

Development of Social Work Services in Vietnam

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Abstract

Vietnam is a country with about 30% of the population who are vulnerable (Reported by Ministry of Labor - Invalids and Social Affairs (MOLISA), 2019); most of them need social work services. In order to support the vulnerable people, the Government of Vietnam (GoV) has issued many policies and implementation guidelines to gradually stabilize and improve the lives of the most vulnerable people, ensuring social protection and socio-economic development of Vietnam. In particular, on March 25th, 2010, the Prime Minister issued the Decision No. 32/2010/QĐ-TTg on approval of "Master-plan on social work development in the period 2010-2020". After 08 years of implementation, the Master-plan has now achieved many significant results and actually improved the lives of most vulnerable people, contributing to building an advanced social protection system in Vietnam. In fact, social work service provision is still facing many difficulties and challenges. This article focuses on assessing the overall social work service system, thereby analyzing its strengths and weaknesses, pointing out their causes, based on that providing solutions to further develop a more relevant social work service system in Vietnam.

Keywords: Social work services, vulnerable groups, successes and challenges, development solutions.

I. INTRODUCTION

Over the past years, the Government of Vietnam (GoV) has issued many policies on social protection (SP) and social assistance (SA), including development of social work (SW) services to take care of the vulnerable people, contributing to political stability and sustainable socio-economic development of the country. The Constitution of Vietnam 2013 has affirmed that "Citizens have the right to social protection; the Government creates equal opportunities for every citizen to enjoy social welfare, develop a system of social protection, and provide policies assisting the elderly, the disabled, the poor and people with other difficult

circumstances"¹. The Resolution No. 15-NQ/TW of the Section 11th of the Central Party Committee on a number of social policy issues in the period 2012-2020 has emphasized on "Improving the effectiveness of social assistance and expanding beneficiaries with appropriate support methods; gradually raising the level of regular social transfer in line with the State budget availability; building a minimum living standard which is relevant to the socio-economic conditions and used as a basis level of support; continuing to improve the social assistance policies as well as strengthening and upgrading the system; developing network of care givers for those in special needs in the community; encouraging the involvement of private sector in care-giver network for the elderly, the orphans and the persons with disability,...". In particular, the Prime Minister has issued the Decision No. 32/2010/QĐ-TTg on approval of the Master-plan on social work development in the period 2010-2020 with the goal of "Developing social work to become an official career in Vietnam; Raising awareness of the people about social work; building up a contingent of social workers and social collaborators in terms of quantity and quality meeting the requirements associated with development and provision of social work services at all levels, contributing to building an advanced social protection system". The report of MOLISA (12/2018) shows that the potential beneficiaries of social work services are enormous, accounting for about 30% of the population with about 11.3 million of the elderly, 6.2 million of the disabled people from 2 years old plus, 1.5 million of children in special needs, 1.9 million of the national merits, nearly 1.4 million of poor households making up 5.7%, 1.059 million of near-poor households accounting for 4.3%, more than 2.8 million of beneficiaries receiving monthly social transfer, about 209 thousand of identified HIV-infected people, and more than 150 thousand of drug addicts. Additionally, many women and children who are abused, victims of violence, domestic violence, trafficked, wandered for living on the street. Moreover, natural disasters, fires, and crop failures lead to over 2 million people suffering from hunger annually; 3.3% of the population (equivalent

¹ 2013 Constitution of Vietnam - Article 34 and Article 59.

to 3 million people) has mental health problems; millions of people migrate into urban areas, get divorced/separated, or suffer from alcoholism; thousands of adolescent children are victims of child marriage or under pressure of academic examinations etc. However, among them, only about 30% of potential people can access to SW services, and the awareness about SW services has not been "awakened".

II. ACTIVITIES OF SOCIAL WORK SERVICES PROVIDED IN SOME SECTORS OF VIETNAM

A. Social work services in social welfare

Based on the Circular No. 09/2013/TTLT-BLĐTBXH-BNV co-issued by the Ministry of Labour – Invalids and Social Affairs (MOLISA) and the Ministry of Home Affairs (MOHA) on guiding functions, tasks and rights of social workers and findings of the survey on SW services which were carried out in 108 social work centers and social assistance institutions in 2016 show that ten types of SW services have been delivered, including:

- Providing emergency social work services: a) Receiving people who need emergency protection, including: abandoned children; victims of domestic violence, sexual abuse; trafficked victims; victims of forced labor; b) Screening the needs of beneficiaries; selecting and classifying beneficiaries; connecting and sending them to the medical, educational, judicial support centres, police stations or other appropriate agencies and organizations if necessary; c) Ensuring the safety and completion of the emergency needs such as provision of temporary residence, food or clothing, and travel expenses; the temporary stay period is less than 30 days, extension of time decided by the head of higher management agency of SW units; and d) Providing initial medical treatments;
- Consulting and providing of treatment on mental disorders, psychological crisis and physical rehabilitation for people, especially those with mental health problems, mental disorders;
- Consulting and supporting SA beneficiaries; coordinating with other appropriate agencies and organizations to protect and assist the targeted people; searching and arranging the most appropriate care methods;
- Making a plan to intervene and support the beneficiaries; monitoring and reviewing activities for intervention, assistance and adjustment;
- Implementing the relevant measures to prevent the beneficiaries from falling into difficult circumstances and being abused, violated and mistreated;
- Supporting the victims to integrate into the community after the intervention process;
- Managing those using SW services from the social work centers as well as at the community;
- Providing social education and capacity building services: a) Providing social education services to

help people develop their ability for problem self-solving, including parenting skills for those in need and life skills for children and minors; b) Cooperating with training institutions to organize training courses on SW for social workers and social collaborators; c) Holding training courses and workshops to provide knowledge and skills for those in need;

- Community development services: a) Contacting the beneficiaries with authorities at all levels to identify issues, based on that to develop programs and plans to support the community; b) Proposing policies with competent agencies; c) Building a network of social workers and volunteers; d) Mobilizing resources to support the beneficiaries;
- Organizing communication activities, raising awareness about prevention and mitigation of risks of vulnerability (falling into special circumstances, being abused, violence, violating the law etc.).

The above social work services are provided in 418 social work centers and social assistance institutions, including 195 public centers and 223 private ones to meet the needs of 30% of the targeted people. The network of social work centers and social assistance institutions includes 32 units for the elderly, 73 units for people with disability, 141 ones for child care, 102 general institutions, 31 ones for mental health care and 34 ones of social work centers. Though these centers and institutions have been playing the key roles in assisting the vulnerable people. They have annually received and nurtured nearly 35,000 people, including nearly 18,000 people with disabilities (accounting for 0.4% of the total of people with disability living in social work centers while 99.6% of PWD living in families/community)². And this raises a question on rational for development of community based rehabilitation (CBR) services for PWD in Vietnam.

Currently, there are about 235,000 people in Vietnam involved in delivering SW services with 35,000 civil servants, employees working at public and non-public institutions, nearly 100 thousand people working at social associations and mass organizations at all levels and over 100 thousands of social collaborators in poverty reduction, social evils prevention, child protection and community development etc., which creates a network of cadres, employees and collaborators to assist the disadvantaged people in the institutions and communities, contributing to help the poor and people having difficult access and benefit from social welfare policies. However, about 65% of the officials and employees working in SA/SW centers have not

² GSO (2016), National Survey on PWD 2016, Hanoi.

been trained in SW or have been trained on different occupations.³

The number of institutions with specialized training in SW has increased rapidly (55 universities & colleges and 21 vocational training institutions, compared to only 1-2 institutions in 2010). Social work faculty has also attracted many students to attend (annual enrollment of about 3,500 students/year). There are 05 schools having conducted master and doctoral training programs in SW. Every year, there are about 3,000 targeted students participating in in-service training courses on SW and 10,000 social workers/officials of provinces and cities trained for capacity improvement. The lecturers, officials, employees and collaborators have developed in terms of both quantity and quality.

B. Social work services in health sector

According to the Circular No. 43/2015/BYT issued by the Ministry of Health on regulating tasks and organization of SW division in hospitals and the results of field surveys in some hospitals in Hanoi, for example Bach Mai Hospital, Vietnam National Children's Hospital, Hanoi Obstetrics & Gynecology Hospital etc., indicate that these hospitals are providing 7 types of social work services, including:

- Supporting and consulting on solving SW issues for patients and their family members during medical examination and treatment (hereinafter referred to as patients), namely: a) Receiving, instructing and providing information about medical examination and treatment services for patients right after they come to the hospital; b) Visiting patients to ask for information about their health situation, their difficulties (if any), and thereby to identify the issues, make psychological social plans and take actions; c) Providing emergency SW services for victims of violence, domestic violence, gender violence, accidents and disasters to ensure the safety for them; assisting in psychology, providing legal aid, forensic assessment, mental health and other appropriate services; d) Supporting and consulting patients on their rights, legitimate interests and obligations, social programs and policies on health insurance and social allowances in medical examination and treatment; e) Providing information to patients who have to transfer to other medical treatment units or discharge from hospital; Helping discharge procedures and connecting patients with support providers in the community (if any); f) Coordinating and guiding organizations and volunteers who are interested in providing support social work services in hospitals;

³ Report on implementation of policies of Communist Party of Vietnam on socialization of public service in social assistance in 2016 of Department of Social Assistance.

- Organizing communication, dissemination and legal education activities: a) Disseminating and providing information on the newspapers; b) Making a plan of health education communication for patients and implementing it after being approved; c) Developing communication products to introduce, promote images, services and activities of hospitals to patients and communities at public events, such as meetings, conferences and workshops; d) Updating and disseminating policies and laws related to medical examination and treatment, hospital activities for staff, patients and their family members; e) Executing the code of ethics, the hospital's suggestion box; f) Organizing cultural, artistic, physical training and sports activities which are suitable for medical staff and patients.

- Mobilizing resources to assist patients having difficulties; carrying out charity activities, mobilizing and receiving donations to support patients with difficulties.

- Supporting medical staff in medical examination and treatment: a) Providing information about patients to medical staff for improved medical treatment therapy; b) Encouraging and sharing with medical staff about problems with patients during treatment duration.

- Professional training in SW: a) Guiding SW practice for students of SW training institutions; b) Training knowledge about SW for medical staff; Coordinating training in basic health knowledge for people working in SW.

- Organizing a contingent of SW collaborators including hospital staff to deliver SW services for patients during medical examination and treatment in hospitals.

- Organizing charity activities and clinical SW practices at community.

Regarding to organizational set-up of SW units in hospital (under the Article 3 of the Circular No.43), based on the hospital size, human resource and funding availability and professional scope etc., the hospital director will decide or consult with the relevant authority to set up a SW unit in the hospital in one of following forms: department of SW under the hospital; or SW group under department of examination or department of nursing or general planning department of the hospital. At the same time, each department will assign medical staff working as SW collaborators in the hospital.

After three years of implementing the Circular No. 43, there are 34 out of 35 national hospitals (except for the National Geriatric Hospital) having SW units. Specifically, 22 SW departments and 12 SW organizations have been established with a total of over 400 social workers. Many hospitals have a large number of social workers such as University Medical Center in Ho Chi Minh City with 58 social workers. Besides, over 80% hospitals at provincial and city levels have established a division or unit of SW. In some provinces and cities such as

Ho Chi Minh City, Khanh Hoa, Can Tho, Da Nang, Vinh Phuc and Quang Ninh etc., all hospitals have SW units.

C. Social work services in education

In order to find out and capture the difficulties of students and their needs of SW services, the Ministry of Education and Training (MOET) conducted a survey of nearly 1,600 students at primary schools, secondary schools, and high schools of 06 provinces, namely: An Giang, Dak Lak, Hanoi, Nghe An, Dong Thap and Ninh Thuan in 2016 and 2017 (MOET (2018), *Report on the actual status of social work performance at schools, international experiences and proposals*, Hanoi). The results presented as follows:

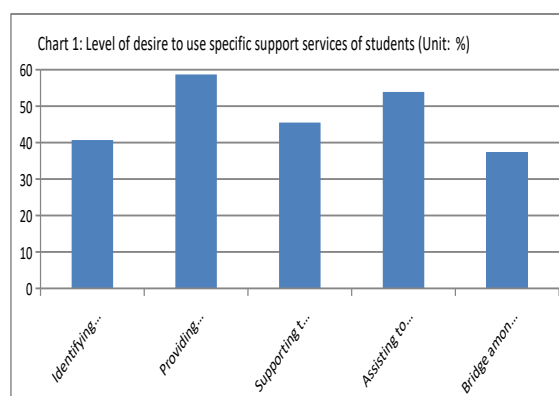
- There is high percentage of students (of 33.4%) who are often and very often having social relationship problems. These popular problems are: Lack of positive living orientation (19.9%), always having inferior feeling (26.5%), having depression about life (21.5%), just plan but not do (29.1%). Therefore, it can be seen that problems faced by students are very diversified related to positioning themselves, external environment, and relationships with friends, teachers and families, which prove that problems of students are not only in studying but also in many different aspects of life.

Although, there are many support activities carried out at schools such as counseling, group activities, clubs, etc., which have not met the students' needs in a systematic and professional manner.

- The survey also indicates that when encountering problems in learning and life, students often choose to "quietly endure and self-solve them with 55.5%". Due to lack of comprehensive and timely support, silently enduring and self-solving problems have caused many serious consequences, such as school violence, stress, depression, even risk of suicide.

- However, when asked whether they come to share their problems if there is a counseling and supporting unit available at school, only 47.5% of students answered "yes". This shows that the consulting staff is still school's officials or teachers, most students will not readily share their own difficult problems with them.

- Regarding to student's expectations from support activities: 41.3% of students want support in identifying their problems and how to solve them (because students sometimes don't know about their own problems); 58.7% of students desire for knowledge, self-protection capacity; 45.5% of them want to receive support for problem solving through special education programs; 53.9% of students want assistance to solve problems related to learning and life; 37.4% of them look for supports to bridge them with other students, families and schools.



Based on students' actual demands for SW services pointed out from the survey findings, on 28/12/2018, the Minister of MOET has issued the Circular No. 33/2018/TT-BGDTT on guiding the performance of social work at schools, which aims:

- Identifying risks inside and outside educational institutions that negatively affect learners; timely identifying problems of learners facing difficult circumstances, being abused, having acts of violence, dropping out of school or violating laws.

- Taking actions to prevent and reduce risks of learners falling into difficult circumstances, being abused, being victims of violence, dropping out of school or violating laws.

- Carrying out intervention actions and support for students facing difficulties, being abused, victims of violence, dropping out of school or violating laws.

- Coordinating with families, local authorities and SW service providers in community to implement intervention and assistance activities for learners who need emergency assistance or teachers and students in need of supports.

- Carrying out development and community integration activities for students after having received necessary supports.

Besides SW services, MOET also directs education and training institutions to establish a department or unit and arrange full-time or part-time staff and teachers to perform the function of psychological counseling for students in need. The department/unit of psychological counseling includes: representatives from school directors, officials, teachers, full-time or part-time mentors, members of Youth Union/Teenager Pioneer Team in charge of mental consulting. School psychology counselors must be regularly trained to fulfill the requirements of professional and practical qualifications, and be capable, enthusiastic with their assigned work. School psychology counselors are entitled to salary, allowance and benefited from related policies in accordance with laws, local and school conditions. The department/unit of psychological counseling is provided with working offices, necessary facilities, equipment and documents to ensure good performance of the assigned tasks. Funding for this assignment is from regular sources of school and mobilized supports

from domestic and foreign organizations, individuals and legal sources in accordance with laws.

2.4. Social work services in justice

Based on the results of reviewing the existing legal documents and research papers on SW services in judicial sector, there are some regulations which regulate performance of pleading task by judicial officers as roles of a social worker at trial court to defend for juvenile offenders and roles of a psychologist to support adults who are victims and adolescents who are offenders. In addition, there are some regulations on providing education for juvenile offenders in juvenile schools which are managed by the Ministry of Public Security; and some other regulations on community education for adolescents who violate laws but not serious enough for criminal treatment which are managed by the Ministry of Justice. Some SW services in the justice which have been in place, include:

- Supporting adolescent psychology at courts/trials including juvenile who is victim or offender, so as to minimize damages for him/her;
- Performing pleading services for juvenile who is victim;
- Supporting community integration for adolescents who must undergo community education process;
- Raising awareness on implementing social functions for juveniles who violated laws and must undergo educational measures at reformatories;
- Providing cultural lessons and vocational training courses for juveniles who violated laws and must undergo educational measures at reformatories.

III. STRENGTHS AND WEAKNESSES OF SOCIAL WORK SERVICES

A. Strengths

Based on the above review, there are at least 29 types of SW services having been delivered to those in need at SA/SW centers, hospitals, courts, reformatories and community, with 10 types of SW services for social welfare sector, 07 ones for health and another 07 for education and the rest 05 types for justice.

In general view, SW services in Vietnam have quickly and diversely developed to meet the needs of many different target groups, especially the most vulnerable citizens such as the poor, the lonely elderly, people with severe disabilities, children in special needs; HIV/AIDs- infected people, drug addicts, prostitutes, women and children who are sexually abused, victim of violence and trafficking, etc.

The network of SW service providers has been established, especially in the social assistance/welfare sector, and then followed by health and education ones. Sub-national authorities continue to gradually develop the SW service delivery system for the elderly, people with mental illness, children in special needs, community-based rehabilitation of persons with disability, by adding functions, tasks

and providing with necessary facilities and equipment for social work centers.

The contingent of civil servants, officers, employees and collaborators working in SW service delivery is currently about 200,000 people, including nearly 100,000 of civil servants, employees and workers working in public and non-public institutions at all levels and over 100,000 collaborators for poverty reduction, social evil prevention, child protection and community development, etc., which has created a network of social cadres, employees and collaborators for helping the vulnerable people in institutions as well as at community, providing essential supports to enable the vulnerable people to access and enjoy available basic social services, such as social transfer, health care, education, vocational training and employment and thus contribute to partial improvement of their living condition. In terms of SW training and education, the number of institutions which have SW specialized training faculties, has rapidly increased, in comparison with the first year (in 2010) of implementing the Decision No. 32/QD-TTg by the Prime Minister on approval of the master-plan on development of SW in the period of 2010-2020. The lecturers, social officials, employees and collaborators have been increased in terms of both quantity and quality.

Besides, public awareness on the role and position of social workers in building up an advanced social protection system at all levels and sectors has positively changed. Many sub-national authorities have pro-actively and drastically implemented the master-plan on developing SW. There is an increase in the number of people in need of SA and being benefited from SW services. Communication awareness raising on SW role has seen big progress through thousands of publications, newspapers, articles, films and dissemination materials, contributing to raising awareness about SW.

IV. DISCUSSION

A. Limitations of social work service

SW services provided in institutions are very small in quantity and unprofessional in quality. The institutions which are considered to be the best operational ones, only provide from 7 to 9 types of services out of a total of 29 types. Most SW institutions have originated from social assistance set-up, their operational function is therefore mainly on nurturing, and not eligible to provide other professional caring services. The current SA institutions only provide services to resident beneficiaries. Very few institutions have outreach services at community, for example very few child care institutions have started sending children out to schools; and just some centers for persons with disabilities have focused on orthopedic, rehabilitation, vocational training services. Cultural and sport activities are poor, and SW services such as

mental health assessments, counseling, psychosocial therapy, service connection, transfer, family based care, replacement services, family reunification, case management, etc., have been patchy or unprofessionally conducted, because there is a shortage of proper/bold regulations, qualified human resource, flexible funding mobilization mechanism for SW development.

As mentioned above, the number of people who need to access and use SW services in Vietnam is huge and rapidly increasing but SW services are not diversified and do not meet people's needs. There is a lack of material and equipment of the social work centers; the capacity to deliver SW and caring services remains low, failing to satisfy needs of targeted people. Moreover, social workers and social collaborators at community are still limited, most of them are trained from other professions or some do not even join any professional training. Particularly, there are few SW centers having outreach SW services at community (family based and commune based services) where more than 99% of vulnerable people in need are living. Thereby, researchers and policy makers in Vietnam is now trying to find solutions to this burning issue: How to develop SW services at community as this huge potential seems to be yet "awakened".

The combination between public and private partnership (PPP) in the current structure of SW services has not been clearly identified. In addition to the fact that professional SW services have not been delivered to people in need at community, the role of private sector in providing social work services is very blur as it is primarily considered as the responsibility of government agencies. Currently, professional SW services are mainly delivered the field of social assistance. Intensive services for individuals and specific target groups have just started for caring children with extremely difficult circumstances, health care services for those having mental illness and mental disorders; social transfer for most disadvantaged people, families in need, persons with very severe disabilities, the elderly (80+). The potential need of SA and SW services is huge, but delivery capacity is blocked within the public/government system which is already overloaded with regular administrative work.

However, some SA institutions are in the process of changing to more diversified SW services which started providing services to not only people living within the institutions but also outreaching the community. According to the survey of some SA institutions in 5 provinces and cities in 2015 (Hai Duong, Tuyen Quang, Ho Chi Minh City, Nghe An and Kon Tum), 50% of the institutions' directors believes that their units are able to provide SW services at community, but there is a lack of necessary policy and implementation guidelines on development of social work services at community. Meanwhile, few leaders have not paid attention to

delivering SW services in the community (Ben Tre and Tuyen Quang).⁴

B. Causes of the limitations

- The legal framework and policies on the development of SW services are in the process of development, and thus remain weak, especially there is a lack of policy framework for developing social work services at community and promoting the PPP in delivering SW/SA services in Vietnam. Additionally, the importance of SW services in implementation of SP policies and the roles of social workers and service providers have not been identified properly;
- Awareness and understanding of people about SW services is not clear; many people still confuse between SW services and humanitarian activities;
- Human resources of SW services have not met requirements in terms of both quantity and quality;
- Facilities and technical materials are still limited for providing SW services in both institutions and at community;
- Roles of public and private sectors (PPP) in delivering SW/SA services are still blur, yet promoting the participation of private sectors in delivering SW/SA services.

V. CONCLUSION

Based on the above review of current status as well as analysis of strengths and weaknesses of the social work service system in Vietnam, it reveals that SW services are very crucial for taking care of the most vulnerable people as well as to meet the diverse needs of ordinary people in society. Therefore, it is necessary for Vietnam (with an enormous number of people in need of social work services) to continue improvement of its legal framework for development and profession of SW services in all areas of social assistance, health, education, justice and other areas both in institutions and at community. The aforementioned shortcomings can not only be solved by one size fits all measure, it requires a multi-sectorial and multi-layer solution, specifically as follows:

- In the short term, the Government should soon issue a decree or submit an ordinance to the National Assembly for strengthening the roles, tasks and rights of social workers. At the same, related mechanisms and policies for promoting the public and private partnership should be quickly clarified and put in place. On that basis, it creates a healthy and favorable competitive environment for private providers involved in delivering the social work services to the social beneficiaries as well as ordinary citizens in needs;

⁴ Report on survey results in social assistance establishments in 2015

- In the long term, based on the implementation results of the above mentioned decrees or ordinances on SW, the Government will submit a draft law on social work to the National Assembly for approval in order to comprehensively handle with social work-related issues, especially roles and responsibilities, regulate the rights and obligations of social workers, SW service users, conditions for establishment of a SW service institution, mechanisms and policies to mobilize resources from the society, attract community participation in SW services, promote responsibilities of government agencies at both national and sub-national levels, and enhance roles of organizations and individuals in SW service delivery in order to reach the objective of the Articles 34 and 59 of Vietnam Constitution 2013, saying: "*Citizens have the right to social protection; the Government creates equal opportunities for every citizen to enjoy social welfare, develop a system of social protection, and provide policies assisting the elderly, the disabled, the poor and people with other difficult circumstances*".

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