Intra-Organisational Trust and Home Care Services: A Study of the Process of Implementing Trust Based Practices in Municipal Eldercare in Sweden

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Abstract
This article contributes to the discussion concerning intra-organisational trust in home care services. The article is based on a study of organisational change and the implementation process for trust-based management in a Swedish municipality. Collection of material involved several organisational levels in the municipality's home care service and consists of individual interviews, group interviews, observations and a document review. The results show that the municipality has addressed common problems in home care services in Sweden, resolving them with specific solutions that are unique to the municipality. Quality assurance is performed by allowing frontline employees to fully utilise their competences. Management, first line management in particular, is characterised by checks instead of controls. This is in line with the idea of intra-organisational trust and is achieved by building trust between employees with different levels of education and occupations in the organisation. This form of intra-organisational trust is labelled inter-occupational trust. The process of implementing trust-based practices in the municipality is characterised by three quality dimensions: continuity, flexibility and time allocation. These dimensions are central aspects of the arguments for a user's perspective on collaboration. An important prerequisite in the municipality studied was that organisational change was followed up with adequate resources in the form of working hours, working conditions, education and training.

Introduction

This paper contributes to the discussion on intra-organisational trust in settings pertaining to home care services. From an international perspective, trust – and more often mistrust – is an ongoing topic for discussions on the public sector (Catterberg and Moreno 2006; Bouckaert 2012; Oomsels and Bouckaert 2014; Welander 2017). The main reason for mistrust is often explained by a poorly performing public sector (Van de Walle et al. 2008; 49; Christensen and Laegreid, 2017), however, mistrust has also been discussed in the context of growing expectations placed on the public sector. It is difficult to provide a specific explanation, although many have cited the functions and roles of the public sector, or historical and geographic factors (Van de Walle et al. 2008, 49–53).

The issue of mistrust in the public sector was reinforced in Sweden by a series of newspaper articles by the journalist Maciej Zaremba on the theme of "What killed Mr B?" (Zaremba, 2013), in which professionals spoke about their increasing difficulties in meeting people's needs and performing well at work. New Public Management (NPM), which has been seen as a solution in many public sector organisations, was the focus of the critique by Zaremba, as well as

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a huge number of debaters and researchers. To bring trust-based management to the fore is in line with these challenges and a response to the principles of NPM, which focuses on budgets and results-based management. In 2016 the Swedish government announced a *Trust Delegation*, a commission to reform the organisational principles of the public sector in order to instil greater trust-based management. The trust commission has defined trust-based management as providing a direction, culture and working environment that focuses on the purpose of the activity and the needs of users (Dir. 2016: 51). According to this definition, every organisational level should actively promote collaboration and a holistic perspective, build trusting relationships and ensure capability, integrity and helpfulness.

The importance of interprofessional trust is demonstrated, for example, in the mutual trust between employees and managers (Tengblad 2010; Andersson, Stockhult and Tengblad, 2020). Interprofessional interaction in healthcare has been studied from different perspectives both internationally and in Sweden (cf. Folkman, Tveit and Sverdrup 2019; O'Keefe and Ward 2018; Lundell 2018; Ambrose-Miller and Ashcroft 2016; Nugus, Greenfield, Travaglia, Westbrook, Braithwaite 2010; Lokat, Lindgren, Packendorff 2015), but has only received limited attention in care contexts, certainly when it comes to eldercare in Sweden and internationally. We assume that this is connected to "the weak position of many client groups" (Johansson et al. 2015) and to the actual position of employees working in care roles following a comparatively short training period and in difficult working conditions.

Increased intra-organisational trust has the potential to provide employees with greater opportunities to meet users' needs and should be a vital issue in eldercare. Intra-organisational collaboration in organisations is not just about knowledge exchange, it can also be part of what Lokat (2019) describes as a 'reversed division of labour', where hierarchical organisations are challenged to arrange relations across organisational boundaries (Lokat 2019: 8). As the construction of organisational boundaries is one of the principles of NPM (Hood 1991), it has been suggested that a multi-professional team could be regarded as a post-NPM control regime (Liff and Andersson 2013; Christensen and Laegreid, 2017), which highlights its potential to be "user friendly". The user-friendly effect has been demonstrated in health care, for example, where multi-professional teams function as multidimensional coordinators of activities, and nurses in these teams are given a unique position to arrange logistical flows for patients (Gadolin and Wikström, 2016). It has also been shown in social work that interprofessional practice enhances service user participation (Kvarnström, Willumsen, Andersson-Gäre and Hedberg 2012). Eldercare represents a huge research field, but only limited attention has been given to care workers, an occupational group with low-level positions and few opportunities to influence organisations[1].

The call for trust-based management and intra-organisational trust as a response to the values formerly institutionalised by NPM demands empirically-based knowledge about the public sector and its predicaments and challenges (Karlsson and Olsson, 2018). We suggest that home care services is an appropriate field for empirical studies as it involves collaboration between individuals and work groups with a wide spectrum of educational backgrounds

and hierarchical positions, including groups and individuals from lower hierarchical levels that have been largely unexplored. The interprofessional concept excludes care workers. To acknowledge the position and importance of care workers in home care services organisations, the concepts of inter-occupational and intra-organisational trust are used to understand the interactions between and collaboration among employees with different occupational and professional status and with different functions in home care services. Intra-organisational trust is understood as the expectations on intentions and behaviours of multiple members of an organisation.

Aim and disposition

The aim of the article is to describe and analyse intra-organisational trust in the process of implementing trust-based practices in home care services, and the implications for management and the implications for quality assurance that emerge from the process. This is studied in one empirical example in the light of the change from an institutionalized system of NPM to a process of implementing trust-based practices. The unit for description and analysis is an area for the delivery of home-based assistance (home care services) in the municipality of Sundsvall, Sweden. A management perspective is in focus in the article and accommodates several decisions levels, from the social services director to the first line managers which are closest to the care workers and the care receivers. As emerge in the result section the meaning and practice of management is one of the key-issues of the change processes.

This article has four sections. The first section describes the characteristics of the Swedish public sector and of home care services in Sweden, as well as the national and local understanding of NPM and its implications for policy and practice. The second section outlines the theoretical framework based on trust-based management, intra-organisational trust and public value. The third section describes methodological aspects, the approach taken and findings. The final section presents the conclusions and makes some concluding remarks.

The Swedish public sector and home care services

The Swedish public sector is comparatively large and well-established and is organised in line with the Scandinavian welfare model (Esping-Andersen and Korpi 1987). The core welfare services, social care and health care, have each been studied from different theoretical and empirical perspectives (e.g. Byrkjeflot, Christensen, and Lægreid, 2016; Moberg 2017; Szebehely and Meagher 2017). As mentioned in the introduction, the public sector has been criticized for various shortcomings, such as poor quality, inefficiency and running financial deficits (Rothstein, 2010; Hartman, 2011; Szebehely and Trydegård, 2012; Szebehely and Meagher, 2017). When it comes to welfare services such as home care services, the welfare state is actually a number of local welfare authorities, as responsibility is decentralized to 290 municipalities.

On care quality, three important dimensions have been identified: continuity, time and flexibility (Szebehely 1995; Erlandsson et al. 2013, 63; Elmersjö 2014). Previous research has shown that having enough time is a crucial factor in being able to meet user needs (Meagher and Szebehely 2013; Elmersjö and Sundin

2018). Continuity concerns the ability to see the same care worker often enough to be able to establish a care relationship. Time also stresses the importance of having enough time for the care receiver and the care worker to establish the care relationship. Finally, flexibility highlights the significance of securing opportunities for care workers to adjust care work in response to changes in the care receiver's needs and wishes.

In Sweden, home care services are a municipal responsibility that can also be provided by private sector entities and non-profit actors. The overarching policy is that older people in need of care should receive it in their own home from care workers with the requisite skills (Government bill 1997/98:113). The care receiver pays a fee for the home care services to the municipality, up to a maximum level. Many different occupational groups are involved in providing home care services. First, the older person applies for home care services to the municipality in which they live. They then meet a needs assessor[2] who makes an assessment. If the care receiver is approved for home care services, a first-line manager receives the decision and instructs the care workers. The nurses involved in home care services have overall medical responsibility but some medical procedures, such as wound dressing, can be delegated to care workers. Occupational therapists and physiotherapists can also be involved in municipal home care services, but not usually on a daily basis. Such co-workers, as well as nurses, are classified as academic professions or semi-professional, in contrast to assistant nurses and care workers. Many care workers are, as mentioned, educated as assistant nurses, a vocational education on high school level. As argued we use the term "care worker" for them both with and without formal education. The first assessment generally needs to be followed up regularly as care workers are often faced with increasing needs among the care receivers, which demands a certain flexibility in the following assessment process.

New Public Management in Sweden's municipalities

In practice New Public Management has had many faces and interpretations, such as new language inspired by market relations and new principles for organising and managing, leading to outcomes that differ across space, time and sectors (Christensen and Laegreid 2011; Sorin and Politt 2014; Pollit 2002; Christensen and Laegreid, 2017). Several problematic consequences have been described by internationally prominent researchers such as Mintzberg (2017) and Hood and Dixon (2015), but also in Scandinavia (Kamp and Hvid 2012). Brunsson argues that "the changes were driven by ideals rather than by practical problems and considerations" (Brunsson 2011, 79; see also Emanuelsson 2017).

Christopher Hood, probably the most cited researcher in the field of NPM, was characterizing Sweden as the most extreme adopter of NPM as long ago as in 1991 (Hood 1991). Twenty-five years later, he concluded that despite some efforts to alter and evaluate it, a long-term evaluation of the effects of NPM was still required. He and his colleague also stated that while NPM is concerned with practical matters and suggests common sense actions, it creates highly antagonistic attitudes and strategies (Hood and Dixon 2016:410). NPM turned out not to be a one-size-fits-all solution across many organisations and systems in different countries, but instead created new problems. There was an expansion of administrative tasks that aimed to control and steer the work of care providers

and health professionals, who were prevented from using their full expertise. These shortcomings have been reported in research reports (e.g. Hasselbladh, Bejerot, Gustafsson, 2008; Meagher and Szebehely, 2013; Hood and Dixon 2015; Mintzberg, 2017; Vallentin and Thygesen, 2017; Bringselius 2018a, 13). Furthermore, research on the Swedish public sector over several years has shown in various ways how the existence of poor working conditions for employees negatively affects the quality of services (Hartman, 2011; Szebehely, Stranz and Strandell 2017).

Politicians have acknowledged the shortcomings of the public sector. In 2016 the Swedish government launched a Commission on Trust-Based Public Management to identify the actions needed to address the shortcomings discussed above. The main argument was that citizens will receive better services if welfare workers are trusted and their skills and experience respected (Bringselius 2018b, 70). The issue of trust-based management concerns potential users as well as current users and is related to theories of public value.

Trust-based management, intra-organisational trust and public value

This article is concerned above all with intra-organisational trust, trust-based management and the consequences for quality assurance and management. There are many ways to understand and define trust-based management, as trust-based management is a huge and expanding research and policy field. Some interpretations have been described as contradictory and highly context-dependent (Costa and Bijlsma-Frankema, 2007). Karlsson and Olsson (2018) raise the need for studies on managerial roles and managers' interactions with both the political system and other officials.

The concept of trust-based management is elaborated in relation to an understanding of public value. Public value is the value that an organisation contributes to society and is linked to New Public Service or Public Value Governance (Alford and O'Flynn 2009). A previous study by the authors used the term *value-creating organisation* (Elmersjö and Sundin 2018). An organisation is understood to be value-creating when its direction, management and leadership are used to place the user perspective to the fore. For an organisation to be value creating, it is essential that all the employees on all hierarchical levels have trust in their roles and functions. The assumption that high levels of trust enable low levels of control was labelled the substitution view by Bijlsma-Framkema and Costa (2005).

Public value as a concept stresses that work carried out in the public sector must be based on users' needs (Seddon 2010; Davis 2016). The idea behind trust-based management is to ensure that care workers have the necessary resources, and that there are enough resources to meet the requirements for quality provision. In a discussion of user power, the intended aim is a balance of power between an employee (e.g. care workers) and a care receiver. The relationship between them is asymmetric as dependency automatically creates a subordinate role for the user (Vedung 2015). User participation has been a core concept for some time in Sweden and its importance was emphasized by the Government Bill "Dignified life in eldercare" (2009/10:116). Trust-based management can be seen as a way to organise eldercare in order to achieve dignity for older people. There is a risk that the concept of user participation

might make this power imbalance invisible. Another important factor is the stage of the process at which user participation occurs (Andersen, Pallesen and Salomonsen 2013). User participation could mean that users can influence the content of a welfare service. It can also be formulated as a demand to evaluate services, however, without the ability to influence them directly. This perspective comes close to a complementary view, where trust and control equate to contribute and cooperate (Luhmann 1979; Tillmar 2006).

This article interprets intra-organisational trust as part of a process in which gaining more knowledge is essential to being able to trust and receive trust. According to Agger and Damgaard (2018), all groups of co-workers and decision makers, must understand and learn about the system they are part of in order to gain citizens' trust. The focus of this article is on the process of implementing trust-based practices, aiming at increasing the quality of the care delivered and received.

Method

The Trust Commission

In 2018 the Trust Commission called on public organisations, such as county authorities and local municipalities, to provide them with examples of good practice that could be described and analysed by researchers. The local officials and politicians responsible for eldercare in the municipality of Sundsvall successfully applied to be one of the research projects on the basis that their provision and practice were in line with what the Commission was describing. We as researchers were asked by the Commission to make a study of the eldercare in Sundsvall. The Trust Commission was consequently a decisive part as it was the Commission that identified Sundsvall municipality, and the district of Skönsmon within it. In the Skönsmon district of the municipality of Sundsvall, home care services have been organised according to the so-called Skönsmo-model since 2012. The approval of Skönsmon as an example of a process of implementing trust-based practices in line with the Commission's aims gave us instant access to the entire municipality of Sundsvall.

The case: The municipality of Sundsvall and the district of Skönsmon

The article is based on a case study of home care services in the municipality of Sundsvall. Sundsvall municipality is a medium-sized municipality by Swedish standards, with a population of almost 100,000. The municipality has a customer choice system in home care service where users can choose from either private sector or municipal home service providers. The municipality provided home-based services to approximately 1400 service users in 2017 and external providers did the same for approximately 350 users. About 500 caregivers were permanently employed in the municipal home care service.

Trust can be essential in various forms of inter-occupational relationships in home care services. The example of Sundsvall is relevant for research on a process of implementing trust-based practices in home care services, since organisational change has aimed to influence all these relations. The process of implementation was in practice inspired by a consultant using the Vanguard method (Seddon 2010). According to the quality manager, the presentation on

the method put into words what they were already aiming for and doing. The importance of trust in employee's competences in an organisation that caters for users' needs is emphasized as well as an understanding of organisations as systems and how these systems can change. Following the Vanguard method, the organisational change takes as its starting point three perspectives: a user perspective to increase quality, an employee perspective to improve the working environment and an economic perspective to do the right thing and to reduce the waste of resources.

The home care services organisation was a part of the social sector and divided in 18 geographical units. In the political organisation, home help was based within the social services. The social services administrative system was led by the social director. Under the social director there was a head manager in charge of all 18 geographical units of home care services. At the next level of the organisation, every home care unit had a first line manager. In Skönsmon at the time of the study, around 100 people were receiving home care services on a regular basis from 33 employees. The area of Skönsmon was divided into three home care units but the 33 employees were all part of the change programme.

The study

The material consists of individual interviews, group interviews, observations and document reviews. This study began with a review of reports on organisational change in Skönsmon (Swan 2012; Swan and Blusi 2013; Daneryd 2015). A content analysis was carried out in order to identify the organisational conditions that were important in the process of implementing the Skönsmo-model (cf. Bowen 2009). This document review formed the basis for the selection of interviewees.

The interviews comprise: one interview with the quality manager, one interview with the social services director, one interview with the head manager for home care services, one interview with the chair of the social council, one interview with a Vanguard consultant and one interview with the quality manager and the Vanguard consultant together. The individual interviews were recorded, and the material was transcribed and submitted to the interviewees for approval or change. Notes were taken in the interview with the Vanguard consultant and the quality manager. The material also includes: a group interview with three care workers; a group interview with an inter-occupational team, which has worked together on organisational change in home care services; and two "participant observations", one at a meeting with managers at the city hall and the other with a consultant and a number of individuals working in Skönsmon with specific knowledge in areas such as physiotherapy. In addition, the material also includes observations during ´waiting times´ at the service office for home care services in the center of Skönsmon.

In its entirety, the inter-occupational team consists of one district nurse, two needs assessors, one physiotherapist, one occupational therapist, three care workers and one first-line manager of the home care service. An economist has also been involved from time to time. A district nurse, an officer from the reception unit, two needs assessors, a physiotherapist and an occupational therapist attended the group interview. Notes were taken during the group interviews. There were also conversations with the above-mentioned people in

different constellations. Even though not all interviews or conversations were recorded, and not quoted in the article, the material has been of value for validating the recorded material.

The material was analysed using qualitative content analysis, which took account of the organisational context. Each interview was analysed in relation to the other interviews and the organisation as a whole. Organisational change cannot be understood by studying fragments of the organisation and a single interview does not function as an isolated answer to the research question. However, each interview reflects one person's view and understanding of the organisation. Using different sources for the study and presenting quotes from the interviews in the article strengthen the credibility and transferability of the findings (c.f. Guba and Lincoln 1994).

Findings

Home care services in transformation: common problems and specific solutions

The municipality of Sundsvall has a background of formally institutionalized NPM values and NPM shortcomings. At the same time, Sundsvall has for many years been known for its progressive approach to organisational change (Daneryd 2015). In 2005, the problems of home care services delivery in Sundsvall were being described in fundamentally the same way as they were in the rest of the country: a lack of quality, problematic working conditions, a financial deficit and difficulties recruiting trained care workers. These problems are still common to many municipalities in Sweden (Meagher and Szebehely 2013; Moberg 2017, The Swedish Corona Commission, 2020). What differentiates Sundsvall from other municipalities is the method chosen to resolve the problems through organisational change (Elmersjö and Sundin, 2018).

At an early stage in the organisational change process, a new method was developed, introduced and implemented by a consultant and the quality manager. The quality manager was supportive of the understanding of organisations as systems and the importance of taking the user perspective as a starting point. Although an economic perspective is critical to providing the services required in order to help reduce waste of resources, the simple "customer-delivery" approach dominant in NPM-inspired ways of organising was considered inadequate. The quality manager also emphasized the complexity of the services provided grounded in a recognition of the broad range of needs in eldercare.

The change work in Skönsmon resulted in new methods of working, work processes, working principles, roles and measurements, as well as a different division of responsibility within home care services aimed at increasing the user's perspective and creating flexibility to cater for the users' needs. These ambitions are not unique to Sundsvall but the method of organisational change, which emphasized trust in the employees, was. The Skönsmo-model was considered a success by the social services director, the head manager for home care services and the chair of the social council, so the change work was extended to all 18 of the municipality's home care areas between 2014 and 2016. The Vanguard consultant and the quality manager were given overall

responsibility, and four people were trained as internal consultants. Throughout this period, the change work carried out in Skönsmon was used as a frame of reference. The follow-up change work also included politicians, senior managers and first-line managers, as well as home care workers. In 2017, other occupational categories were included: a district nurse, two administrative assistants (one from the reception group and a housing coordinator), a physiotherapist, an occupational therapist, three nurses, one head manager and one external consultant. This approach ensured that inter-occupational competence was acknowledged over hierarchical borders as a tool for resolving users different needs. In line with this outlook, the needs of the care receivers are acknowledged as complex and as requiring many forms of competences. Intra-organisational trust over hierarchical borders recognized care workers competences as part of inter-occupational trust. Their competence was understood as vital to achieving high quality care. This became an important understanding in the organisational change process.

The organisational change in Sundsvall had an analytical point of departure in which the problems with home care services were analysed at an early stage with a theoretical understanding of value creation from a user perspective. In the organisational change in Sundsvall, all the occupational groups involved in home care services in Skönsmon, needs assessors, first-line managers and care workers in particular, must learn about users' needs. This was done by interviewing users and learning from their experiences of the organisation. The care workers and first line managers conducted the interviews, and they saw this as an important step in the analysis of the organisation as a system. The argument was that this type of knowledge is important in organisational change to make it possible to design a system of home care services based on the interests of users and citizens. The insights on organisations of Agger and Damgaard (2018) highlight the importance of learning in organisations as a vital part of taking responsibility for both current and future users. In addition, the right of every citizen to influence what kind of help they get from society is emphasized. According to Alford and O'Flynn (2009), public value is thus supposed to be about what people themselves consider to be important in their lives rather than what employees believe are important needs to be met. This raises questions about employees' influence, knowledge and power relationship in relation to those in need of their help.

Close competence: check not control

Problems in the public sector are usually managed by a focusing on care workers' performance in ways that have been influenced by NPM (Elmersjö and Sundin, 2018). According to the quality manager: "Most people try to change the performance, which will only affect individual employees trying to do right in a system that usually does not support this". Changing the way people think was described by several interviewees as an extended consequence of a focus on economics and control, which were part of the formerly institutionalized NPM system. In line with Bringselius (2018a, c), trust-based management quality control is based on how the wishes of the users are met. In Sundsvall, the care receivers' needs and wishes are seen as the main sources of information for creating good quality care. Showing trust in care workers' competence in inter-

occupational collaboration was an early statement, since they are considered the best informed about care users' needs as they are closest to them in the organisation. The head manager of home care services explained that: "It is the employees who are the quality assurance. Working in smaller work groups, the care workers oversee what is going to be done, and that is quality assurance. Nothing else is needed".

In addition, the social director of the municipality argued that trust is about showing confidence in care workers' competence: "For me, trust in the competences I hire is about people having the ability to understand the sort of results we want to achieve, that is, what is best for those we are here for". The care workers interviewed said that their competence is taken more seriously since the organisational change and that their work with users is highlighted and described as central. Previously, other occupational categories had not shown much confidence in their competence. Under the NPM system, care workers had even had tasks removed that they were competent at. This has also been found in studies of other municipalities (Elmersjö 2014, 2018).

In the process of implementing trust-based practices the user perspective is strengthened in relation to management and gives care workers a better position and makes them feel more secure about their skills. The chair of the social council believes that the care workers could become good leaders:

> *"Previously, there has been such a focus on being a trained nurse or having a university degree to be able to attend our leadership programme, but we no longer have such a requirement. Now we have a lot of skilled assistant nurses [care workers] who would be great leaders. We must make it possible for them too."*

The idea of making care workers leaders speaks of great confidence in their competence and, in comparison with the previous organisational arrangements, presents a novel view of inter-occupational collaboration. Since care workers generally have non-academic backgrounds, this demonstrates trust in proven experience and the relevance for inter-occupational interactions. The concepts of intra-organisational trust and trust-based management in Sundsvall challenge traditional hierarchical borders by management, on different levels, showing trust in care workers' competences. In turn, this strengthens their position in the organisation. This has also been found in reports on Skönsmon (Swan 2012; Swan and Blusi 2013; Daneryd 2015).

The interpretation of trust-based management

As noted above, valuing proximity challenges the former hierarchy in the organisation. Regardless of level of education, competence, role or function, the competences closest to the user are considered the most valuable. The standpoint that emerges in close interaction with the care receivers recognize the knowledge care workers acquires about the older persons since they meet them so often and thus have first-hand information about their health condition and situation. As a result of their new position, care workers are given a substantially greater amount of discretion than before to meet users' needs on a more flexible basis. This also changes the view of management and the function of leadership as part

of management. First-line managers must now primarily focus on organisational functionality, with the aim of creating the conditions for care workers to display their competences and meet the needs of users in the best possible way. As the chair of the social council described it:

> *"In the Skönsmo-model, we describe leadership as "present" leaders, which means not only being physically present but also really engaging in daily work and being curious about how the system works. Thus, being prepared to create the conditions for employees to do a good job."*

This substantial amount of discretion in combination with management focused on securing good working conditions clearly highlights the care workers' role and importance in the organisation. It is therefore reasonable to assume that an organisational transformation process like this demands intra-organisational trust that includes all occupational groups and levels in the organisation. Correspondingly, the care workers had to change their view of their role in the organisation. One politician explains: "Yes, that's the reason for giving authority to the care workers, but then they must also learn to take on this authority". Many roles and functions had to be re-evaluated. Above all, the management role needs to be transformed in a way that challenges the former organisational structure. Overall, the interviewees in Sundsvall stated that first-line management needs to be "mature" enough to review the basic assumptions that govern the organisation's activities, and to be ready to give discretion to the care workers and to show and practice trust in their management style. The quality manager described it like this:

> *"To me, it's a matter of trusting in the employees and controlling it [the care work] in relation to the purpose of the organisation and what matters to the citizens. You are not interested in the parts in the same way; you change perspective and are interested in the whole from a user perspective."*

The organisational change process is therefore divided into two parallel but interconnected processes: one that enhances care workers' roles and one that transforms the role of management, especially for the first-line managers. An important aspect of the organisational change made in Sundsvall is interpreting management as a tool for value seeking in an organisational context. This is another vital part of the process of implementing trust-based management where the first line managers must not only demonstrate trust in the care staff's competences, but also acknowledge their staff's view of how the organisation functions or does not function. Following Karlsson and Olsson (2018), power relations, in this case between the care workers and their managers, are crucial to intra-organisational trust, and a challenge in a formerly hierarchical NPM-organised system. This interpretation of trust-based management as being a result of inter-occupational trust across hierarchal borders is vital to learning more about how the user perspective can be strengthened.

User perspective and three quality dimensions

The process of implementing trust-based practices in Sundsvall emphasized the three quality dimensions mentioned above: continuity, flexibility and time. Quality assurance led by the care workers' competences became an everyday occurrence by increasing the scope for action and implementing reasonable working conditions in smaller work groups. The latter means that service users meet a limited number of staff members and a higher degree of continuity is achieved while, at the same time, the opportunities for care workers to flexibly adapt their work to the needs of the care receivers are increased.

> *"Now one of us in the primary group always answers the phone when the care receiver calls. They know the person who is answering, and they do not have to fit a specific time in the morning."*

This flexibility has been achieved through a change process in which the function of the needs assessors, and the need assessments is discussed, and new ways of organising is transformed. A simplified assessment focusing on time, enough time for user needs, would be of vital importance. Time allocation is regarded as a consequence of care workers' scope of action, so there is enough time for care workers to meet user needs. According to the first line managers, a simplified assessment would make this possible and give the care workers the possibility to plan the care services together with the care receivers (cf. Swan and Blusi 2013).

These are central aspects of the arguments that highlight the importance of a user perspective (cf. Erlandsson et al. 2013, 63). Continuity is a clear starting point for a users' perspective, often based on care receivers' previous negative experiences of discontinuity. One politician explains:

> *"When you hear that so many different people come to their home...the problems with continuity were a reason for starting the Skönsmon project. There were so many different care workers caring for the care receivers. Nobody wants that. Imagine having to let them in…or just opening the door to let someone in who you do not know."*

Care workers had raised the importance of continuity for a long time, but no one listened. The head manager for home care services explained:

> *"We had no follow-up on continuity because it was not in the interests of the organisation, not of the first-line managers or the politicians or the senior management. But it was the most important thing for the care receivers. And the care workers had for a long time signalled that they could not continue like this, that they could not manage to keep running to different care receivers. They wanted continuity, to go to the same care receiver. But the senior management thought it would be too costly to reorganise to increase continuity. In a trust-based organisation you would have listened to the care workers."*

The politician added that continuity is not only about the relation between care receiver and care worker but also about continuity in the home care services organisation, such as nurses:

> *"When you look at continuity, that is the most important thing for the people we care for if you ask them; it is not just about care work but also nursing and occupational therapy and everything else as well.…And it is not just about personal continuity, but when and how I will receive help. You want continuity in that as well."*

This means that the entire organisation must be characterized by continuity and demonstrates that continuity is an important intra-organisational factor. This is also true of flexibility, where the arguments for flexibility emphasize management that is reformulated to be characterized more by checking than controlling. This adds a new dimension to trust-based management and strengthens the holistic perspective (cf. Bringselius 2018a; Dir. 2016:51). The head manager for home care services does not see any contradiction between legal certainty and flexibility:

> *"I believe we have gone astray with equality of provision; we made them too specific. Is it legal certainty? Yes, I think we have been lost on legal certainty because we have made it so detailed. We really mean many different things by legal certainty, but the most important is receiving help regardless of whether I'm black, rich, male, female or whatever."*

Time-reporting systems are usually motivated by legal certainty, and by arguments based on the need for quality assurance. However, a study of home care services in Stockholm, which uses the consumer choice model, revealed problems linked to inflexibility (Elmersjö 2018). A time-reporting system was not introduced in Sundsvall because it was not seen as addressing either the organisational needs of the home care services system or the needs of the care receivers. The social director explained:

> *"I realized that it was not in line with reality. Then we talked about it and a united board declared that we will not have a time-reporting system because it would contradict the change in Skönsmon and we will not accept that."*

At this time, there was criticism of detailed control, which was considered a stress factor not only for the care workers, but also for the care receivers. The social director explained:

> *"As someone who we talked to said "It takes so long for me to get dressed and I get so stressed by the care worker saying she only has half an hour, so I say I don't want to go out today, I don't want to cause trouble!" But that was never the purpose of the care – what it is that makes us want to help. It is that we know that people need to get out and be part of society."*

This quote recognizes what happens to the user when the user's perspective is neglected. The inhumanity of having to renounce the opportunity to go out functions as an important argument for having enough time. Through inter-occupational trust, trust is shown in care workers' competence, and more specifically in their ability to meet the needs of the care receivers on a daily basis. Earlier studies support our findings on the process of implementing trust-based practices strengthen the user perspective according to the care workers (Daneryd 2015). Learning more about this process from the care receivers themselves or their relatives it is important to get a nuanced picture of the quality achieved.

Concluding remarks

In this article we have addressed the issue of intra-organisational trust and its possibility to enhance relations between care receivers and care workers. This article provides examples of a process of implementing trust-based practices where intra-organisational trust has the potential to increase care workers' opportunities to recognize and understand the users' perspective. The results show evidence of the possibility to achieve this by recognizing the value of care workers' competences and the importance of continuity, flexibility and having enough time for care workers to build a relationship with their care receivers. The first line manager role is identified as having a significant responsibility for strengthening the position of care workers. This is done mainly by securing the three dimensions.

In the process of implementing managers on different levels describe the development as positive for both the organisation and the care receivers. They state that it is the result of a simple, but also complex, equation: care workers' performance is linked to their ability to influence the organisation, their working conditions (in smaller work groups) and the support provided by nurses, needs assessors and senior management. This balance is achieved to a great extent through the first line managers. Based on these results, we argue that public value is a matter not only of the responsibilities of individuals in an organisation, but also of intra-organisational trust that includes groups and individuals with different functions and roles. The former NPM-inspired model of focusing on performance, in relation to economic resources and restrictions, is thereby balanced by a focus on users' needs and wishes.

Intra-organisational trust appears to strengthen the holistic view in an organisation. For example, the holistic view includes an acknowledgement that care work is a group effort that requires interaction and decisions through inter-occupational interactions. This emphasizes the importance of functioning collaboration and trust. Intra-organisational trust further highlights the importance of understanding and respecting the responsibilities and competences of inter-occupational, including interprofessional, collaboration. In a final analysis, it is about users' needs being met in conditions of justice, equality and safety.

The article provides a snapshot of the process of implementing trust-based practices. Many organisational processes in municipalities are fragile due to changes regarding resources, political governance and management. However,

the municipalities continue to be the primary actors when it comes to welfare provision and should be the subject of regular research where the voice of the care receivers are included. In this article, the management perspective is in focus and the voices of the care receivers are silent. It is an important task for future research to understand the nature of trust-based management from a user-perspective.

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Notes

[1] Eldercare is nowadays given both by family members and individuals engaged in the voluntary sector or employed by private or public sector organisations. In this article employed frontline staff is in focus. The titles used for the occupation differs partly due to the educational level but also due to position of the employer. The title `carer` is sometimes used as a collective designation. We find that too wide as it, in our understanding, includes also caring by family and volunteers. Other titles refer to educational level, as for example ´assistant nurses. In the article the term ´care workers´ is used as a collective term for the individuals engaged in the frontline delivery of help and assistance to the citizens in need of home care service.

[2] In translation from Swedish to English different terms for the same function are used, for example care manager, assessment manager or needs assessor. In this article we use the term needs assessor.