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Macro Practice and System Change

From Individual Navigation to Structural Transformation

Social work has always contained a tension between two distinct responses to human suffering. One tradition focuses on helping individuals navigate difficult circumstances, building resilience, accessing resources, and developing capacities to function within existing systems. The other tradition focuses on changing the systems themselves, recognizing that individual adaptation to unjust arrangements may perpetuate those arrangements. Work requirements intensify this tension to the breaking point.

Article 15E examined the caseworker's dilemma: the moral injury of being required to implement policies that harm the people one is professionally committed to serving. This article shifts from the individual practitioner to the profession's broader response. If frontline workers experience work requirements as harmful, what does the profession do with that collective observation? When does helping people comply become complicity in their harm? When is advocacy practical rather than merely aspirational? What does social work's *macro practice tradition* offer to practitioners trapped between institutional demands and professional ethics?

These questions matter beyond social work. Every profession engaged in work requirement implementation, from healthcare navigation to case management to benefits counseling, will face versions of the same tension. The social work literature provides frameworks for thinking through what other professions are encountering for the first time.

The Two Traditions

The dual mandate at social work's core dates to the profession's founding. At Hull House in Chicago, Jane Addams and her colleagues didn't simply help immigrants adjust to American industrial life. They documented tenement conditions, advocated for labor protections, pushed for juvenile justice reform, and organized communities to demand political change. Settlement house workers lived among the populations they served, understanding that individual casework without structural reform merely enabled continued exploitation.

Simultaneously, Mary Richmond was developing scientific charity work into systematic case practice. Her *Social Diagnosis* of 1917 established frameworks for individual assessment that became the foundation of clinical social work. Richmond's tradition focused on understanding the particular circumstances of particular people and intervening at the individual and family level. Where Addams saw poverty as a structural problem requiring political solutions, Richmond saw it as a constellation of individual situations requiring tailored intervention.

The profession has never fully resolved this tension. Different eras have emphasized different poles. The progressive era saw structural advocacy ascendant. The professionalization movement of mid-century elevated clinical practice and individual treatment. The War on Poverty briefly revived community organizing traditions. The therapeutic turn of subsequent decades marginalized macro practice in favor of licensure and clinical credentialing. Today, most social work education emphasizes clinical skills, and most social workers practice in settings that focus on individual intervention.

Work requirements force practitioners to confront which tradition they are operating within. A navigator helping someone gather documentation for work verification is practicing in the

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Richmond tradition: understanding individual circumstances, connecting people with resources, building capacity to function within existing requirements. This work is valuable. The person being helped benefits. But if the requirements themselves are causing harm, individual navigation doesn't address the harm's source. It simply helps some people avoid it, while leaving the system that produces it intact.

The tension becomes acute when practitioners recognize *that excellent navigation may perpetuate harmful policy.* If navigators become effective enough that coverage losses decrease to politically acceptable levels, the pressure for structural change diminishes. Success at helping individuals comply with work requirements may extend the life of those requirements. The caseworker who helps every client maintain coverage has succeeded by every individual measure while potentially failing at the collective level.

This isn't a reason to stop helping individuals. People facing coverage loss need assistance regardless of the policy's broader merits. But it explains why *individual practice must connect to collective action* if the profession's social justice commitments mean anything beyond rhetoric.

Clinical Observation as Policy Evidence

Social workers occupy a distinctive position in work requirement implementation. They see what policymakers cannot see: the patterns that emerge across dozens of individual encounters, the gaps between policy design and lived reality, the categories that don't fit actual human circumstances.

Consider what a navigator encounters over several months of work requirement practice. She sees the same documentation failures across multiple clients: employers who won't provide verification, hours that fall just short of thresholds, gig work that doesn't generate the records the system requires. She sees exemption categories that don't match actual circumstances: people with depression who don't meet the severity threshold, caregivers whose responsibilities don't fit the formal definition, chronic conditions that limit work capacity without rising to disability. She sees verification requirements that assume resources clients lack: internet access that doesn't exist, transportation to offices that aren't reachable, cognitive capacity to navigate bureaucracy that mental health conditions have compromised.

Each case is individual. But across cases, *patterns emerge that are invisible to policymakers* working from aggregate data. The caseworker sees that 80-hour requirements function differently for people with variable schedules than for people with stable employment. She sees that medical exemptions require documentation that people without regular healthcare can't obtain. She sees that the same policy produces radically different burdens depending on geography, language, digital access, and social support.

This clinical observation becomes policy evidence when systematized. Social work's tradition includes methods for moving from "I keep seeing this" to documented patterns that can inform policy change. Case aggregation across practitioners reveals whether individual observations represent isolated instances or systemic failures. Pattern identification protocols help workers recognize which problems are policy problems rather than individual problems. Documentation standards ensure that observations meet evidentiary thresholds for policy advocacy.

The worker becomes a *field researcher* in the policy implementation process. She doesn't merely apply policy to clients; she generates knowledge about how policy actually functions. This knowledge is unavailable through any other method. Administrative data captures terminations but

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not the circumstances that produced them. Surveys capture what people report but not what they experience. Only direct observation of the policy encounter reveals the granular reality of implementation.

Transforming observation into evidence requires institutional support. Individual workers documenting patterns accomplish nothing if their documentation goes nowhere. Organizations must create pathways from frontline observation to policy engagement: regular case conferences that identify systemic issues, documentation systems that capture implementation problems, relationships with advocacy organizations that can use the evidence, connections to researchers who can verify and extend the findings.

The evidence that work requirements primarily affect people who are working or exempt, rather than people who are genuinely non-compliant, didn't emerge from administrative data alone. It emerged from researchers systematically gathering the kind of observations frontline workers make daily. When Harvard researchers documented that ***97 percent of Arkansas's affected population was already meeting requirements*** through work, disability, or other qualifying activities, they were confirming what caseworkers knew from individual encounters: coverage loss reflected administrative failure, not behavioral non-compliance.

The Navigation Trap

Here lies the uncomfortable question that effective navigation programs must confront: ***when individual advocacy becomes system maintenance,*** has success become failure?

The logic is uncomfortable but unavoidable. If work requirements are unjust policy, and if excellent navigation mitigates their harms, then navigation success reduces pressure for policy change. The system produces fewer casualties, political opposition diminishes, and the policy persists. Meanwhile, those not reached by navigation services continue to lose coverage, their losses obscured by the aggregate improvement that navigation produces.

This is not an argument against navigation. People facing coverage termination need help regardless of the policy's broader legitimacy. The navigator who enables someone to maintain coverage has produced genuine benefit that cannot be dismissed as complicity. But navigators must understand that ***their success occurs within a frame that constrains what success can mean.***

Consider the counterfactual: what if Arkansas had implemented work requirements without any navigation assistance? Coverage losses would have been higher, harm would have been more visible, political opposition might have grown faster, and the judicial halt might have come sooner. By this logic, navigation that reduced coverage losses extended the policy's operation, producing continued harm to those it couldn't reach.

The trap is real but not inescapable. Navigation programs can operate in ways that connect individual assistance to structural advocacy. ***Documentation that supports policy change*** transforms navigation from system accommodation to system critique. The navigator who helps someone maintain coverage while documenting why the requirements failed to work as designed produces both individual benefit and collective evidence. The navigation program that aggregates its observations into policy advocacy serves individual clients while also serving the larger population affected by the policy.

The distinction matters operationally. ***Navigation programs designed purely for compliance efficiency look different from programs designed to document system failure while helping***

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individuals succeed. The former tracks only what the system needs to know: who complied, who didn't, what hours were verified. The latter tracks what policy learning requires: why the requirements failed for those who couldn't comply, what barriers existed for those who barely managed, how the system's assumptions diverged from people's actual circumstances.

Some navigation programs will be institutionally prohibited from advocacy. Organizations funded by state contracts to help people comply with work requirements may be contractually constrained from criticizing those requirements. Staff in such programs face the moral injury described in Article 15E: they help individuals while being unable to address collective harm. But even within constrained settings, *observation and documentation remain possible.* Workers can record what they see. Organizations can share that documentation with entities positioned to advocate. The knowledge generated by navigation work can flow to channels where it can produce policy change, even when navigators themselves cannot be advocates.

Collective Voice and Professional Advocacy

Individual practitioners have limited voice in policy debates. The caseworker who objects to work requirements speaks only for herself, and her objection may be dismissed as personal opinion unconnected to professional expertise. But professions have collective voice that carries weight individual practitioners lack.

The National Association of Social Workers maintains *policy positions on issues affecting populations social workers serve.* These positions represent collective professional judgment, not individual opinion. When NASW opposes policies that harm vulnerable populations, it speaks with the authority of a profession whose members directly observe those harms. State chapters engage in legislative advocacy, testify at hearings, and organize practitioners around policy issues. Professional conferences provide platforms for sharing implementation observations and building consensus about policy concerns.

Work requirements fall squarely within social work's policy advocacy mandate. The NASW Code of Ethics commits social workers to promoting social welfare through policy practice, challenging social injustice, and advocating for changes that improve people's lives. If work requirements produce harm to populations social workers serve, the profession has not merely permission but obligation to respond.

The professional voice carries distinctive credibility in policy debates. Social workers are not ideological opponents of work requirements; they are practitioners who see daily how these requirements function. Their concerns emerge not from political commitment but from *professional observation of consequences.* This positions professional advocacy differently than political advocacy: it claims authority based on expertise rather than values, even as the profession's values inform what it considers problematic.

Building effective professional advocacy requires infrastructure that most professions lack. Individual practitioners must have pathways to contribute observations. State chapters must have capacity to process those observations into coherent positions. National organizations must have resources to engage in policy debates at the federal level. Coalitions with other professions, client advocacy groups, and policy organizations amplify reach. None of this happens automatically. It requires intentional investment in *advocacy capacity* that competes with other professional priorities.

Professional advocacy also requires navigating tensions within the profession. Not all social workers agree about work requirements. Some support them as promoting client responsibility and self-sufficiency. Professional positions must emerge from deliberative processes that address disagreement rather than merely asserting consensus. The NASW policy development process attempts this through committees, member input, and delegate assemblies, but the results inevitably represent contested positions rather than universal agreement.

The distinctive contribution of professional advocacy lies in its claim to expertise. Legislators deciding about work requirements hear from many voices: advocates, recipients, ideological organizations, industry representatives. Professional associations add the voice of *those who implement policy* and observe its consequences. This voice isn't necessarily the most powerful in policy debates, but it adds something unavailable from other sources: the perspective of practitioners who directly experience the gap between policy design and human reality.

Community Organizing Responses

Professional advocacy represents one pathway from individual practice to collective action. Community organizing represents another: not professionals speaking about affected populations, but *affected populations speaking for themselves.*

The community organizing tradition within social work traces to the same settlement house origins as clinical practice, but it emphasizes different methods. Where clinical practice focuses on assessment, intervention, and treatment of individuals, community organizing focuses on identifying shared concerns, building collective capacity, developing constituent power, and demanding structural change. The organizer doesn't help individuals navigate systems; the organizer helps communities *transform the systems* that shape individual lives.

Applied to work requirements, community organizing begins with power analysis. Who benefits from current arrangements? Whose interests does the policy serve? Why do requirements focus on documentation that employers could provide rather than self-attestation that workers could manage? Why do exemption categories require medical documentation that healthcare access determines? Power analysis reveals that *work requirements function to reduce enrollment* regardless of whether work activity changes. Understanding this shifts the response from helping individuals comply to challenging why compliance is required.

Building constituent voice follows power analysis. People subject to work requirements have direct knowledge of how those requirements function. Their experiences constitute evidence unavailable through any other source. But isolated individuals sharing experiences accomplish little. Organizing connects individual experiences into collective voice: meetings where people discover that their struggles are shared, campaigns that transform personal frustration into political demand, actions that demonstrate collective power.

Poor people's movements have historically succeeded when they disrupt normal operations rather than merely petition for change. Frances Fox Piven and Richard Cloward documented how welfare rights organizing in the 1960s achieved policy gains through disruption rather than respectful advocacy. When enough people simultaneously demanded their benefits, administrative systems couldn't cope, and policy change followed. The question for contemporary organizing is whether similar strategies could apply to work requirements, and what disruption would look like in the context of documentation verification.

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The relationship between professional advocacy and community organizing is complicated. Professionals advocating about work requirements speak for populations affected by those requirements, which positions professionals as representatives rather than members of affected communities. This substitution carries risks: professional voices may be heard more readily than constituent voices, policy debates may center professional perspectives rather than lived experience, and communities may become objects of advocacy rather than agents of their own liberation.

The alternative is organizing that *enables communities to speak for themselves.* This requires different skills than navigation or advocacy: the capacity to listen for shared concerns, facilitate collective decision-making, develop indigenous leadership, and support campaigns that communities design and direct. Some social workers have these skills; most are not trained in them. The community organizing tradition exists within the profession, but it occupies a marginal position relative to clinical practice.

Work requirements create organizing opportunities. Eighteen million people will face new compliance obligations. Many will experience those obligations as burdensome, arbitrary, or harmful. Some will be motivated to act. The question is whether organizing infrastructure exists to channel individual frustration into collective action, and whether social workers will contribute to building that infrastructure or remain focused solely on individual navigation.

When Navigation Connects to Change

The question isn't whether to do micro or macro work. Individual navigation and structural advocacy aren't competing priorities between which practitioners must choose. The question is *whether the micro work connects to macro change* or whether it remains isolated in individual service delivery.

Navigation that documents failure operates differently than navigation that simply helps people comply. The navigator who records why each client struggled, what barriers existed, what system assumptions failed, generates evidence that can inform policy advocacy. The navigation program that aggregates individual observations into systemic critique contributes to knowledge that can transform policy. Documentation requires additional effort that pure service delivery doesn't demand, but it transforms service encounters from accommodation to resistance.

Navigation that organizes constituency operates differently than navigation that serves clients in isolation. The navigator who helps clients understand that their struggles are shared, who connects them to others facing similar challenges, who creates spaces for collective reflection and action, builds capacity for movements that can demand policy change. This isn't a diversion from navigation work; it's an extension that transforms individual service into collective capacity. Many clients won't want to organize, and navigators shouldn't pressure anyone toward involvement they haven't chosen. But some will want to act, and navigation programs can create pathways for that action.

Navigation that builds evidence for reform operates differently than navigation that merely accommodates unjust systems. When navigation organizations partner with researchers to document implementation failures, when they share observations with advocacy groups positioned to use them, when they contribute testimony to legislative processes considering policy change, they connect individual practice to structural transformation. The navigator working alone in an office serves only the clients she directly helps. The navigator connected to advocacy

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infrastructure serves a larger population by generating knowledge that can inform policy improvement.

These connections don't resolve the moral injury of implementing harmful policy. Social workers helping people comply with work requirements remain instruments of a system they may consider unjust. But connections between navigation and advocacy create pathways for that tension to produce something beyond individual suffering. The documentation that captures implementation failure may contribute to policy change. The organizing that connects affected people may build movements that transform the policy landscape. The professional advocacy that aggregates practitioner observations may shift legislative debates. None of this guarantees success. But it offers *alternatives to pure accommodation* that make the work more bearable and potentially more consequential.

Social work's dual mandate doesn't require every practitioner to do both individual service and structural advocacy. Different roles, different settings, and different skill sets make differentiation appropriate. But the profession as a whole must maintain both traditions, and connections between them must exist. Navigators who only navigate, without any link to advocacy or organizing, provide valuable service while accepting the system that creates the need for navigation. That acceptance may be necessary for individuals in particular positions. But if the profession collectively accepts without challenge, it abandons one of the traditions that defines its distinctive contribution.

Work requirements will test whether social work's commitment to social justice extends beyond rhetoric. The profession's response will be observed by others facing similar tensions in their own fields. How social workers navigate between individual service and collective advocacy, between accommodation and resistance, between helping people comply with requirements and challenging those requirements' legitimacy, offers lessons for every profession caught between institutional demands and human welfare. The settlement house tradition and the scientific charity tradition remain in tension. Work requirements force a choice about which tradition will guide contemporary practice.

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