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Transforming a precarious equilibrium: Embracing complexity in public design practices

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Abstract: This paper examines how design space for engaging with complexity was constrained, negotiated and expanded within a Dutch public sector organisation providing occupational disability services. While systemic design calls for transformation and embracing complexity, practical understanding of enacting this within a political-administrative context remains limited. Through critical analysis of a participatory action research project, we trace six key moments where possibilities for transformation were opened up or constrained: from processing the initial individual-centric framing, through recognising relational complexity, to translating insights into interventions. Our analysis reveals tensions between systemic aspirations and organisational realities: while the project successfully reframed reintegration from an individual-centric to relational understanding, translating this perspective into design interventions proved challenging. The paper offers actionable insights for systemic design practice in public sector contexts, demonstrating both the promise and limitations of design for transformation and systemic change within established organisational environments.

Keywords: systemic design; complexity; public sector; social welfare services

1. Introduction

Consider the situation of Sandra who is a 56-year-old woman and one of our research participants. After recovering from lymphoma at age 29, she worked full-time for years until she started facing several health problems: spinal cord inflammation, heart attack, pulmonary embolisms. Her highly variable condition means she can neither stand nor sit for extended periods, which makes assessing her ability to work difficult. Sandra tries repeatedly to return to work—because she needs it both financially and socially—but the positions she gets consistently prove her to be unsuitable due to her variable condition. This generates a sequence of working and dropping out of work, cycling between different government benefit schemes and having to pay back previously received excess allowances. She survives financially only through parental support while experiencing increasing social isolation. When discussing her health during job applications, she notices employers' reluctance.

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Therefore, she often conceals her condition but feels guilty when she drops out again. Well-intentioned support—like job application courses—do not offer what she needs, as finding a job is not the problem. She remains caught in a *precarious equilibrium*.

To improve the effectiveness of social welfare policies and services, public sector organisations are increasingly turning to human-centred approaches (Feitsma, 2019; Junginger, 2014; Kimbell & Bailey, 2017; McGann et al., 2018). This reflects growing recognition that developing effective policies and services requires understanding the drives and motivations (Bason, 2018; Whitehead et al., 2017) of those confronted by issues such as health disparities, low-literacy and social isolation.

Since the early 2000s, governments have increasingly drawn from models and frameworks from psychology and behavioural economics (OECD, 2017), such as prospect theory (Kahneman, 2011; Tversky & Kahneman, 1974), nudging (Thaler & Sunstein, 2008), and the integrative model of reasoned action (Fishbein & Ajzen, 2010), to inform policy design and implementation. Similarly, design research and practice have seen a behavioural turn in recent years, with the design of products and services seen as key leverage points for behaviour change (Niedderer et al., 2017; Tromp & Hekkert, 2019). Combined with the integrative competencies designers bring to engage actors across disciplinary boundaries (van Arkel & Tromp, 2024), design practices are increasingly used in the public sector to improve policymaking, service provision and governance from a human-centred perspective (Bason, 2014; Bason & Austin, 2021; Richardson et al., 2025; van Buuren et al., 2020). This contributes to a growing field, with designers workings as external consultants, within public sector innovation or policy labs, or as designers embedded directly within public organisations (Kim et al., 2024; McGann et al., 2018).

Yet, as Sandra's situation exemplifies, recipients of social welfare services face complex, interrelated challenges across health, employment and social life (Reinhoudt, 2023; Rosengard et al., 2007). Her circumstances emerge from a dynamic interplay between micro (health, skills, motivations), meso (home situation, finances, social circle), and macro factors (employers, labour market, welfare system). While conventional behavioural approaches provide valuable insights, they disregard that individuals are embedded in and constantly interacting with social systems (Lambe et al., 2020; Shove, 2010). Despite acknowledging complexity, behavioural and design practices often remain narrowly focused on individualistic conceptions of human behaviour, limiting both problem framing and intervention design.

Responding to these limitations, systemic design has emerged as a field integrating complexity sciences and systems thinking with design theories to address complex issues (Buchanan, 2019; Sevaldson & Jones, 2019; van der Bijl-Brouwer et al., 2024). Rather than viewing problems through individual deficits or behavioural ‘knobs’, systemic design seeks to understand how patterns emerge from interactions between multiple actors, structures and contexts, and how interventions might shift systems towards more desirable states (Drew et al., 2021). Systemic design offers promising alternatives yet it remains nascent within public sector practice, given general challenges to embed design practices in public sector

organisations (Blomkamp, 2022; Brinkman et al., 2023; Kim et al., 2024) as well as the specific challenge to integrate human-centred and systemic perspectives (Palm et al., 2024). While the promise of design practices for transformation (Burns et al., 2006; Sangiorgi, 2010) to 'embrace complexity' (Snowden & Boone, 2007) have been called for, practical understanding of how to enact this within a political-administrative context remains limited. The gap between aspirational rhetoric about complexity and the lived reality of negotiating space for design practices within organisational constraints remains largely unexamined.

This paper builds on the 'space' analogy and examines how the space for engaging with—and embracing—complexity was shaped through a project in occupational disability service provision. We use *design space* to refer to the capacity for transformative inquiry within an organisational context: the room to question assumptions, explore alternative framings, and legitimately propose interventions that shift practices. This space is not fixed or given but continuously shaped through the interactions and negotiations between designers and organisational actors working within institutional constraints. Through critical analysis of a participatory action research project, we explore how design space for engaging with complexity was constrained, negotiated and expanded throughout the project process, and how this affected project outcomes. We offer a retrospective account revealing the practical tensions between complex intent and the organisational context that constrain transformative change.

2. Research method

To understand how the design space was shaped this paper draws on a participatory action research (Cornish et al., 2023; McIntyre, 2008) focused on occupational disability service provision in the Netherlands. The project was impact-driven: we worked to address the problem as commissioned through our own professional practices, applying conventional methods, and drawing from past experiences. Afterwards, by critically reflecting on the case, we aim to retrospectively inquire into how these professional practices helped to shape space for transformation.

This critical stance acknowledges that the account presented here represents a situated, partial perspective. The case description and subsequent analysis are grounded in published reports (van Arkel et al., 2023), public presentations and articles, unpublished interim reports, presentations and project documentation, yet they remain personal recollections that may not represent the views of the client organisation or other project partners. Rather than claiming objective distance, we embrace this positionality as productive: our involvement as design researchers provides insight into the lived experience of negotiating design space within organisational constraints, revealing tensions and contradictions that might remain invisible to more detached observation.

2.1 Case context

The Netherlands has a comprehensive social welfare system to support those who cannot work due to disabilities or illness. The case project focused on improving service provision by the Dutch Employee Insurance Agency (UWV in Dutch), an autonomous administrative

authority operating within a principal-agent relationship with the Dutch Ministry of Social Affairs and Employment (MSAE), where MSAE sets the legislative and policy mandate, provides funding, and exercises oversight over UWV's implementation and delivery of that mandate.

Prompted by the significantly lagging labour participation of people with occupational disabilities and limited research into the effects of policy and services provided, MSAE and UWV initiated a research programme in 2018 to strengthen their knowledge base. A significant gap identified was regarding the perspective of people who receive occupational benefits, who were at the time referred to as 'customers' (and later on in the project increasingly as 'beneficiaries'). They commissioned a project centred around two questions:

- What motivates customers [sic] to reintegrate (*want*), how do they perceive their capabilities (*can*), and how is this reflected in their behaviour (*do*)?
- How do legislation and services provided by UWV influence what customers want, can, do? Which factors are influenceable, and what opportunities exist for improving the effectiveness of service provision in customers returning to work?

We applied for the project in an open tendering process as a research consortium: composed of several researchers from a policy advice consultancy, we (the first and second author) design researchers from a design lab in a university, and an expert from a research agency who was involved given her extensive domain knowledge.

The focus of this project were three different types of benefit schemes for people with occupational disabilities. It is beyond the scope of this paper to fully explain the laws and regulations that shape the Dutch occupational disability system. However, to provide background to the case description, a concise summary of the different groups of beneficiaries can be found in the appendix (Table 1).

2.2 Research approach

Given the participatory action research approach (Cornish et al., 2023; McIntyre, 2008), we applied complementary research methods (see appendix, Table 2): literature study and expert interviews; exploratory interviews mapping the organisational context; interviews with beneficiaries (N=60); observations of conversations in practice (N=12); co-reflective workshops with professionals for organisational sensemaking and intervention development (N=3x3); and safe-to-fail experiments testing the intervention (N=2x3).

The research process unfolded mostly linearly over two years, yet remained iterative and adaptive. Data collection employed multiple methods: field notes, observation protocols and notes, photographs, audio recordings, workshop documentation, and project documentation. Analysis integrated findings through thematic analysis, cross-case comparison, collaborative sensemaking with professionals, and ongoing team reflection.

3. Key moments in engaging with complexity

In this section, we focus on key moments where our understanding and engagement with complexity evolved. A full chronology of the project can be found in van Arkel et al. (2023). These key moments reveal how possibilities for transformation were opened up or constrained, affecting both process and outcomes.

3.1 Key moment 1: Processing the suggested project framing

At the onset, this project was not explicitly framed around transformation or complexity. Rather, it was commissioned as a research project focused on the beneficiary perspective, and the problem framing emphasised individual motivation, ability and action. This approach built on conventional behavioural models commonly used in service provision (Blonk, 2018; Fishbein & Ajzen, 2010), distilled in the pervasive phrase *'want, can, do'* used in the tender document. The role of the professional was primarily framed from the beneficiaries' perspective, the exception being the phrase 'it takes two to tango'—a tacit acknowledgement of the interaction between beneficiary and professional.

As the project was tendered, the proposed project setup had to conform to the problem framing and conceptual framework put forward in the tender document. Although small adjustments were made to the research questions and the proposed conceptual framework (see Figure 1), the underlying individual-centric framing was largely adopted.

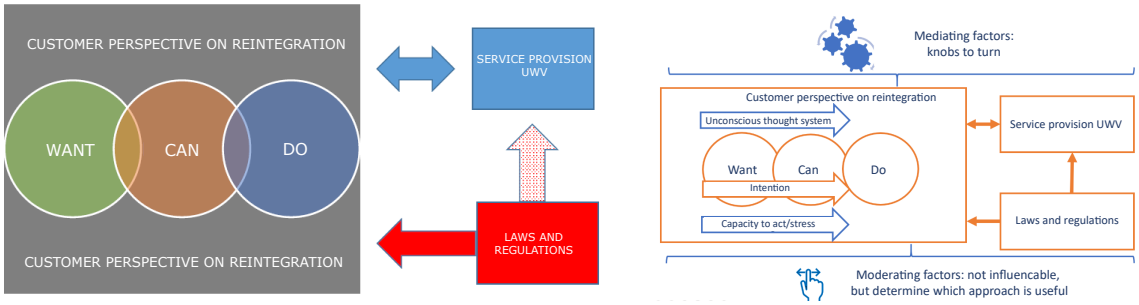


Figure 1 The conceptual framework as proposed by UWV in the starting note (left) and the revised version (right) in our project proposal that added some extra aspects while retaining the original 'want, can, do' framing (source: visuals from the original documents, modified to translate the text to English for this paper).

Data collection methods were aligned with this initial framing. To manage data from 60 interviews with beneficiaries, we developed a spreadsheet analysis tool structured around the research questions, with separate columns for individual and contextual factors affecting ability, willingness, and action; as well as a set of columns to map the re-integration journey from first contact to now. This analytical structure, while pragmatic, further embedded the individual-centric framing in our process. At the same time, there was still some openness in how to fill in these columns. For example, the column where we asked how ability, willingness and action relate, proved to be a space where complexity could be described by highlighting how all identified factors were interlinked.

3.2 Key moment 2: Recognising the complexity of reintegration processes

As our analysis and sensemaking process progressed, tensions emerged between the initial framing and what we were learning. Despite interviewing people on different benefit schemes, their situations and experiences were not substantially different from each other. Where the conceptual framework modelled reintegration through causal relationships between motivation, intention and action, our interviews revealed that reintegration rarely follows a linear process. Getting better and returning to work involves trial and error, with full-time employment without use of benefits no longer being a possibility. People's experiences were shaped by complex interplay of personal characteristics, contextual influences, relationships with UWV professionals and broader networks across other organisations. What distinguished their situations was not primarily benefit type, but rather personal wellbeing, family support, bureaucratic literacy, and dynamic changes in circumstances.

We felt uncomfortable delivering the personas and customer journeys we promised in the project proposal as these might have risked reinforcing reductionist perspectives, for instance by using personas as labels to classify beneficiaries and their situations. Instead, drawing on complex adaptive systems theory (Folke et al., 2010; Holling, 1986), we introduced a complementary conceptual frame: the adaptive cycle (Figure 2). The adaptive cycle describes how any complex system—whether an ecosystem, a person, or a social situation—moves through four phases: equilibrium, disruption, reorientation and growth. A stable equilibrium is not a static state but one maintained through homeostasis, a continuous process through which the system absorbs setbacks and compensates for internal and external pressures without fundamental change. When those pressures become too great, however, that equilibrium breaks down. The system enters a period of disruption in which existing patterns must be released before reorientation—the gradual rebuilding of a new, and potentially quite different, stable situation—can begin, eventually giving way to a phase of growth in which new relationships and capacities develop. Here, an undesirable equilibrium is just as self-reinforcing as a healthy one, because homeostatic processes operate regardless of whether the equilibrium is beneficial, which is precisely why some situations prove so difficult to change.

Applied to reintegration, and consistent with its previous application to mental wellbeing (Redesigning Psychiatry, 2018), becoming ill or disabled is reconceptualised as a disruption to a prior equilibrium. What looks like recovery is therefore not a return to a prior situation, but a process of reorientation before growth towards a new equilibrium becomes possible. This conceptual frame offered a way to honour the non-linear, emergent nature of reintegration while providing professionals with a conceptual tool that avoids reductive categorisation.

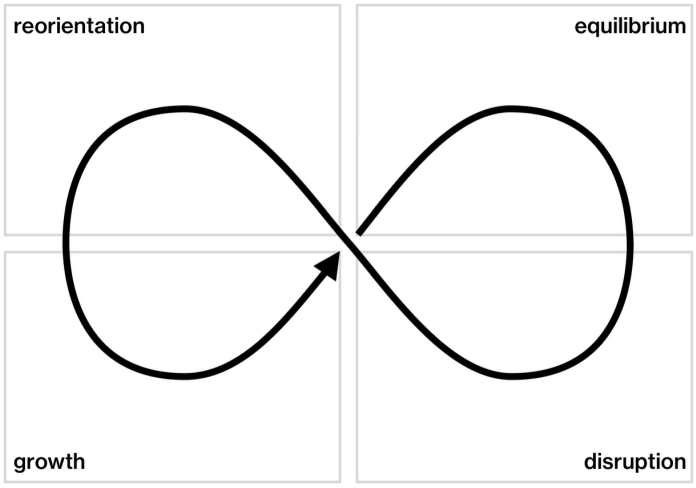


Figure 2 The adaptive cycle (Holling, 1986; Redesigning Psychiatry, 2018), describing how complex adaptive systems move through four recurring phases: equilibrium, disruption, reorientation, and growth. Equilibria are value-neutral: an undesirable equilibrium can be just as resistant to change as a beneficial one (figure adapted from Redesigning Psychiatry, 2018).

3.3 Key moment 3: Understanding the systemic context of the professional

We observed 12 conversations between UWV professionals and beneficiaries, followed by reflective conversations with professionals. These observations revealed that professionals' situations were also complex.

Professionals view situations functionally through the lens of *occupational disability:* what people can or cannot do in relation to work. Specific conversation techniques such as participation-oriented interviewing reinforce this focus and often position beneficiaries passively rather than enabling empathic engagement. Furthermore, we saw that professionals' actions are themselves outcomes of interactions with multiple factors including individual professional factors like experience, training and personal views, organisational factors like caseload, team culture and management style, and policy and legislative frameworks. Often a short-term focused approach is adopted—processing cases routinely, efficiently and goal-oriented. Sometimes, they take more time for complex cases where intensive support might lead to progress. In other cases, they choose to let certain cases rest, maintaining minimal contact when that might serve the client's stability better. Yet professionals do not always adapt their approach based on beneficiaries' situations, with some relying on consistent heuristics while others flexibly adjust their stance.

The observations also revealed how organisational context shapes professional practice. Professionals spoke about how they were influenced by caseload pressure, by performance indicators that measured quantity of contacts rather than quality of outcomes, by team cultures that either supported or discouraged exchanging cases within the team based on personal style and experience. Additionally, those who had worked previously in healthcare or social services often approached conversations differently from those who had been trained within UWV's structures and protocols.

3.4 Key moment 4: Reframing reintegration as a relational problem

The outcomes from these research activities showed that problems in a reintegration process are *relational*: outcomes emerge from interactions between people, roles, structures, and contexts across multiple levels—micro (professional–beneficiary interactions), meso (organisational culture, caseload management, team dynamics), and macro (policy and legislation, labour market). In line with social-ecological systems theory, these multi-level interactions are constitutive rather than merely contextual: system states emerge from relational dynamics and cannot be reduced to the properties of individual components. This relational understanding also runs deeper: professional and beneficiary meet not merely as functionaries of the benefit system but as complex human beings whose histories, capacities, and vulnerabilities shape the encounter and what becomes possible (Cottam, 2011; Nielsen & Bjerck, 2022). The interaction between beneficiary and professional therefore serves as a critical but partial site where these broader dynamics become visible. Through integrating insights from literature, interviews, observations and co-reflective sessions with professionals, we identified five common patterns of stagnation in reintegration processes (Figure 3). Each of these patterns requires different responses. These *key mechanisms* highlight that different approaches need to be undertaken, where the standard set of interventions in the organisation's repertoire may not always be sufficient or require behaviour change on the part of the professional.

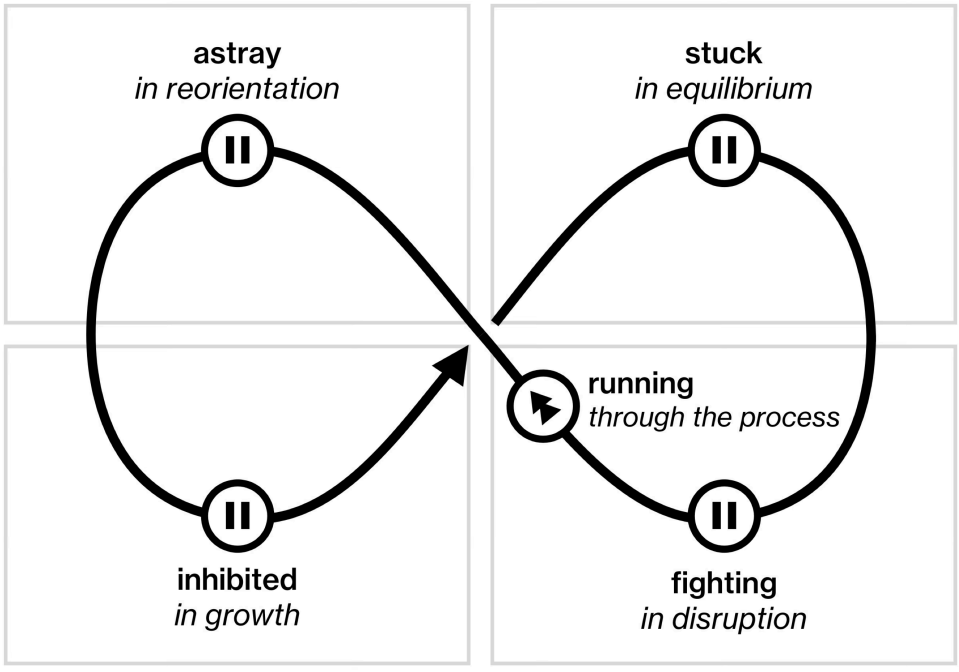


Figure 3 The five stagnations in a reintegration process, showing how individuals can become stuck in different phases of the adaptive cycle. ***Stuck in equilibrium****: A stable but undesirable or unsustainable (future) situation.* ***Fighting in disruption:*** *Experiencing uncertainty and chaos, struggling to accept or be accepted in changed circumstances.* ***Astray in reorientation:*** *Unable to identify possibilities given changed circumstances.* ***Inhibited in growth:*** *Seeing*

possibilities but lacking resources or support to pursue them. ***Running through the process:*** *Being forced to move too quickly without building a stable equilibrium state.*

3.5 Key moment 5: Translating complexity into an intervention

A key part of our project approach was to translate the knowledge into actionable perspectives for professionals. However, operationalising and embodying this proved challenging within the constraints of the project and the organisation. We decided to focus on the first conversation as this moment shapes the subsequent trajectory. This was also a pragmatic choice: sourcing professionals to participate in the co-reflection sessions and pilots took longer than expected, leading to limited time left in the project for the intervention design.

Given our understanding that the problem was relational, we focused on the interaction between beneficiaries and professionals, developing an intervention for all beneficiaries to minimise selection bias. We developed a set of cards that beneficiaries could use to prepare for conversations with professionals, prompting reflection across different life domains, identifying potential stagnations, and helping them articulate what they would need to move forward (Figure 4).

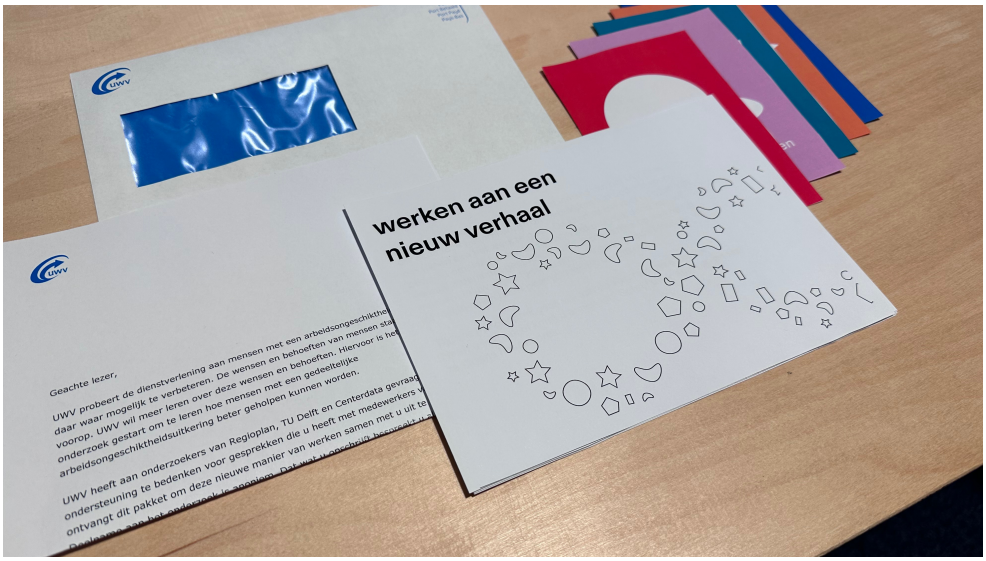


Figure 4 The intervention consisted of a set of reflection cards that beneficiaries could use to prepare for their first conversation with UWV professionals. The cards prompted reflection across different life domains (health, work, social life, daily activities) and helped beneficiaries identify which phase of the adaptive cycle best described their situation, enabling them to articulate what support they would need to move forward. Outcomes were brought to the table, and thereby structured the conversation.

However, the intervention design was changed through a series of feedback interactions with the organisation. Rather than being standard for all beneficiaries as we had initially intended, the intervention became something professionals could choose to use. This introduced more selection bias and changed the character from something embedded in service provision to an optional tool. The organisation expressed concerns about requiring all

professionals to use a new approach, citing conflicts with existing instruments and processes, capacity limitations and questioning whether all beneficiaries would be able to engage with the intervention, particularly those with limited Dutch language proficiency or cognitive difficulties. While we understood these concerns, we also recognised that this shift from structural to selective use would affect its effectiveness.

3.6 Key moment 6: Building systemic evidence with limited means

We tested the intervention with six professionals over a six-week period, with regular reflection sessions to discuss experiences. The professionals reported mixed results. Some saw beneficiaries engage deeply with the preparation, arriving at conversations with clearer insight into their situation and more specific requests for support. However, other professionals found that beneficiaries did not complete the preparation or that the cards did not significantly shift the conversation. Some beneficiaries found the reflection too confronting or cognitively demanding. Others did not trust that sharing vulnerabilities would be safe or helpful.

The intervention seemed most effective when there was already some level of trust between professional and beneficiary, when the beneficiary had sufficient capacity and cognitive abilities for reflection, and when the professional was comfortable with ‘letting go’ in a conversation structure that might go in unexpected directions.

4. Critical reflection on the case

The previous section traced six key moments where our engagement with complexity evolved. Here, we critically examine how design space for engaging with complexity was constrained, negotiated and expanded throughout the process. We understand design space as the capacity for transformative inquiry—to question assumptions, explore alternative framings, and legitimately propose design interventions that shift practices within an organisational context.

4.1 Reflection on outcomes

The primary outcomes were a report and a design intervention to shape conversations between beneficiary and professional. While our intervention represented a step toward relational understanding, its selective application and unchanged organisational context meant its transformative potential remained constrained. However, the project led to follow-up work continuing to build on these insights, suggesting that even modest expansions of design space can create openings for further exploration.

The project successfully expanded design space in several ways. Most significantly, we reframed reintegration from individual-centric framing (‘want, can, do’) to emergent relational understanding. The identification of five stagnation patterns provided insight into why beneficiaries get stuck—a shift from viewing them as lacking motivation to recognising how interactions between people and organisations produce these outcomes.

However, pragmatic choices—e.g. focusing on the first conversation rather than ongoing relationship development—meant we failed to fully embody systemic insights in intervention design. More critically, we did not translate the five key mechanisms into practical tools or protocols; an additional set of cards for professionals introduced as a 'quick fix' at the last minute was never used during the pilots. Given our unfamiliarity with the domain and the professional practices in the organisation, combined with our role as an external contractor, we may have been overly receptive to organisational feedback rather than recognising opportunities to push back.

4.2 What shaped design space

Understanding why our outcomes were not as transformative as intended requires examining how we navigated the available space for inquiry and action throughout the project. This space was not static but continuously renegotiated through our practices.

The space we were given. At first glance, this project seemed unsuitable for a systemic approach given its reductive focus on a single actor. Yet it was commissioned precisely to us because of our proposed participatory approach focused on reframing to develop actionable knowledge. They valued design without explicitly requesting it—a 'trojan horse' (Hill, 2012), embedding transformative practices within conventional research to gain a foothold.

The space we negotiated. The phrase 'it takes two to tango' in the tender document acknowledged—however tacitly—that reintegration involves more than one actor. We used this as a foothold: capitalising on it as a negotiation opportunity, we proposed an approach informed by participatory action research (Cornish et al., 2023; McIntyre, 2008) and methodological pluralism (Fitzpatrick et al., 2024). Incorporating professional perspectives from the start through exploratory interviews and observations proved crucial. We expanded space by introducing the adaptive cycle framework—far removed from disciplinary perspectives prevalent in the organisation—which reframed reintegration as a complex adaptive process.

The space we let go. Time pressure compressed intervention development, leading us to focus on a single touchpoint rather than ways to support a reintegration journey. We 'forgot' to embody the key mechanisms we hypothesised to resolve stagnations. We relinquished our insistence on structural adoption when faced with organisational resistance, perhaps lacking the domain understanding and confidence to push back more considerately.

The space we experienced differently. Not everyone within the organisation wanted to change their professional practice. The project's impact was shaped by voluntary participation, where those most resistant to complexity-oriented approaches could simply opt out. This agentic dimension meant that the pressure to engage in transformative inquiry was unevenly distributed, with some embracing this while others remained distant.

The space we probed through experimentation. The two safe-to-fail experiments we conducted provided more insight into the organisational context as it directly intervened in practices and structures. This highlighted key tensions that will play a role in future

development. These tensions are not to be resolved but rather highlight a range of conflicting conditions that need to be navigated.

The space we ignored (for now). The policies and regulations underpinning the Dutch occupational disability system need change as they have become too complicated (OCTAS, 2023, 2024). Yet our project demonstrated that even within this problematic system, opportunities exist for improvement through attention to how services are enacted. Having a clear system boundary created focus, though meaningful systemic change will require similar design interventions pursued simultaneously across other leverage points (Drew et al., 2021; van der Bijl-Brouwer et al., 2021).

The space we could not see. Although we deliberately aimed to engage with complexity there is a certain limit to what we could do or even see as possibilities. This invisibility was not merely oversight but structured by the project's commissioning context. As a project commissioned by an autonomous administrative authority such as UWV, the problem was considered a managerial problem rather than a political one. A core neoliberal idea underpinning current policy is *workfare* (Peck & Theodore, 2000; Woltring, 2024): support is conditional upon work participation, with rapid re-employment prioritised regardless of the sustainability of the situation. This logic permeates organisational culture and professional practices, reflected in language used such as beneficiaries need to be 'activated', and their 'earning capacity' 'filled in'.

5. Discussion

This paper examined how design space for engaging with complexity was negotiated within a public sector organisational context. Rather than presenting either a complete success or an outright failure, our analysis reveals nuanced tensions between systemic aspirations and organisational realities.

5.1 Navigating holism versus reductionism

We consider our focus on professionals and their behaviour as a key turning point in this project. These front-line workers operate in uncertain and complex environments with limited resources, where they must navigate conflicting values and determine how written policies—which often do not match the complex realities of beneficiaries—are applied in practice (Lipsky, 2010). Through their daily interactions and decisions, these professionals effectively shape how laws and regulations are experienced by beneficiaries.

A narrow focus creates clarity in design processes and outcomes. However, this clarity came at a cost in our project. Activities geared towards implementing the outcomes of the project, such as public presentations, reports, and articles, require a neat narrative that tends to reduce complexity. By focusing primarily on the relation between professional and beneficiary, we focused less on the internal relations in the rest of the organisation, between professionals, their managers and other relevant actors that affect outcomes—dynamics that should be taken into consideration for future success.

5.2 Navigating systemic aspirations versus organisational realities

Our case reveals tensions between systemic aspirations and organisational realities. A key insight is the distinction between understanding complex phenomena and creating interventions that embody that understanding. While the project reframed reintegration from an individual-centric to relational understanding, it struggled to translate this into design interventions that could be adopted within existing organisational structures. This gap is in itself revealing: although our relational framing acknowledged that reintegration involves multiple levels simultaneously and extended to the quality of the human encounter between professional and beneficiary, our intervention engaged primarily with the dyadic interaction between beneficiary and professional. By focusing on what was most proximate and actionable, we inadvertently reproduced a version of the reductionism we sought to move beyond—a limitation that extends to our own positionality, as given our status as external contractors our presence shaped which aspects of the system we could see, engage with and legitimately propose to change. A more relational account would attend more explicitly to our position as design researchers in this (cf. Kieboom & van der Bijl-Brouwer, 2025).

Furthermore, this points to a gap in systemic design knowledge: how to give form to interventions that embody complex or relational understanding within organisational contexts structured around individualistic assumptions. Our intervention—premised on taking time to establish sustainable equilibrium—challenged organisational logics prioritising throughput and efficiency. Despite positive responses in pilot testing, the intervention faces challenges scaling and translating beyond individual professional adoption because existing organisational structures and design legacies remain unchanged (Junginger, 2015; Seravalli & Witmer, 2021; van Arkel et al., 2025). For example, there were no adjustments to case allocation practices, no modification of performance metrics to value quality rather than production, and no changes to training or professional development. Primary material structures such as work plans and process guidelines remain based on the individualistic conceptions of human behaviour that we aimed to reframe through this process.

5.3 Navigating strategic incrementalism versus transformation

Despite these constraints, the project demonstrated the value of what might be termed strategic incrementalism—making modest but deliberate expansions of space for systemic understanding within current organisational constraints. This strategic incrementalism allowed us to introduce systemic perspectives while controlling the amount of organisational resistance to changing practices. By focusing on front-line workers rather than challenging policy directly, we engaged with that which we could legitimately address. That we were able to initiate a follow-up project suggests that even modest outcomes can create openings for further exploration.

However, this approach has significant limitations, as it is arguable to what extent transformation can come purely bottom-up (Dorst & Watson, 2023). While front-line workers can create significant change through their discretionary practices (Lipsky, 2010),

and practices are considered important leverage point for institutional reform (Smets et al., 2017; Zilber, 2021), broader structural and policy changes require engaging with decision-making, policymaking and political processes that operate at different levels.

5.4 Caring practice and actionable insights for systemic design practice

Addressing complex social issues requires public service systems to meaningfully engage with the complexity of people's lives (French et al., 2023). Engaging meaningfully with complex situations requires what we might term caring practice: experimentation and tinkering (Mol, 2008), making adjustments and finding workarounds to better serve individuals. This requires recognising and valuing the relational dimensions of professional practice—not only relationships between professionals and beneficiaries, but also those within and across organisations. A care ethics perspective (Mol, 2008; Tronto, 1993) highlights how good practice emerges through ongoing attention to these multiple relationships and through responsive adjustments rather than strictly following rules and heuristics. The three insights below each describe a disposition worth cultivating for systemic design practice in public sector organisations:

- **Scaffolding negotiations to open space**: The case shows that to engage with complexity requires scaffolding negotiations to create space for complexity to be recognised and engaged with, and to legitimately propose interventions that can gain traction. This can be a combination of establishing the right conditions at the start (PONT, 2025), and strategically performing activities during the process (van Arkel et al., 2025).
- **Safe-to-fail experimentation**: The pilots revealed not only direct insights about intervention effectiveness but also surfaced organisational constraints that might otherwise have remained invisible. Future systemic design projects might more deliberately use safe-to-fail experimentation (Snowden & Boone, 2007) to probe governance structures and anticipate critical tensions for further development and implementation.
- **Reflexive transparency about outcomes:** Acknowledging the limits of transformation within a constrained project creates opportunities for learning that extend beyond immediate outcomes. Rather than claiming transformative success or dismissing incremental changes as failure, honest and critical reflection and presentation of outcomes allows for demonstrating potential and small wins (Termeer & Dewulf, 2019) while also showing the organisational and systemic barriers that prevented deeper change, making explicit what transformation requires beyond this design intervention alone.

6. Conclusion

This paper examined how design space for engaging with complexity was constrained, negotiated and expanded within a public sector organisation providing occupational

disability services. Through six key moments we traced how possibilities for transformation were shaped throughout the project. Our analysis reveals that design space is not simply given but actively negotiated in practice. We expanded design space by introducing the adaptive cycle and integrating professional perspectives yet also let go of opportunities through time pressures and pragmatic compromises.

Just as Sandra and other beneficiaries inhabit a precarious equilibrium, systemic designers working within public sector contexts inhabit their own precarious equilibrium. We navigate between transformative aspirations and organisational realities, between pushing for systemic change and accepting pragmatic compromises, between recognising complexity and delivering actionable interventions within constrained timeframes. This precariousness is not a problem to be solved but a condition to be worked with.

The case demonstrates both promise and limitations of systemic design within established organisational environments. While we successfully reframed understanding from individual-centric to relational, translating these insights into interventions that could gain traction proved challenging. Yet even modest expansions of design space created openings for further exploration, suggesting that strategic incrementalism—when pursued with honest and critical acknowledgement of its limitations—represents a viable pathway for transformation within constrained contexts.

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7. Appendix

Table 1 Overview of the relevant law and regulations that underly the services provided by UWV in this case project.

Act	**Type of beneficiaries**	**(Sub)types**	**Concise description of benefit scheme dynamics**
Invalidity Insurance (Young Disabled Persons) Act	For people who have an occupational disability at a young age	Wajong*	People with an occupational disability apply for the benefit when turning 18, which they continue to receive until the state pension age. When they have capacity to work they can receive support to find and maintain employment.
Work and Income (Capacity for Work) Act	For people who have a occupational disability or long-term illness, after unsuccessfully receiving support from their employer for 2 years	WGA35-80	People who due to their assessed occupational disability lose between 35-80% of their last earned income. Are expected to (partially) return to work to within max. 2 years. Otherwise, if by that time they are not working 50% of what the counsellor believes should be possible beneficiaries will receive the 'earning capacity incentive benefit', a percentage of the national minimum wage which means a significant drop in income.
		WGA80-100	People who due to their assessed occupational disability lose between 80-100% of their last earned income. Do not have the same incentives as the WGA35-80, but can receive support to return to work.
		IVA**	This benefit is meant for people whose ability to work is severely limited, making it almost impossible for them to work either now or in the future, meaning that they are not expected to return to work.
Sickness Benefits Act	For people who enlist sick while not having an employer, their contract ended while being sick-listed, or for temporary workers	ZW	People receive support to return to work. After 1 year the situation is assessed and are either cleared from being sick (returning to either unemployment benefits, or welfare payments from the municipality). After ~1.5 years and still being sick-listed, people can apply for benefits under the Work and Income (Capacity for Work) Act.

* Primary focus on beneficiaries that applied for these benefits before 2015, when requirements were restricted to people who are considered to have no ability to work in the future.

** As beneficiaries of this scheme are not expected to be able to work in the future they were not a target group in the case project.

Table 2 Overview of research activities conducted throughout the project.

Research activity	**Research goal**	**Activities**	**Number of participants**
Literature study and expert interviews	Taking stock of existing (behavioural) knowledge on the problem and domain	Desk research, semi-structured interviews with behavioural experts	N/A
Exploratory interviews	Initial mapping of the organisational context	Several group discussion with key actors in the organisation and reintegration companies	3 group conversations and 3 individual interviews
Interviews with beneficiaries	Understanding lived experiences of reintegration processes and service provision from a beneficiaries' perspectives	In-depth semi-structured interviews exploring reintegration journeys, health situations, employment attempts, interactions with professionals, and experiences of support services	60 interviews
Observing conversations in practice	Understanding professional perspectives and how interactions between beneficiaries and professionals unfold in practice	Observing intake conversations and regular check-in meetings between UWV professionals and beneficiaries, followed by brief reflective conversations with professionals	12 observed conversations
Co-reflective workshops with professionals	Sensemaking of the organisational context of professionals	In sessions we performed a combination of activities such as reflecting on case descriptions (and respective actions professionals would take), \' maps, intervention visions and initial ideas. Sessions built on each other, with approaches adjusted based on experiences in previous sessions.	3 sessions x 3 participants

Intervention development and pilot study	Developing and testing new approaches to shaping conversations between beneficiaries and professionals, based on a complex perspective on reintegration	Collaborative development of an intervention, followed by a 6 week pilot consisting of three sessions where participants were trained, and then reflected on (interim)outcomes. During these sessions participants used the intervention.	2 pilots x 3 professionals

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