional social workers (6.9%).

2.4. Type of intervention

An analysis was performed on the type of intervention that was used to detect whether it was reactive or preventive. It was found that 62.1% of the works showed study data for an intervention (reactive) without mentioning prevention. Secondly, the works showed a combination of intervention and prevention (31.0%), and only two studies (6.9%) presented results from a preventive intervention.

2.5. Organisational context

The contexts or settings in which the majority of studies or proceedings were held are as follows: firstly, a medical centre or hospital (41.4%); next, educational centres, family units, and the community (20.7% each); lastly, child protection services (10.3%), and then community-based social services (6.9%).

2.6. Methods and techniques used

Systematic reviews were performed using standard methods, as were qualitative studies. There are only two instances in which experimental studies were used. The most common techniques used amongst those identified were the *structured interview* and the *semi-structured interview*. They also use analyses of people's social background or their personal records. In terms of models, mention is only made of the Systemic Intervention Model and the Empowerment Model.

2.7. Contributions to Social Work

A group of seven studies make mention of improvements in intervention. In other papers there is no evidence of this, or they even state outright that the intervention has not been effective. In one sense or another, the majority have implications for the advancement of social work.

Table 1. Systematization of data

Source	Participants	Treatment (Intervention or Prevention)	Context of intervention	Models (methods, techniques). Contributions	Country
1. Allen-Meares, P., Montgomery, K. L., & Kim, J. S. (2013).	Review of 18 empirical studies on school social workers.	Intervention levels 1 & 2.	Primary and secondary school.	pre-test – post-test studies.	Multiple countries: U.S.A & others.
2. Álvarez, M. E., & Anderson-Ketchmark, C. (2010).	Review of 6 studies. Academic adjustment.	Intervention and prevention.	Primary and secondary school.	Systematic revision.	U.S.A
3. Beagon, C., et al., (2015).	160 individuals with alcohol addition, with relapses.	Intervention (Counselling).	Healthcare Centre. Hospital.	Descriptive study. Social Work intervention is not effective.	Ireland
4. Bekelman, D. B., Johnson-Koenke, R., Bowles, D. W., & Fischer, S. M. (2018).	17 individuals with Stage IV cancer.	Intervention (Psychosocial support).	Medical centre. Centre for Veterans Health.	Semi-structured interviews. Moderate improvements.	U.S.A
5. Carlsson, C. (2017).	9 female adolescents who have self harmed.	Intervention.	Equine Therapy Centre.	Equine Therapy. Video recording. Inconclusive findings.	Sweden
6. Chung, W., Edgar-Smith, S., Palmer, R., Bartholomew, E., & Delambo, D. (2008).	403 Boys and girls with mental health problems.	Individual intervention & family unit intervention.	Child psychiatric hospital.	Analysis of medical records. SPSS computer application.	U.S.A
7. Coren, E., Iredale, W., Rutter, D., & Bywaters, P. (2011).	Review of 4 studies.	Individual intervention & family unit intervention.	Community social services.	Qualitative review. Implications for improving health.	U.K
8. Danaee-far, M., Maarefvand, M., & Rafiey, H. (2016).	56 Men who consume substances.	Individual intervention & family unit intervention. Prevention of relapse.	In the clinic and in the home.	Controlled trial. Chi-square test. Intensive intervention prevents relapse.	Iran
9. Du Plooy, L., Harms, L., Muir, K., Martin, B., & Ingliss, S. (2014).	Patients and families who have been the victims of fires.	Intervention. Psychosocial support. Material assistance.	Hospital.	Emergency attention. Professional think-tanks. Conclusions for disaster response preparedness.	Australia
10. Elsherbiny, M. M. (2017).	48 Male and female children who play truant.	Preventive. Children and parents.	School.	Experimental. Improvement in treatment group.	Egypt

Source	Participants	Treatment (Intervention or Prevention)	Context of intervention	Models (methods, techniques). Contributions	Country
11. Feldman, B. N., & Freedenthal, S. (2006).	598 Social workers.	Professional competence pertaining to suicide.	All areas.	Online questionnaire. Conclusion – training insufficient.	U.S.A
12. Ferguson, H. (2016).	At-risk minors and vulnerable households.	Research and intervention.	Private homes. Protection of minors.	Participant observation. Change in minors risk level.	U.K
13. Frey, J. J., Hopkins, K., Osteen, P., Callahan, C., Hageman, S., & Ko, J. (2017).	32 Basic support professionals.	Community service and individual assistance.	Community and financial aid NGO.	Pretest - posttest. Statistical analysis. Peer-to-peer support increases professional preparation.	U.S.A
14. Gilbert, D. J., Harvey, A. R., & Belgrave, F. Z. (2009).	Review of 8 programs on child development and the family.	Psychosocial intervention with a focus on Afrocentrism. Prevention.	Intervention with individuals, family units, and the residential community.	Afrocentrism as a paradigm for Social Work practice.	U.S.A
15. Goh, E. C. L., & Baruch, H. (2018).	Review of 11 articles on children of female sex workers.	Individual intervention.	Families and community.	Statistical analyses.	Singapore
16. Kelly, M. S., Frey, A. J., Alvarez, M., Berzin, S. C., Shaffer, G., & O'Brien, K. (2010).	1639 School social workers.	Individual and organisational intervention levels 1, 2, 3.	School.	Online questionnaire. Statistical analysis.	U.S.A
17. Kintzle, S., & Bride, B. E. (2010).	Sudden deaths.	Intervention. Bereavement support.	Healthcare setting.	Medical model. Lack of resources.	U.S.A
18. Laird, S. E., Morris, K., Archard, P., & Clawson, R. (2017).	Families with at-risk minors.	Family unit intervention. Risk assessment.	Child protection services.	Study of reports and semi-structured interviews. Difficult to apply systemic model in this field.	UK
19. Maple, M., Pearce, T., Sanford, R. L., & Cerel, J. (2017).	Review of 246 articles on suicide cases.	Intervention, prevention and postvention.	Health & multiple fields.	Descriptive, explanatory and control articles. Important field for Social Work.	Australia

Source	Participants	Treatment (Intervention or Prevention)	Context of intervention	Models (methods, techniques). Contributions	Country
20. Mishna, F., Muskat, B., & Cook, C. (2012).	68 High school students. Parents. Teaching staff.	Intervention. Prevention.	School.	Ecological systems model. Pretest - posttest. Structured interview. Improvement upon finishing program.	Canada
21. Ponnuchamy, L. (2011).	30 Individuals with schizophrenia and 30 family members.	Tertiary intervention and prevention.	Mental health.	Experimental method. The intervention has assisted in reducing patient disability.	India
22. Ross, J. W., Roberts, D., Campbell, J., Solomon, K. S., & Brouhard, B. H. (2004).	114 Paediatric patients (57/57). Child abuse/ neglect, mental health, financial needs.	Intervention. Psychosocial assessment.	Hospital & out-patient clinic.	Experimental study. Increase the number of visits for the intervention group & reduce the number for the control group.	U.S.A
23. Ruiz-Mosquera, A. C. & Palma-García, M. O. (2019).	Six secondary school students (male & female) at risk of dropping out of school.	Psychosocial intervention. Prevention.	Schools.	Qualitative method.	Spain
24. Salomoni, F., Addelyan Rasi, H., & Hosseinzadeh, S. (2018).	60 elderly individuals.	Intervention. Prevention.	Municipal social services departments.	Empowerment. Experimental. Instruments to measure living standards. Statistical analysis.	Iran
25. Schiettecat, T., Roets, G., & Vandenbroeck, M. (2017).	14 mothers and fathers with children living in poverty.	Intervention.	Childcare centres & social services departments.	Qualitative study. Social Workers trained to work in complex situations.	Belgium
26. Scott, A. L., Pope, K., Quick, D., Aitken, B., & Parkinson, A. (2018).	11 social workers. 53 families with problems relating to drug abuse, mental health problems and at-risk minors.	Intervention. Risk management.	Child Protection Centres.	Qualitative interviews. Analysis using NVivo.	New Zealand
27. Sim, T., & Dominelli, L. (2017).	People affected by the earthquake.	Primary, secondary and tertiary prevention.	Mental Health.	Social Work Psychosocial Model, not validated.	China

Source	Participants	Treatment (Intervention or Prevention)	Context of intervention	Models (methods, techniques). Contributions	Country
28. Smith-Osborne, A., & Selby, A. (2010).	Review of 15 articles. Children and adolescents with mental health problems.	Tertiary intervention and prevention.	Equine Therapy.	No data.	U.S.A
29. Strauss, R., & Northcut, T. (2014).	Women diagnosed with cancer.	Tertiary intervention and prevention.	Clinical Social Work.	Use of Yoga. Positive results for improved quality of life.	U.S.A

3. Discussion and conclusions

Following an analysis of the selected papers, it was observed that the majority of papers had been published in English; only one that had not been published in English could be included in this study. Additionally, it was found that the majority of them (86.2%) had been published in the last decade of this century. This highlights the growing importance being placed on assuring the quality of interventions, and, equally, on disseminating results to further the theoretical body of work linked to the discipline of social work. Despite the fact that certain studies dating towards the end of the century has pointed to an increase in research and increased interest in studies on intervention (Hanrahan & Reid, 1984; Reid, et al., 2004), it has not been until now that we could scientifically demonstrate that there has actually been interest in performing research on the different aspects of intervention.

The studies were based on a wide variety of individuals. Nonetheless, it was possible to observe that the overwhelming number of interventions involved individuals affected by health problems (both physical and mental), functional diversity, or addictions. These populations, alongside children and adolescents suffering from a range of problems, are represented in the majority of works. Other individuals who are represented to a lesser extent are those suffering bereavement, and also the elderly. In each instance, what stands out in the studies is that the intervention is performed in circumstances in which a situation is affecting a specific set of individuals. In very few cases have interventions been performed from a preventive stance, in accordance with the indica-

tions set forth by the WHO in its report (Krug, et al., 2003). However, the studies analysed do at least attempt to empirically demonstrate the results of specific interventions (McBeath, et al., 2010), regardless of whether they have a preventive perspective or not, or when only a preventive action. In general, the studies do not state whether the interventions proved useful in resolving people's problems, whether they were culturally appropriate (there is only one instance of this which deals with Afrocentrism), or whether they were replicable and sustainable (McBeath, et al., 2010).

Consistent with the participant population, the organisational contexts in which the majority of studies were run were medical centres and hospitals and schools, followed in last position by community-based programs or services.

These two variables, *population* and *context*, would suggest that the most prevalent type of intervention is the reactive type. This type provides answers to problems already existing in an individual's life and does not prevent a problem from occurring in the first place or worsening. In 62.1% of the studies it was found that an intervention had been performed prior to a specific problem without any indication that prevention had also been performed. A third of the studies displayed a combination of both types of intervention, reactive and preventive. Only two studies (6.9%) were entirely dedicated to prevention. This lack of studies on prevention is in line with findings by authors such as Hawkins (2006) and Shapiro & Bender (2018), amongst others.

What is more, the studies analysed do not explicitly state the legal framework under which activities were run. However, given the

characteristics of the studies and the context in which they took place, it could be deduced that they fall under the umbrella of welfare protection regulations aimed at assisting people who find themselves facing different challenges. As stated in the analysis of the legal act governing autonomous communities (B.O.E. 2019), the great majority of terms that are used make reference to an intervention as a 'reaction' to different situations. Only on rare occasions is the term prevention used in any of its guises. This suggests to us that although the regulatory frameworks regulate the actions that need to be taken in the face of a range of problems, it is rare for them to anticipate problems using preventive action. This has direct repercussions on professional practice, and conditions the actions of professionals in as far as that they cannot always develop alternative interventions given that they cannot access the resources needed to do so.

Except in the case of systematic reviews, which do not always clearly express the methods used in the original sources, the methods used are predominantly qualitative. These qualitative methods come in the shape of semi-structured interviews, the analysis of secondary sources such as the personal reports or social backgrounds of the people involved in the intervention. Two cases were found in which an experimental study was run using two groups, the control group and the intervention sample group. Furthermore, there is no evidence of the models being used except in one case dealing with the Systemic Intervention Model and another case dealing with the Empowerment Model.

The majority of studies propound a series of implications for social work, although only seven actually state that people improved following the intervention; the remainder either do not provide this information, or expressly state that the intervention was ineffective.

Allowing for the fact that these results should be treated with caution, there remains no doubt that there are many perfectly valid experiences that are worthy of publication. The reality is that both the languages and countries in which the other studies were performed limit the scope of this particular study. Neverthe-

less, according to the objectives that were set it is possible to conclude that the intervention being performed by professional social workers is predominantly reactive. In other words, it is focused on people with problems, most notably health, children and adolescents with socioemotional and academic adjustment issues, or vulnerable families. Among the studies analysed, some do address the issue of intervention efficiency although only a limited number state there was an improvement in people's circumstances following treatment. Furthermore, the scarcity of studies on prevention made it impossible to compare the efficiency of social work practice using reactive intervention against social work practice using preventive intervention. In terms of governing regulations, it is not possible to affirm one way or another that the regulatory frameworks determined the intervention approach used. However, such information could be deduced from the characteristics of the organisation in which the study is run, as governments regulate these entities in the majority of countries. In terms of the methodologies and techniques used, qualitative studies stand out as having been used most often, whilst experimental studies and statistical methods were rarely used.

To conclude, the author of this paper are proposing the following courses of action to help overcome the dilemma between reactive intervention and preventive intervention. Firstly, it is important to assess the importance of prevention in the routine work of people immersed in different social realities, whether it be primary, secondary or tertiary level prevention. Secondly, it is important to urge the competent authorities to support and finance prevention measures given that they are healthier, more economical and more sustainable, both for individuals and their surrounding environments. Likewise, it is important to ensure that the design of interventions and research findings are being published in the scientific literature, as this will allow for replication and permit systematic reviews. Lastly, when reporting on the effects of interventions on individuals it is also important to ensure that findings are split into subgroups that reflect all the significant participants.

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