

Work inclusion of marginalised groups in a troubled city district—How can active labour market policies improve?

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Funding information

Norges Forskningsråd, Grant/Award Number: 309460; Oslo Metropolitan University; The city district of Søndre Nordstrand, Oslo, Norway

Abstract

Active labour market policies (ALMP) have faced challenges in integrating marginalised groups into the workforce. This study explores perceptions among managers and frontline workers on enhancing work inclusion for neurodiverse citizens, marginalised youth, and individuals suffering from mental health or substance use disorders in a troubled city district. An examination of dialogue conferences and group interviews uncovers problems with current practises, attitudes, and service organisation. The proposed local solutions primarily include improved coordination of support and services, as well as enhanced competence within these services. Our results indicate that co-creation at the system, organisation, and individual levels, coupled with expanded knowledge translation, can mobilise local actors to create new or adopt existing knowledge-based strategies. Therefore, local co-creation presents a potential for developing local inclusion strategies.

KEYWORDS

active labour market policies, co-creation, customised employment, individual placement and support, knowledge translation, supported employment

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1 | INTRODUCTION

European countries are grappling with significant challenges in enhancing labour market participation for marginalised unemployed citizens, typically the 'harder-to-employ' (Andersen et al., 2017; Van Berkel et al., 2017). Supply-side active labour market policies (ALMP) have concentrated on improving job readiness and employability of marginalised individuals, while demand-side strategies have urged employers and Human Relations staff to commit more to inclusion. However, these strategies have yielded poor results in terms of work attainment for individuals requiring individually tailored support (Ingold & Stuart, 2015; Enehaug et al., 2021). Work integration programmes are most effective for those already job-ready, but less successful with more marginalised groups (Martin, 2015). For marginalised groups, current measures (sanctioning) even appear counterproductive, exacerbating health issues rather than assisting active participation (Williams, 2021). Multiple studies emphasise the importance of coordinated approaches across various services for successful support and inclusion of marginalised individuals (Albertson et al., 2022; Alm Andreassen et al., 2020; Frøyland et al., 2022; Skarpaas et al., 2016). However, these studies also demonstrate that such collaboration and united effort across services are often hard to establish. Therefore, ALMPs strive to develop the necessary working methods to include marginalised groups in work, suggesting the need for new labour market inclusion approaches.

Despite the failure of most ALMP measures, alternative research indicates that certain strategies have produced promising results. These strategies aim to foster interactions between the support system, employers, and unemployed individuals, shifting from externally based sheltered training initiatives to work inclusion within ordinary work life (Frøyland et al., 2018a; Frøyland et al., 2018b). Recent research suggests the practical and experiential knowledge of those directly concerned—the marginalised citizens, frontline workers, and employers—is crucial for work inclusion (Moe et al., 2021; Vukadin et al., 2022). Local involvement in service delivery is essential for individuals with complex issues (Gowdy et al., 2003; King & Waghorn, 2018), as is employers' willingness to accept, develop, and employ people from these target groups (Orton et al., 2019).

While this challenge is relevant in many countries and contexts, it is particularly crucial in areas with high unemployment rates, social exclusion, poverty, and crime. In one such area—a city district of Oslo—a significant portion of the population faced health, social or welfare issues, marginalisation, involvement in crime, and poor living conditions (Strømnes et al., 2018). A service review in this district revealed several problems. It had a higher proportion of young people with mental illness or substance use disorders (SUD) and more usage of childcare services for young substance users than other districts. The city district was understaffed for these tasks, compared to both the Oslo average and nationally. Additionally, there were higher levels of homelessness and arrests, and most people with mental illness or SUD lacked work or meaningful daily activity (Fauchald & Audestad, 2019). After receiving this report in 2019, the city district held a conference for frontline workers and managers on work inclusion, Supported Employment and Individual Placement and Support. Post-conference, the city district management team identified three groups as particularly vulnerable to labour market exclusion: (1) neurodiverse citizens (young adults with intellectual impairments, learning disabilities or autism spectrum disorders), (2) marginalised youth, and (3) people with mental illness or SUD. These groups were selected based on the organisation of the city district services and were not well-defined or differentiated.

The city district management team enlisted OsloMet researchers to carry out a co-creation process to investigate local challenges and consequently develop solutions to enhance labour market inclusion for these groups. Both managers and frontline workers of public services, employers, and target group representatives were intended to participate. However, due to management changes and economic issues in the city district, the collaboration between OsloMet and the city district ended after a year. The co-creation process was thus halted after approximately 6 months, prior to the active participation of employers and target group representatives. Despite the absence of these stakeholder groups, the experiences from this initial phase provided sufficient data to contribute fresh insights about the perceptions of district managers and frontline workers concerning the work inclusion of marginalised groups. In this article, we study the experiences from the initial phase of developing local co-creation processes based on these perceptions.

OsloMet formed a research team with two distinct research traditions: co-creation from social sciences, and knowledge translation from health sciences. Both traditions aim to enhance local services by creating or adapting methods for the local community they are deployed in. However, they differ in that co-creation emphasises local development and creation, while knowledge translation underscores the implementation of often evidence-based methods or measures developed elsewhere. Both approaches were applied in this project.

Co-creation has increasingly been recognised as a promising strategy for the development of more proactive, innovative, and involved public services (Andersen et al., 2017; Larsen & Caswell, 2022; Loeffler & Bovaird, 2016; Voorberg et al., 2015). From 2000 onwards, co-creation emerged as part of New Public Governance, aiming to generate new forms of collaboration on different levels between public services and its users (Rønshaugen, 2022). In this article, 'co-creation' refers to processes on system, organisational, or individual levels, where stakeholders from various positions and perspectives collaboratively explore new ways of working to generate new labour market opportunities. Through co-creation, new understandings, new ways of working and new forms of support may rapidly be introduced into everyday practise at all these levels because the participants are those who actually utilise them.

In the process of developing local services, the use of existing knowledge and evidence is essential to ensure the implementation of best practise. Knowledge translation is an approach that addresses the challenges involved in implementing evidence-based knowledge in the complex world of practise. Involving key actors is essential. According to the integrated Promoting Action on Research Implementation in Health Services (i-PARIHS) framework, successful implementation of improvements in practise is a function of the elements of innovation, recipient and context through the active ingredient of facilitation (Harvey & Kitson, 2016). Notably, the framework considers that making a method work in the complex field of local practise is an act of co-creation and translation (innovation) of generalised knowledge into embedded, interwoven, local practise (with recipients in the context) through a process of facilitation. Researchers can participate in such processes alongside local actors. Translating research-based knowledge into practise is thus a complex process that, in the health science field, is known to take several years (Morris et al., 2011).

In this article, we explore managers' and frontline workers' perceptions of work inclusion for the three defined groups, seeking new knowledge about how work inclusion among marginalised citizens in this city district can improve and whether co-creation and knowledge translation can contribute to this. Our research questions are:

1. What are the major challenges to and possibilities for work inclusion of marginalised groups in a troubled city district, according to managers and frontline workers?
2. How can knowledge-based efforts towards the work inclusion of marginalised groups in troubled city districts improve?

2 | METHODOLOGY AND DATA

This study employs an inductive, bottom-up qualitative approach. Inclusion criteria consisted of being top or middle managers, or frontline workers engaged in work inclusion for one of the three target groups in the city district. Although the target groups could overlap, the services for each group were distinctly differentiated, and service provision is the focus of this study.

2.1 | The co-creation process

Both co-creation and knowledge translation necessitate the participation of end-users and collaboration across established organisational structures (Harvey & Kitson, 2016). In this context, end-users were specifically defined as

individuals who either provide or manage work inclusion services. Consequently, before initiating the project, a written agreement with the city district leaders was signed.

From a co-creation perspective, the researchers facilitated conferences and collaboration groups, introducing 'constructive disruptions' to the city district's working rhythm and prompting reflection. The researchers created an uncharted space for stakeholders to meet across existing barriers and discuss their experiences and understandings of work inclusion. The fact that leaders and frontline workers across the three target groups participated on the same level opened new dialogues. The dialogue conference also uncovered several challenging issues for work inclusion by enabling interaction between these parties. A more detailed presentation of the meetings follows:

2.1.1 | Initial dialogue conference

In January 2020, we conducted a 5-h dialogue conference to kick-start the co-creation process and guide the district's work inclusion efforts towards better integration with ordinary working life. A dialogue conference is a tool that supports local development processes based on open reflection on situation definitions, values, and goals (so-called double-loop learning). It also aids in developing and adjusting initiated processes (so-called single-loop learning) (Argyris, 1990). This learning approach is derived from broad participation in generating new ideas and is well-suited for reflecting on learning and implications for future service provision. At the inaugural local dialogue conference, 40 employees participated; 4 representing top management, and the remaining 36 were middle managers or practitioners (frontline workers) in one of the three major departments of the district including public employment services (PES), health and care, and the department responsible for childhood and local environment. The conference aimed to elicit diverse experiences and viewpoints on barriers and opportunities to foster increased work participation in the defined target groups. The conference was structured as a blend of plenary sessions, one heterogeneous group dialogue, and one homogeneous group dialogue, facilitated by the researchers. Each of the three tables hosted 12–15 people. The first group dialogue was organised to ensure that employees from different organisational levels working with all three target groups met beyond the usual organisational boundaries. This was intended to enable open sharing of experiences across the inherent everyday barriers in organisations. The second group dialogue was organised to ensure that all employees at each table worked with the same target group. This was to discuss thoughts from the previous dialogue group and how they might be relevant to improving work inclusion with the target group. In all groups, researchers from OsloMet took field notes.

2.1.2 | Group interviews for each target group

As an outcome of the dialogue conference, collaboration groups were formed, one for each of the three defined target groups. The organisation of collaboration groups drew inspiration from a Danish model emphasising strong relationships and trust between research and practise, and reflexive organisations capable of independently working with new knowledge inputs (Andersen et al., 2017). The groups comprised 9–10 local frontline workers and their immediate superiors from PES, health organisations, and other collaborating entities, such as representatives of city district youth initiatives, mental health treatment teams, local crime prevention or outreach teams. Additionally, 1–2 experienced researchers from OsloMet participated in each group. One of the groups managed to recruit a target group representative during the six-month span in which 5–10 meetings were conducted in each of the groups. No field notes were collected from these meetings. However, in April and May 2020, the researchers arranged a 2-h group interview with the participants in each collaboration group. The aim was to document the participants' perceptions of challenges and possibilities, their experiences with the collaboration processes, and the broader diffusion of new knowledge and ways of working throughout the services. The semi-structured interview guide commenced with an open question, asking the groups to describe the process of a typical case, who was involved when, which

stakeholders cooperated, and by which methods. In the next interview section, participants were asked to describe their successes and challenges, and their thoughts on service development to achieve increased work inclusion. The interviews were conducted on site in the city district by 1–2 researchers and recorded. Informed consent was collected. The recordings were transcribed verbatim.

2.1.3 | Final digital seminar

Due to the Covid pandemic that broke out shortly after the dialogue conference, severe restrictions on physical meetings were imposed. Additionally, there were limitations to the provision of services. This meant that a second dialogue conference could not be organised. Instead, to summarise preliminary experiences, we conducted a digital 3-h seminar in June 2020 with 20 participants. Representatives from each of the three collaboration groups presented the results of the work they had carried out, including their views on significant challenges and suggestions on how to improve the quality of work inclusion efforts. The recordings were transcribed verbatim. Informed consent was orally collected and recorded. Apart from the issues described above, the pandemic in this early phase seemed to have little impact on the discussions of the meetings and seminars that we arranged.

2.2 | Transcription

This study has three primary data sources: field notes from the initial dialogue conference, transcribed recordings of the group interviews, and transcribed recordings from the final digital seminar. Data collection spanned a period of 6 months from January to June 2020. At the initial conference, the researchers presented their notes to the conference participants in plenary, received corrections or additional information when the local representatives felt something was inaccurate or missing. Thus, the information was verified and approved by the local representatives. All notes from the dialogue conference were subsequently compiled in a Word document ($n = 10$ pages). An assistant transcribed the recordings from the group interviews and the digital seminar ($n = 64$ pages). The recordings from the digital seminar included presentations with comments ($n = 37$ pages). All the transcribed material was analysed and incorporated into the results.

2.3 | Analytical approach

The analysis adhered to the principles of text analysis as per Braun and Clarke (2006). We approached the data inductively, keeping the research question in mind and searching for patterns of meaning in the data material. The first phase involved familiarising ourselves with the data. We read and re-read the transcriptions, both within and across the designated groups. Analysis was conducted both on paper and in NVivo, in line with each researcher's preferences. The researchers individually noted coding ideas before meeting and discussing further analysis. After the initial reading, in the second phase, the researchers created preliminary codes for use in the next level of analysis. Two codes closely aligned with the research questions ('Barriers and challenges' and 'Possibilities and resources'), while two emerged from the initial reading ('Descriptions of work inclusion practises' and 'Attitudes to work inclusion'). In the third phase, the identification and creation of themes were performed by the researchers responsible for each collaboration group and then discussed. In the fourth phase, to review themes and enhance trustworthiness, the researchers collaborated across groups while re-reading the coded extracts and data material to check the themes against the full material, and eventually check for missing details about the themes. In the fifth phase, the researcher group collaborated when working on the final definition of themes and descriptions of results, writing and rewriting to coherently answer the research questions. In the final phase of the analysis, we examined each of

the target groups with particular interest in perceptions related to work inclusion addressing these major themes: (a) the practise of local health and welfare services, (b) the challenges in the city district and (c) needs and possibilities.

3 | RESULTS

In this section, we present the results of the analysis.

3.1 | The practice of local health and welfare services

3.1.1 | Non-existent, fragmented or abundant

The work inclusion practise for neurodiverse citizens was described as non-existent. According to the informants, disability benefits were routinely granted to young neurodiverse adults at the age of 18, without considering employment as a possibility. This was also described as common practise for those with mental illness. While neurodiverse citizens were included in school and after-school services, the transition from secondary school to work was described as a vulnerable period for young adults in this group. Several young neurodiverse adults also experienced a loss of all activities outside the home while they waited for a place in sheltered employment.

For people with mental illness or SUD, the current work inclusion practise was portrayed as fragmented and difficult to access. The clients who could potentially benefit from work inclusion were spread across numerous services such as supported housing, community care, local or hospital-level mental health treatment teams, or local vocational and social services from PES. Employment specialists in the mental health or PES teams provided IPS or SE for this group. Access to work inclusion was described as non-systematic, dependent on how one entered services, and many with SUD were not considered eligible for work inclusion.

For marginalised youth, the informants described a wide range of actors providing extensive and abundant, albeit uncoordinated, support. The school PES counsellor offered work-related follow-up but also tracked students facing challenges related to economy, school participation, and dropout. The crime-prevention outreach team provided support for young people on an early path into crime and collaborated closely with the police, child welfare services, local schools, and employers. The local PES office youth team worked with young people up to the age of 30, with an employment specialist providing follow-up in line with SE. There were more actors than we can name, all taking pride in building good relationships with the youth.

3.2 | Major challenges

3.2.1 | Low expectations

During the co-creation process discussions on their work inclusion practise, some informants became aware of their own low expectations towards the service users. Expectations for the neurodiverse group were low or non-existent concerning work. The informants attributed this to their lack of knowledge or understanding that neurodiverse citizens might be capable of working. A prevalent experience was that 'one does not see the potential in this group.' This means that, for instance, young people with autism spectrum disorder were deprived of the opportunity to utilise their resources at work: 'working life is not part of their reality,' as one informant expressed. Furthermore, it was challenging to change the situation: 'One does not discuss that they should get the opportunity to work. If one has been put into that category [unfit for employment], one stays there.'

Another group that was met with no or low expectations were those with substance use disorders. The frontline workers from the mental health and PES teams described their surprise that ‘citizens with substance use disorders had work experience’ and were equally surprised that ‘they had confidence that they could work.’ Indeed, informants described how people with SUD often found jobs on their own, with no support from the work inclusion services. As one frontline worker expressed:

‘...they see themselves in a job, often, and that has surprised me many times. There I have been... I've faced myself a little bit with maybe prejudice, because often they say yes, but I can do this, and I'll be able to do that. And then there are actually quite a few of them – now we follow up people with heavy substance abuse and psychiatric problems, and many of them have actually also had some jobs here and there as well.’

The informants also discussed the municipalities' zero tolerance for intoxication. This was perceived as a barrier to inclusion as people in active intoxication needed and wanted something to do. Another challenge was the state of health. Employers were positive towards employees with challenges, ‘but the sicker you are, the harder it gets.’

For the marginalised youths, the situation was more complex. Youth unemployment was high, increasing the risk of recruitment to crime. The informants pointed to crime and the black economy as a major challenge and quoted the city district motto that ‘the first money earned must be white.’ Young people in this area were often eager to find a paid job and desired part-time work; in contrast, they seemed to be offered unpaid placements. This lack of paid work, coupled with negative attitudes to work being inherited from unemployed parents, influenced marginalised youth. They did ‘not necessarily see work as an option.’ Furthermore, many had ‘little faith in themselves and in the future’ and gave up quite early in life.

The group with mental illness or SUD was broadly defined and heterogeneous, and work inclusion practise varied according to the severity of the situation. Some adults experienced challenges in many areas, including finances, housing, family relations, and access to treatment for their mental illness or substance use issues. For these cases, it took ‘at least six months of clarifying from a PES point of view,’ and the attitude was that mental health services ‘had to carry out a great deal of treatment [...] before we can start thinking about work.’ The informants were aware that under the IPS model, work inclusion could start immediately if the client wanted to work, and reflected on which approach would be most helpful for their clients. They described how economic insecurity could exacerbate existing problems and questioned whether providing disability benefits might afford stability in the lives of the marginalised, thus enabling them to concentrate on finding work.

3.2.2 | Coordination and access to services

All three groups described organisational challenges with the current practise for the target groups. Meeting the complex needs required ‘coordinated efforts.’ Informants described a lack of communication between the various stakeholders, with some services ‘not even aware of each other.’ The result, from the informants' perspective, was services that were uncoordinated and at times working towards diverging goals.

Transitions between different services were described as vulnerable periods. Marginalised youth seemed to disappear, for instance, by never returning for more support after completing high school with weak results. For young neurodiverse adults, the transition from secondary school to work was also described as a vulnerable period. Several young neurodiverse adults also experienced a loss of activities outside the home while they waited for a place in sheltered employment. For the mental illness and SUD group, the service providers were organised in different locations, making physical meetings difficult, and on incompatible digital platforms, making digital collaboration difficult. Additionally, the PES employment specialists found that they could more easily ensure their clients access to the wide range of social services, for example, financial support or housing provided by PES, than the employment

specialists in the mental health team who sometimes encountered barriers when trying to access PES services. This situation was perceived as frustrating because there was a mismatch between what the service providers wanted to do and what they were able to do: 'it is sad that one knows one is not able to help.'

3.3 | Needs and possibilities

Work was often described as essential for a person's well-being and self-esteem. In the marginalised youth group, participants discussed how many young people lacked self-belief and that work was crucial to create better futures. The term 'job hope' was frequently used among people working with all the three groups included in this study. Several participants in the mental illness and SUD group highlighted the importance of having a job: 'work is a part of the treatment' and 'the goal is to create good lives. Work is a means (to achieve this).'

For our informants, an overarching goal was to include neurodiverse citizens in the workforce. To achieve this goal, the city district planned to develop local competence in customised employment (CE). There was a general agreement on the need for interdisciplinary work and close cooperation between various units. Other important areas included shifting the attitudes of professionals and services to be more resource-oriented, employing the concept of career development, and preparing workplaces. Extended collaboration and engagement with schools were also seen as necessary for work inclusion, involving upper secondary schools where the foundation for the future of this user group was laid, through the education and mapping of abilities as a basis for individual plans. Recognising parents and caregivers as important user groups were one issue raised.

For the marginalised youth, informants claimed that early detection and 'follow-up, follow-up and follow-up' was needed. Challenges had to be identified early to support young people before they quit school or became part of a criminal network. Defining the group, identifying those at risk of marginalisation, prevention, and early intervention were suggested as key issues, along with improving the quality and competence to use work as a means for inclusion in the community and the workforce. The informants described a need to focus both on users and the workplace: 'employers need to know something about the challenges the young people have to be able to accommodate them.' However, not all young people allow openness about their challenges. This was identified as a potential challenge for the employer: in some cases, problems could have been avoided or dealt with if employers had some prior knowledge, but instead, the problems were identified too late in the inclusion process. Colleagues were described as important collaborators for inclusion: 'it is they, and not the manager, who often face the challenges.' Insufficient information increases the burden on colleagues and reduces the chance of success. To achieve all these goals, the informants suggested a need for individually tailored approaches, while having a system for all. This suggestion included finding a local model for working and collaborating which involved coordination of the many activities and initiatives and collaboration with employers. Another suggestion was 'to use measures that work' (i.e. knowledge-based).

According to informants, the mental illness and SUD group needed close follow-up and support in work situations. With their experiences with IPS and SE, informants in this group described a need for more employment specialists in various parts of the district, and that this group needed better follow-up after treatment. Training in social and other skills needed at work was described as time-consuming but important to create security. Having peer support workers in the teams visiting clients was also helpful. Through their personal story, they demonstrated what was possible, and in some cases, they had an important impact on the clients' belief that they could work. Apart from the SE and IPS approaches taken by the employment specialist in the city district, few systematic methods and approaches were described, although several of the representatives did collaborate with employers. The informants offered few reflections on how they elaborated and developed their own approaches to work inclusion. Some mentioned that they 'learn from collaboration and follow-up with the young people' and from evaluation of each individual case. Some referred to 'conversations with their leaders' and 'discussions with their co-workers.'

3.4 | Brief summary

The data revealed that many services were available for these three target groups, but they were uncoordinated and partly unknown to each other and possibly to the target population. This was particularly evident in the abundance of services for youth, but also in the fragmented services for people with mental illness or SUD. Services did not seem to be targeted and were not having the intended impact of improving employment rates in the target population.

While we found many similarities in challenges, possibilities, and descriptions of support provided for the three groups, one group stood out. For the neurodiverse population, basic needs such as housing and economy were secured. However, all resources were allocated to providing sheltered work and none to competitive employment efforts. Here, the main challenge was described as one of attitude and expectations. According to informants, neurodiverse children were included at all levels through kindergarten and school. As they left school, there was a marked lack of services devoted to employment and involvement in society.

The informants described all target groups as clearly marginalised, but at the same time with an interest in work, a willingness to work, and the abilities to master at least some work. While some employers were described as willing, several challenges related to mastering inclusion in the workplace were also described. One impression was that the stakeholders seemed not to 'blame the marginalised individual' for lack of work inclusion, which has often been a tendency within supply-side-oriented welfare regimes. Instead, the stakeholders located major challenges within the support services, such as a lack of coordination between involved agencies, low expectations, and lack of competence in the service providers.

The frontline workers formulated possible solutions to these challenges for all three user groups. While there were differences, common 'local theories' (local interpretations of a specific local context or situation) for all target groups were:

1. Better collaboration and coordination of support and services will help solve the problem.
2. More competence and skills in the support services will help solve the problem.

4 | DISCUSSION—HOW CAN KNOWLEDGE-BASED EFFORTS TOWARDS THE WORK INCLUSION OF MARGINALISED GROUPS IN TROUBLED CITY DISTRICTS IMPROVE?

In this section, we discuss these major 'local theories' in light of recent research literature.

4.1 | Can better collaboration and coordination of services help?

The need for coordination and collaboration across services to improve the quality of work inclusion and job retention for marginalised citizens is well documented in the research literature (Albertson et al., 2022; Alm Andreassen et al., 2020; Frøyland et al., 2022; Skarpaas et al., 2016). However, this literature also suggests that coordinating the support and services is not an easy task, and although several studies have described efforts at improving coordination and collaboration, no straightforward solution has thus far been presented. The experiences from the developing co-creation process in this city district seem to suggest that such processes can help provide an overview of ongoing and relevant services. Co-creation seemed able to serve as a starting point for better coordination of services, and as an arena for developing or adjusting knowledge-based approaches to the local context. Even though the co-creation processes were not carried out the way they were intended with the active participation of employers and target groups in all collaboration groups, the experiences still suggest that the established arenas could facilitate co-creation

and contribute to improve knowledge-based efforts and local mobilisation in work inclusion on different levels as suggested in previous research (Rønshaugen, 2022):

First, at the systems level, the discussions in the dialogue conference facilitated the development of a shared understanding of the common challenges in work inclusion. We argue that the dialogue conference revealed or even created a need for more interaction and integration across services and levels. There was a strong consensus among the participants that there was more to gain from such meeting points. Meeting each other across services and organisational levels 'disrupted' the normal working order of the city district. It contributed to creating a need for re-thinking and new action, and we argue that it was constructive as there was direction to the mobilisation it generated.

Second, the experiences of the three collaboration groups were important in the sense that frontline workers and middle managers from different parts of the support services together managed to gain a better overview of the local challenges and practises related to the target groups. The collaboration groups became arenas for local reflection about what steps could be taken to improve local approaches. The groups gave the researchers an opportunity to share knowledge from research and help local representatives develop local competence and approaches aligned with research-based knowledge, a valuable quality also identified in other research of similar co-creation (Andersen et al., 2017).

Third, the data also describes the need for collaborative support in the individual inclusion processes, a need also described in recent research (Enehaug & Spjelkavik, 2022). Several informants referred to the need for better collaboration with local employers and for more knowledge among employers so they could provide sufficient follow-up and accommodation at the workplace. While employment specialists provided support for some of the users, our data generally lack information on how workplace-based facilitation or preparation could be organised. In opening the labour market to the marginalised unemployed, research has shown that employer involvement is crucial. Closer collaboration with employers is described as a way to secure sustainable job matches, job development and job retention (Frøyland et al., 2018a; Frøyland et al., 2018b; Ingold & Valizade, 2017; Skarpaas et al., 2016). The active role of employers in ALMP entails a shift wherein employers are no longer viewed as passive customers of employment services, but as co-creators of inclusion processes (Enehaug & Spjelkavik, 2022; Torfing et al., 2019). While the experiences drawn from the initial development of co-creation in this city district were promising, the fact that the co-creation processes generally lacked the participation of user groups, employers, and NGOs, represents a limitation to the co-creation processes and to our study. Recruitment of these actors as active contributors in the collaboration groups was on the agenda but was not realised during the initial 6-month phase. The participation of these actors could bring forward new perspectives and experiences as well as new knowledge of the potential or difficulties of such co-creation.

4.2 | Can more competence and skills in the support services help?

Another strategy to address the challenge of work inclusion involved enhancing competence and skills within local services, for instance, by implementing knowledge-based methods tailored to local conditions.

Prior to this project, frontline workers and managers had been invited to a local conference on SE and IPS. Attendance at a lecture on effective models for work inclusion started a process in which stakeholders looked at their own practise through this new knowledge and became aware of their own low expectations of their clients. Other studies also show how frontline workers protect clients from the stress of working, while the benefits of work are less at the forefront of their thinking (Sharek et al., 2022). It is likely that such protective attitudes, together with the lack of hands-on skills in implementing the knowledge-based methods, influence actions. The quality of implementation has been revealed as important for successful vocational outcomes (Martin et al., 2015).

For the three groups in this study, we argue that the best evidence for work inclusion are interventions based on SE with CE being the best practise for the neurodiverse group (Griffin et al., 2008; Nevala et al., 2019) and IPS for those with mental illness or substance use disorders (Bond et al., 2023; Probyn et al., 2021). For marginalised youth

both IPS, CE and the 'five stage process'—a well-documented practise within European work inclusion for marginalised groups—has been documented as good practises (Frøyland, 2020; Frøyland et al., 2022; Frøyland & Spjelkavik, 2014; Frøyland, 2016). In this case, these knowledge-based models were familiar to several service providers, but while they knew the principles of the models, they described how they lacked the hands-on skills to implement them. Meeting across formal boundaries promoted valuable interaction between service providers in the city district. The stakeholders needed to develop knowledge and skills to implement the SE/IPS/CE model. The positive experiences described in the city district on work inclusion from concrete cases in which frontline workers were trained in work inclusion contributed to more belief in these models. However, in their experience, and in the literature, there is no easy way of implementing these methods.

From a knowledge translation point of view, gaining knowledge of an effective model is the starting point for translating that knowledge into practise. The research literature suggests that in the process of implementing new practise, that is, translating new knowledge into practise, the support of a facilitator may be required (Harvey & Kitson, 2016). Space for adaptation to local culture—such as local meetings across formal boundaries or support from a trained facilitator—can be seen as a form of co-creation within the SE model (Topor et al., 2018). It is also in line with knowledge translation models such as i-PARIHS (Harvey & Kitson, 2016) that recognise the importance of innovation and adaptation of methods and models to fit the local context. Such a process would require time and effort both from the recipients in the practise field and the facilitators.

In this project, the facilitation was done partly by the active participation of each researcher, but also in the design of the dialogue conference and the collaboration groups. Allowing local managers and frontline workers to meet across organisations and levels represented a constructive disruption of facilitation. A discovery we made was that co-creation aiming at the development of better approaches through interactions between the local stakeholders, and knowledge translation aiming at the spreading and implementation of approaches documented as effective in research, could be facilitated together as joint processes. Our initial perception that these approaches were fundamentally different was adjusted as they had also much in common. We learned that in order to translate and implement evidence-based knowledge, co-creation at the local level was a necessity.

5 | CONCLUSION—CO-CREATION AND KNOWLEDGE TRANSLATION AS JOINT PROCESSES

The informants described a range of challenges, practises, needs, and possibilities related to developing ALMP-related activities in the direction of work inclusion, including attitudes about employment and thoughts on improvements in organising work inclusion services. We found that there were no natural meeting points for those involved in work inclusion in this city district and that the size and organisation of the district were barriers to efficient collaboration. By facilitating meetings and providing a structured place for the exchange of ideas and experiences, co-creation and knowledge translation could begin to take place. We sum up the major lesson learned through this study in this way:

Local co-creation at systems-, organisational- and individual level can be combined with knowledge translation as joint processes and has a potential to mobilise local actors through the facilitation of local reflection, overview of local activities, coordination of support and development of new or implementation of existing knowledge-based approaches.

We suggest the establishment of co-creation processes at systems level in the form of dialogue conferences and at the organisational level in the form of collaboration groups with representatives of different local stakeholders as well as researchers. There also seems to be a need to develop co-creation approaches on the individual level in each concrete inclusion process. To involve employers and target groups as partners with PES in such co-creation seems necessary but may be challenging as it represents a fundamentally different approach to that of established common practises, which are often based on the principal agent model of new public management.

In this approach to generating new practise, the role of a disrupter or facilitator seems important. Such facilitation can be provided through the active participation from the researchers in the co-creation processes, but also through the design of local arenas for reflection and development. In this project, the presentation of evidence-based knowledge raised awareness and opened an interest in gaining more knowledge. The dialogue conferences contributed to the process by revealing the important lack of connections and collaboration across services. Together, these approaches may create mobilisation and direction to local co-creation and competence development in this city district and potentially elsewhere as well. Since both researchers, managers and frontline workers participate, such processes may impact both academic and professional perceptions and thinking. Further research is needed on how co-creation can also influence local practise, and how the involvement of employers and target groups may contribute to further knowledge development and broader societal impact.

5.1 | Limitations, transferability and ethical considerations

The data that this study is based on consists of the perceptions and reflections of managers and frontline workers in a troubled city district of Oslo, Norway. We have not studied the actual inclusion work, nor did we interview target groups or employers. Furthermore, the co-creation process unfortunately ended after the initial phase. Thus, we do not know the city district's further efforts to develop knowledge-based interventions for the target groups, and whether the activities and arenas that we established led to improved local competence and skills, and whether this had an impact on the work inclusion activities. As such, the analyses and findings of our article are limited to providing knowledge about the experiences and perceptions of frontline workers and managers on work inclusion. There is also a risk of bias related to the fact that all informants were involved in inclusion work and therefore might be more positive and optimistic towards the marginalised groups considered than others.

However, as there are many similarities between districts of Oslo, we believe that the experiences of this particular district may resemble others in Oslo, and possibly also in other larger towns. Our informants were all experienced with detailed hands-on knowledge about the topics discussed. We believe that the open discussions facilitated by the co-creation processes was a fine means of ensuring the validity of data. The discussions were held on a general service level without discussing particular individuals/users. The project was approved by Sikt (Norwegian Agency for Shared Services in Education and Research) on 17.04.2020, reference number 441484.

ACKNOWLEDGMENTS

We wish to thank all involved stakeholders in the particular city district of Oslo for contributing to our research!

CONFLICT OF INTEREST STATEMENT

We hereby state that there are no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The project was approved by Sikt (Norwegian Agency for Shared Services in Education and Research) on 17.04.2020, reference number 441484.

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How to cite this article: Frøyland, K., Bull, H., Skarpaas, L. S., Berget, G., Spjelkavik, Ø., & Lystad, J. U. (2024). Work inclusion of marginalised groups in a troubled city district—How can active labour market policies improve? *Social Policy & Administration*, 1–14. <https://doi.org/10.1111/spol.13058>