INTERNATIONAL EXPERIENCES IN DEVELOPING SOCIAL SERVICES FOR THE ELDERLY AND LESSONS FOR VIETNAM

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Abstract: In 2021, the General Statistics Office reported that Vietnam's elderly population reached 12.58 million, representing 12.80% of the overall population (General Statistics Office, 2021). This indicates that Vietnam has officially entered an aging phase, characterized by a significant increase in the proportion of elderly individuals, surpassing 10%. In developed countries with aging demographics, various policies and strategies have been adopted to enhance the effectiveness of social services for the elderly. This article examines international practices in elderly care from Japan, China, Korea, and France, aiming to provide recommendations for the enhancement of social services for the elderly within the Vietnamese context. The primary research methodology employed is document analysis, which involves the examination of statistical documents and official reports from both domestic and international agencies and organizations pertinent to the current circumstances of the elderly and the policies surrounding elderly care. The findings of the research yield several lessons for Vietnam, including: enhancing communication regarding social services; addressing psychological concerns; overcoming geographical obstacles and ensuring service affordability; diversifying service offerings and tailoring them to specific needs; integrating digital technology; and fostering public-private partnerships in the provision of services, etc.

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1. Introduction

In light of the growing elderly population in our country, research concerning elderly caregivers serves as a crucial foundation for the organization and implementation of suitable elderly care methods, thereby ensuring their well-being in later life. The report from the General Statistics Office indicates that a significant majority of elderly individuals in Vietnam are either married (67.81%) or widowed (27.73%), while other marital statuses, including single, separated, and divorced, represent a negligible percentage. The population of individuals aged 80 years and older experiences a widowhood rate that is nearly four times greater than that of the younger demographic, specifically those aged 60 to 69. Furthermore, the widowhood rate among elderly women exceeds that of older men by more than a factor of four. In the category of widowers, elderly women represent over 85.21% across all age groups (General Statistics Office, 2021). From the perspective of elderly care, when elderly individuals find themselves living alone following the loss of a spouse, they will require assistance and support from others as their health declines, rather than relying on their spouse as they once did.

There are 4.43 million elderly individuals residing either

alone or in households comprised solely of other older individuals or living with children under the age of 15. Among those who are single, approximately 74% of older adults live in proximity to their children, with 57.65% residing in the same village or hamlet and 16.36% in the same commune or ward. A notable disparity exists between urban and rural older populations: around 78% of rural older adults live close to their children, compared to approximately 61% of their urban counterparts (General Statistics Office, 2021). It is crucial for elderly individuals to obtain support from their children or other relatives, including siblings, grandchildren, and great-grandchildren. As society evolves, nuclear families have become more prevalent, resulting in younger generations often being preoccupied and having limited time and resources to care for their parents. Concurrently, the elderly typically experience declining health and may no longer be able to work, which increases the demand for caregivers in families with older members. This situation highlights the growing necessity for external care options through social services.

Social services in Vietnam have gained greater visibility in recent years, thanks to the involvement of both government and private entities. However, these services have not yet reached their full potential and remain underutilized in the realm of elderly care. This article examines the experiences of several developed nations—specifically Japan, China, Korea, and France—that are grappling with aging populations. By analyzing their approaches to organizing and implementing social services for elderly care, the article aims to draw relevant insights that can be adapted to the Vietnamese context, ultimately providing recommendations to enhance the quality and availability of social services for the elderly.

2. Theoretical basis and analytical framework

The World Health Organization indicates that countries establish varying age thresholds for defining elderly individuals based on their respective life expectancies. In less developed nations, this threshold is typically set at 50 years, while in more developed countries, it is generally recognized at 65 years (Sanjeeve Sabharwal, 2015). For nations in the developing category, the age is often set at 60 years. In Vietnam, the Law on the Elderly (2009) defines elderly individuals as those aged 60 and above.

The classification of the elderly can be based on several criteria, including age, gender, ethnicity, and geographic location. Specifically, age categorizes the elderly into three distinct groups: the early elderly (ages 60 to 69), the middle elderly (ages 70 to 79), and the older elderly (ages 80 and above) (General Statistics Office, 2021).

Services resemble goods in that they fulfill specific human needs; however, they are intangible products. Social services are defined as those that address the needs of both individuals and the community, contributing to social development. They play a crucial role in ensuring social welfare and justice while also promoting moral values and humanity.

The definition of "social services" within a specific country is shaped by its historical context, cultural values, political framework, and economic conditions. These services encompass a range of facilities and services, including public education, welfare assistance, infrastructure development, postal services, libraries, social work, food banks, universal healthcare, law enforcement, fire protection, public transportation, and public housing, etc. (Julian, 2020).

Social services primarily cater to various target groups, including families, children, youth, the elderly, women, and individuals with disabilities. Social services for the elderly vary significantly across different countries; however, they share a common goal of assisting older adults in fulfilling their fundamental life needs while ensuring their safety, both materially and spiritually. This study defines social services for the elderly as those offered by community and social organizations, rather than by family members, aimed at helping older individuals meet their daily requirements, such as nutrition, housing, health care, and spiritual well-being, ultimately promoting their overall welfare

The elderly individuals have significantly contributed to their families and society. Consequently, it is essential for families and society to show them respect and provide care, ensuring they experience a fulfilling old age both materially and spiritually. The Vietnamese legal framework includes numerous provisions addressing this responsibility. *The Constitution of the Socialist Republic of Vietnam has consistently addressed the support for the elderly throughout its various iterations. The 1946 Constitution, in Article 14, states that "Elderly or disabled citizens who cannot work shall be assisted." In the 1959 Constitution, Article 32 emphasizes the need to "Assist the elderly, the sick, and the disabled," while also advocating for the expansion of social insurance, health insurance, and social assistance. The 1992 Constitution includes Article 64, which asserts that "Children have the responsibility to respect and care for their grandparents and parents," and Article 87, which mandates that "The elderly shall be assisted by the State and society." Finally, the 2013 Constitution, in Article 37, highlights that "The elderly shall be respected, cared for, and promoted by the State, family, and society in the cause of national construction and defense."*

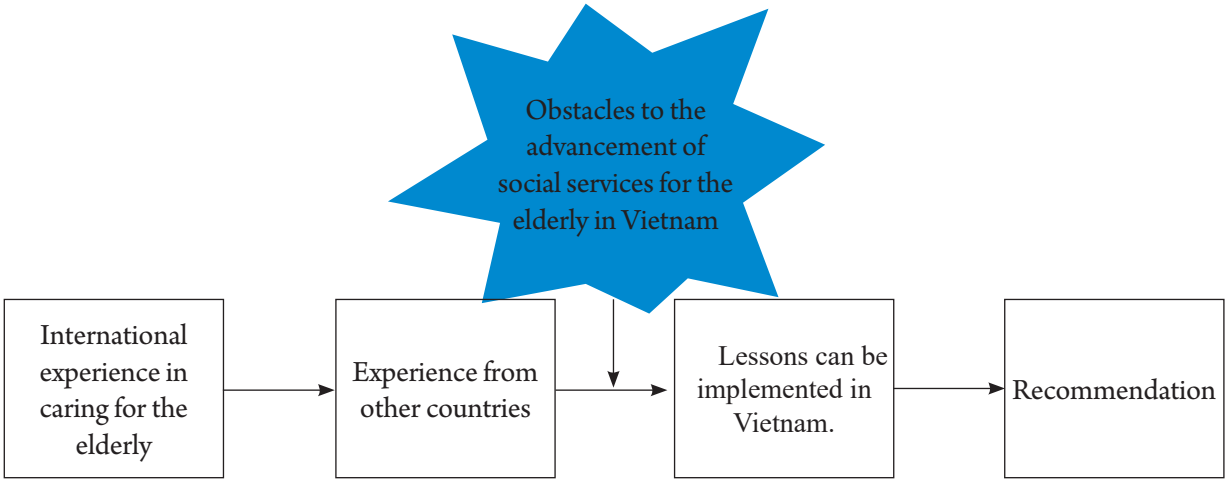
Legislation concerning the responsibilities and obligations for the care of the elderly, as well as their rights to healthcare and involvement in cultural, sports, and employment activities, is encapsulated in various laws. These include the Law on the Elderly (2009), the Law on Marriage and Family (2014), the Labor Code (2012) with amendments in 2019, the Penal Code (1999, 2015) with further amendments in 2017, along with several decrees and circulars. Notable among these are Decree 76/2024 on social protection, Circular 35/2011/TT-BYT that provides guidance on elderly healthcare, and Decision No. 554/QD-TTg from 2015, which designates October each year as "Action Month for the Elderly in Vietnam." Additionally, the National Action Program on the Elderly in Vietnam spans the periods of 2012-2020 and 2021-2030, while Circular 71/2011/TT-BGTVT outlines support measures for the elderly in traffic participation.

Decision No. 1579/QD-TTg, issued by the Prime Minister on October 13, 2020, endorses the Elderly Health Care Program aimed at 2030, setting the goal: caring for and enhance the health of the elderly population (individuals aged 60 and older) to adapt to demographic aging, thereby supporting the effective execution of Vietnam's Population Strategy through 2030. Additionally, the program outlines specific targets, such as "100% the elderly individuals who are unable to care for themselves will receive health care support from their families and communities by 2025 and continuing through to 2030". To accomplish these objectives, the Government has initiated the creation of a model for day care centers aimed at the elderly, targeting a coverage of 20% by 2025 and 50% by 2030 across various districts. This initiative includes establishing elderly care centers that focus on socialization, thereby facilitating health care services for the elderly at both provincial and municipal levels. Many elderly individuals experience loneliness and severe health issues, rendering them unable to visit medical facilities for examinations and treatments; thus, it is essential to provide medical care at their residences. These legal foundations underscore the necessity of developing social services dedicated to the care of the elderly in Vietnam, leveraging state resources alongside community collaboration.

This article provides a summary and analysis of the international experiences of several developed nations regarding elderly care and the advancement of social services for older adults. Drawing from these experiences and considering the existing challenges to the development of social services for elderly care in Vietnam, the research team offers recommendations and suggestions aimed at enhancing the effectiveness of this matter within the country.

The analytical framework is below:

Figure 1. Framework for evaluating global practices in the care of the ederly and insights applicable to Vietnam



Source: The Authors proposed

3. Research methods

This research predominantly employs the document analysis approach, drawing on primary sources including the Constitutions of the Socialist Republic of Vietnam from 1946, 1959, 1992, and 2013, as well as relevant laws, decrees, and circulars pertaining to elderly care and social services. Additionally, it incorporates secondary sources such as statistics and official reports from various agencies and organizations, including the General Statistics Office, UNFPA, ILO, and the Ministry of Health, to derive conclusions regarding the characteristics of the elderly population in Vietnam, focusing on aspects such as demographic structure, caregivers, and other related factors. International experiences from Japan, China, and France have been synthesized and analyzed based on articles and publications from reputable sources. The author's insights from Korea were gathered through documents related to a cooperation program aimed at enhancing the capacity of Vietnamese government officials regarding employment policies for individuals with disabilities. This program was a collaboration between the Ministry of Employment and Labor of Korea and the Ministry of Labor, Invalids and Social Affairs of Vietnam in 2023. Additionally, information concerning the needs and barriers faced by the elderly in accessing social services was derived from the author's research conducted in 2023. This research involved in-depth interviews with 20 elderly individuals, comprising 10 participants from Hoan Kiem district in Hanoi and 10 from Kien Xuong district in Thai Binh province.

4. Findings

4.1. Experience of Japan

Japan ranks among the nations with the highest average life expectancy globally. As of 2016, the average life expectancy for both genders in Japan reached an impressive 83.7 years (The BMJ, 2016). By 2020, Japan's total population was recorded at 125.8 million, with 35.7 million individuals aged 65 and older, representing 28.4% of the total population. In light of its status as a super-aged society, the Japanese government has implemented proactive policies aimed at enhancing social services for the elderly, ensuring that they live with dignity and security.

The rising percentage of the elderly demographic, coupled with a decrease in the working-age population, has created financial difficulties for Japan's long-term care

insurance policy for the elderly. In response, the Japanese government has established a community-based integrated care system. This system is built upon four fundamental components: Self-help initiatives undertaken by individuals or the families of the elderly; Mutual aid facilitated through informal networks of community medical volunteers; Socially connected care offered by social security programs, such as long-term care insurance; and Government care delivered through public health and social welfare services, supported by tax revenues (Yen, 2021).

This system necessitates a team of highly trained elderly care professionals who possess a deep understanding of the physical and psychological attributes of older adults. These staff members must also demonstrate the ability to collaborate effectively with other specialists within the system. Based on individual circumstances, needs, and financial resources, elderly individuals can select or be referred to various social care services available in the community. Consequently, some elderly individuals are admitted to nursing homes operated by residential organizations that are licensed by the Government and equipped with essential facilities. In these settings, they receive care tailored to their specific aging requirements. Alternatively, another group may be placed in skilled nursing facilities to obtain specialized, long-term nursing services, including physical therapy. For those who prefer not to utilize either of these service types, elderly individuals in Japan have the option to request admission to nursing homes or to receive care in their own homes. This service caters to individuals seeking either regular daily assistance or occasional support.

The structure of social care services in Japan is organized in a layered manner, offering flexible „packages" that cater to the varied needs, characteristics, and financial capabilities of the elderly population. This framework also facilitates the engagement of all stakeholders, including the State, local authorities, organizations, the private sector, and families. As a result, the range of services is maximized, and the quality of these services is ensured through a competitive system.

In nursing facilities, services are structured and delivered in accordance with professional standards to guarantee optimal service quality. The staff in these facilities consistently show respect for the elderly. In Japan, there is a profound respect for older individuals and a recognition of their contributions to society. This cultural value has motivated nursing facilities in Japan to offer the highest standard of care for the elderly. A primary focus of these care centers is the health of their residents. They provide well-balanced nutrition and suitable exercise programs to promote the well-being of the elderly. Japan has made significant investments in the training and development of caregivers, ensuring they are equipped to deliver exceptional care services. This commitment enhances the skills of caregivers and improves the overall quality of life for the elderly.

The responsibilities of personnel in Japanese nursing centers encompass aiding with daily activities, providing transportation, delivering medical care, and offering emotional support to the elderly. To qualify as a nursing center staff member (kaigo-shoku), individuals must initially complete short-term training programs focused on elderly care, which cover essential skills such as bathing, diaper changing, and body massage. Upon finishing the training, candidates are eligible to take examinations at training institutions to earn vocational certifications for roles within the healthcare sector, including the "kaigo-shoku" certification. Furthermore, to attain a professional status as nursing center staff, candidates may need to undertake additional courses that enhance communication skills and competencies for working with the elderly and individuals with special needs. Applicants are required to register for and engage in current training programs to enhance their skills and knowledge in accordance with industry standards. A nursing home in Japan generally comprises a diverse range of staff members fulfilling various roles, as outlined (Department (2023):

- Nursing center staff (kaigo-shoku): The primary personnel tasked with the care and support of the elderly, including daily living assistance, transportation services, medical assistance, and emotional support.

- Medical personnel: These are certified healthcare professionals tasked with delivering medical services to the elderly. Their responsibilities encompass activities such as measuring blood pressure, administering vaccinations, dispensing medications, and providing comprehensive health care.

- Education and recreation staff: The individuals in this role are tasked with delivering recreational, enjoyable, and educational activities for the elderly, aimed at enhancing their mental well-being.

- Cleaning staff: These are staff responsible for cleaning, wiping, and disinfecting areas in the nursing center to ensure a safe and clean living environment for the elderly.

- Manager: Personnel are tasked with overseeing and executing all functions of the nursing home, which encompasses financial oversight, human resources management, strategic planning, and the assurance that the operations of the nursing home are conducted in a seamless and effective manner.

Many elderly care facilities in Japan are equipped with clinics or offer medical services, including diagnosis, treatment, and internal medicine, to assist the elderly in managing their health. To address the requirements for more comprehensive examinations and treatments for elderly patients with various health conditions, several care centers have established collaborations with hospitals. The clear delineation of responsibilities, along with a focus on specialized expertise and the professional ethics of the personnel involved in the care system, has significantly contributed to the quality of care provided. This has fostered trust among the elderly and their families, encouraging their active participation in the care process. This model serves as an important lesson for Vietnam to consider and adopt.

An effective approach to learning from Japanese elderly care centers is the implementation of a group care model. In this model, a small number of elderly individuals who share compatible personalities, perspectives, and lifestyles are grouped together to reside in the same room. They engage in mutual support during daily activities, such as dining and conversing. This arrangement fosters a sense of companionship among the elderly, enhances social

connections, and creates an environment reminiscent of family life.

Information about community social services is widely disseminated in Japan, such as in hospitals, at residential areas, on traditional media, volunteer groups, office groups, or social workers... Thanks to this widespread dissemination, most elderly people know how to choose the types of community social services that are suitable for their circumstances, conditions and needs. The dissemination of community social services for the elderly is based on cultural traditions, according to which, the elderly often receive care from their families even when they are completely dependent. In Japan, information regarding community social services is extensively shared through various channels, including hospitals, residential neighborhoods, traditional media, volunteer organizations, professional groups, and social workers, etc. This extensive outreach enables the majority of elderly individuals to understand how to select community social services that align with their specific circumstances, conditions, and needs. The promotion of these services for the elderly is rooted in cultural traditions, which emphasize that elderly individuals frequently receive care from their families, even in cases of complete dependence. The care of the elderly extends from familial settings to community environments, highlighting a collective responsibility shared by both families and the broader community. In many instances, access to social services for the elderly is determined primarily by age (Pushkar, 2009). This situation bears a resemblance to the context in Vietnam, where the apprehension of being perceived as unfilial if elderly individuals are placed in professional care facilities serves as a significant barrier. This fear often results in many elderly people experiencing loneliness at home while their children and grandchildren are at work, leaving them without adequate caregivers. Drawing from Japan's experience, it is evident that there is a need to broaden the concept of family culture to encompass community culture, thereby extending the responsibility of elderly care beyond immediate family members. Consequently, Japan is emphasizing the importance of community involvement and is working towards the integration of clinical care for the elderly with social security services.

4.2. Experience of China

By the end of 2020, China's overall population reached 1.411 billion, with 190.64 million individuals aged 65 and older, representing approximately 13.5% of the total population (NBS China, 2020). In response to the challenges posed by an aging population, the Chinese government has implemented a range of flexible measures and policies aimed at safeguarding the welfare of this demographic. In recent years, there has been a significant expansion of community-based care services in China, emerging as "an innovative approach to address the needs of the elderly" (Liu, 2021). Community-based care services in China are characterized as professional care offerings that address the formally evaluated needs of elderly individuals residing in their homes and communities. This includes both system-based and non-system-based care services (Yu, 2014). These services function within a dual structure: vertically, with direct support from local government entities, and horizontally, through community-funded and provided services. The model of community-based elderly care in China exhibits several distinct features as follows:

Regarding the supporting subjects, the vertical structure is designed to facilitate the decentralization of government authority from the central to grass-roots level in the management and support of these subjects. The primary beneficiaries of this vertical structure model are elderly individuals and their families residing within the community. The horizontal structure encompasses various entities such as individuals, businesses, civil society organizations, agencies, schools, and hospitals. In accordance with the horizontal structure model, the method of support is executed based on the specific locality and geographical region through community organizations. The target beneficiaries of the horizontal structure model are community-dwelling elderly individuals who possess sufficient financial resources to afford care services.

In the vertical structure model, elderly support services in China are provided at no cost or for a nominal fee, with funding sourced from both central and local governments. Conversely, the horizontal structure model indicates that while these services may receive subsidies, they are not offered free of charge, necessitating that elderly individuals and their families have the financial means to afford them.

In terms of services provided, the central and local governments, operating within a vertical structure, offer a range of services including health education, basic medical care, primary health care, and rehabilitation for the elderly. In contrast, the horizontal structure model facilitates services such as day care, home care, community kitchens and meal programs, recreational activities, and mutual aid networks (Qingwen, 2011).

Consequently, through a combined vertical and horizontal distribution structure, China has shifted its emphasis from relying solely on a single government social service provider to promoting a collective responsibility among individuals, families, communities, the private sector, and the government in both funding and managing the care of the elderly.

Community services are coordinated by Urban Residents' Committees and Rural Villagers' Committees; however, the primary responsibility for elder care services lies with community volunteers or private providers. These volunteers and private enterprises offer services for a fee. Their assistance is designed to complement family care and can serve as a substitute when families are unable to fulfill their caregiving responsibilities for the elderly.

China's National Health Commission (NHC) forecasts that by 2035, the population aged 60 and older will increase to 400 million, a significant rise from the current 280 million. This demographic shift necessitates the availability of approximately 40 million beds in community facilities and nursing homes, which is five times the existing capacity of 8 million. In light of this, the Chinese government has directed provinces to establish a foundational set of elderly care services, taking into account economic and social development as well as financial conditions. These support services will encompass both material assistance and nursing care. Additionally, provinces are required to offer care and

visitation services for elderly individuals living alone and families experiencing financial hardships, enhance the basic pension system, and develop a long-term care security framework that integrates insurance with social welfare. Newly constructed elderly care centers will adhere to government standards, while existing facilities will undergo renovations to ensure a safe, convenient, and comfortable environment (Nguyet, 2023).

The recently released guidance from the Elderly Care Bureau of the Ministry of Civil Affairs in China emphasizes that families facing financial hardships will receive assistance in providing care for the elderly. It also highlights the need to optimize and integrate all institutional resources associated with elderly care, enhance the basic pension system, and establish a long-term care security framework that integrates insurance and welfare services (VTV, 2023).

Although the economic, political, and social contexts differ from those of Japan, the Chinese government has gleaned valuable insights regarding elder care. These lessons emphasize the importance of enhancing community resources, fostering shared responsibilities among individuals, families, communities, the private sector, and the government, promoting integrated care, and establishing a comprehensive long-term care security system that connects insurance with social welfare.

4.3. Experience of Korea

In 2017, Korea officially became a nation characterized by an aging population. The shift from population aging to aging popultation occurred over a span of 18 years. This timeframe allowed Korea to establish a comprehensive network for delivering social services in community for the elderly (AARP, 2017). Under Korean law, every citizen is entitled to access community social services, particularly medical care. Public sector service providers are mandated to receive, care for, and support the elderly promptly upon their arrival at the "doorstep: (Boyoung Jeon and Soonman Kwon, 2017).

In Korean society, as the expenses associated with elderly care continue to rise, a significant number of the elderly express a desire to spend their final years in the comfort of their own homes. In response, the Ministry of Health and Welfare has announced the creation of a comprehensive community care platform tailored for the elderly, which encompasses services for daily activities, medical assistance, and home or neighborhood nursing care. These community care services in Korea enable older individuals to access support that is adaptable to their specific needs while remaining in their homes and connected to their local communities (Hwang and Park, 2018). This model is particularly relevant as it aligns with the traditional values of the Vietnamese culture, where most elderly individuals prefer to reside in familiar surroundings, close to their families.

In Korea, the elderly are supported to access the social service system in the community, including:

- Services for long-term care insurance
- Support services for early detection of dementia
- Assistance services for dementia treatment
- Optical support services associated with surgical procedures
- Job search support services for people aged 60 and over who are still able to meet labor requirements
- Daily living support services for people aged 65 and over living below the poverty line
- Social care services for the elderly
- Community welfare services for the elderly
- Free or low-cost food services (Chan, 2015)

To facilitate the elderly's access to social services, Korea is implementing an investment initiative aimed at constructing rental housing in proximity to healthcare and other social care facilities. Additionally, the program enhances the connection between these rental apartments and social welfare centers dedicated to the elderly. Numerous elderly individuals experience limited financial resources or reside independently, receiving assistance from the Government to facilitate access to home health assessments and to connect with local care services. To create a robust community-oriented social service framework, Korea engages citizens, service providers, and strengthens the capabilities of local governments (Hwang and Park, 2018).

Korea has actively encouraged the integration of science and technology in the realm of elderly care. The Korean government has created technology aimed at enhancing the efficiency and accessibility of social services for the elderly. This initiative seeks to provide vital information to this demographic and to subsidize public social services, including travel support and long-term health care services. Notably, this support for long-term health care can cover as much as 85% of the service fees (AARP, 2017).

In elderly care facilities across Korea, the integration of science and technology is being actively pursued to enhance the quality of care provided. Presently, numerous residential care centers in the country employ robots to assist with the daily activities of elderly individuals, particularly those facing disabilities or functional decline associated with aging. Nonetheless, access to these services is contingent upon the users' financial capacity. Consequently, it is imperative to identify a solution that reduces costs while maintaining the highest standards of care.

4.4. Experience of France

In line with practices observed in other developed nations, the French Government has made significant investments in and has actively promoted social services within the community. This initiative aims to establish an effective care network that caters to various social groups, with a particular focus on the elderly population. Retirement care funds play a crucial role in facilitating the elderly's access to essential community social services, which include home support services (such as home maintenance, shopping, and meal preparation), transportation assistance, travel arrangements, food delivery, temporary accommodation support, and home care services following hospital discharge. Additionally, support is provided for navigating housing administrative procedures to prevent loss of property ownership. To qualify for these beneficial social services, elderly individuals must meet certain criteria, including participation in social insurance and having a lengthy professional work history (Assurance, 2016).

Social services offered by social workers in France to the elderly encompass counseling and care aimed at alleviating

both physical and mental distress during the later stages of life and hospital stays. This team also assists the elderly in safeguarding their administrative rights, which include obtaining identity documents, property ownership, and addressing disputes, complaints, and litigation. Additionally, they support health care rights by facilitating medical examinations and treatments, as well as the dispensing of medications. Social rights, such as access to travel, entertainment, and respect, are also promoted. Information regarding these social work services is extensively available online, in hospitals, and within nursing homes. Access to these services does not impose stringent criteria on the elderly; rather, it requires them to provide relevant information to community social organizations or to reach out proactively to social work services (Chantal Antigny-Warin, 2017).

Community social services in France are focused on delivering home support services for the elderly, which include home health care, assistance with daily living activities, mobility support, and companionship services. These services may be offered on a paid basis or may be available either partially or fully free of charge. The elderly individuals who utilize these services may do so based on their ability to pay, whether fully, partially, or not at all. The level of complexity in the community-based social services provided is tailored to the individual circumstances, ensuring that older adults receive highly professional assistance from qualified staff or a team of well-trained professionals (Danièle, 2017).

For over a decade, the implementation of the social service network for elderly care in France, involving various forms and numerous stakeholders, has revealed certain deficiencies in its operation, as highlighted by recent studies. These deficiencies encompass fragmentation and insufficient coordination between social care and healthcare services. Kodner and Kyriacou note that while there has been a slight improvement in the connectivity among stakeholders and services, a consistent approach has yet to be realized. The primary factors contributing to this situation include inadequate information systems, the scattering of governance institutions, and the excessive number of plans (Emma, 2020).

In 2002, France introduced a new concept known as EHPAD (Établissements dhébergement pour personnes âgées dépendantes), which stands for establishments for dependent elderly individuals, equipped with a range of medical apparatus. The provision of medical oversight and care for the elderly has rendered EHPAD services progressively more costly. A significant challenge faced by many EHPAD facilities is the shortage of resources and personnel, resulting in increased workloads. Notably, the average age of residents in these specialized care centers is 85 years. Contrary to popular belief, the French Minister of Health has stated that the number of nurses and caregivers in EHPAD facilities has not diminished; it has remained consistent. However, there has been a swift increase in the number of elderly individuals requiring dependent medical care, a trend that is expected to persist over the next two decades (Duong, 2018).

At present, the French government allocates financial resources solely for medical services at EHPAD and does not extend funding for the care of the elderly. Local authorities are expected to balance this funding gap. In light of these challenges, the French National Ethics Advisory Committee urges society to transform its perspective and approach towards elderly care, advocating for a reevaluation of the roles of nursing homes and EHPAD facilities. Concurrently, the Committee has highlighted the pressing necessity to redefine the concept of social security, foster new intergenerational solidarity, and explore alternative methods for caring for, supporting, and accompanying the elderly. Notably, the Committee envisions a "multi-generational" housing model, positioning care facilities for dependent elderly individuals within densely populated areas to promote their integration into the community, contrasting with the current trend of isolation.

5. Lessons for Vietnam

An examination of elderly care services in various countries reveals several insights that Vietnam can utilize to enhance service coverage and quality as follows:

Firstly, it is essential to assist the elderly and their families in understanding the services offered at care centers. To achieve this, countries must enhance their communication strategies. In Japan, France, and Korea, effective dissemination of information regarding social services enables the elderly to access relevant details swiftly and comprehensively, serving as a valuable example for Vietnam. Currently, the communication regarding social services in Vietnam remains inadequate, resulting in a low awareness among the elderly about available community services. Therefore, Vietnam should diversify its communication methods, employing various channels and collaborating with local authorities to integrate and share information about elderly care services during community meetings, activities, and through local socio-political organizations.

A major obstacle to utilizing care services, alongside effective communication strategies, is the reluctance and hesitation exhibited by the elderly and their families. Consequently, they refrain from utilizing services, particularly those related to intensive care and inpatient treatment. This situation is prevalent in countries with strong Eastern cultural influences, such as Vietnam, China, and Korea, where the expectation for children to cohabit with and care for their parents is a deeply rooted aspect of filial piety. To address this issue, it is essential for the media to work on alleviating these psychological barriers and collaborate with local elderly associations to organize regular visits to care facilities. This initiative would allow the elderly to witness firsthand the advantages of professional care. Additionally, care service providers must consistently strive to enhance the quality of their offerings to better attract the elderly population.

Learning from the experiences of other nations offers valuable insights into addressing the challenges faced by the elderly in accessing services, particularly when they reside far from service providers. To facilitate connections between the elderly and social services, Korea has made significant investments in constructing rental housing near healthcare and social care facilities. Additionally, the integration of these housing areas with social welfare centers

for the elderly has been enhanced. Many low-income older individuals or those living alone receive government support to access home health check-up services and connect with care services within their communities. To create a robust community-based social service system, Korea engages citizens, service providers, and strengthens the role of local governments (Hwang and Park, 2018). Additionally, the Korean Government fosters technological advancements to enhance information access for the elderly, thereby improving their efficiency and accessibility to social services. Concurrently, it offers subsidies for various public social services, including travel assistance and long-term healthcare services. Support in long-term healthcare can account for as much as 85% of service fees (AARP, 2017). Given the circumstances in Vietnam, there is potential to establish online service delivery and deploy staff to offer services directly in the residences of the elderly. Furthermore, it is essential to enhance and strengthen the capacity of the network of collaborators to work in conjunction with centers and facilities that provide care services for the elderly.

Many families caring for elderly members encounter challenges due to budget constraints for service utilization. International experience indicates that service design must be varied based on two key criteria: it should cater to the fundamental needs of the elderly and offer flexibility across different pricing tiers to maximize accessibility. Central and local governments are responsible for delivering essential healthcare services and ensuring social security for elderly individuals facing hardships, particularly those benefiting from social protection policies. In parallel, the private sector and community organizations can offer a range of services, including day care, home care, community kitchens, meal programs, recreational activities, and the establishment of clubs and mutual support networks.

Beneficiaries have a variety of care model options tailored to their specific circumstances and needs. They may qualify for admission to state-owned facilities, skilled nursing homes for intensive long-term care, or community-based care settings, including home care services. Both regular daily care and periodic care options are available for those seeking home and community support. Vietnam can leverage international best practices to assist service providers through measures such as tax incentives and subsidized rental spaces, thereby lowering service costs for the elderly and enhancing accessibility. The government should explore partnerships with private enterprises (utilizing a public-private partnership model - PPP) to collaboratively deliver services that yield mutual benefits. It is essential to categorize services clearly: basic services should be provided at no cost, while advanced services will incur charges.

Limited diversity and lack of appeal in service offerings can hinder elderly individuals from utilizing available services. To enhance service quality, countries like France and Japan have focused on the experiences of the elderly and their caregivers, leading to necessary modifications in their services and integrated care policies. Vietnam should conduct regular surveys and assessments to understand the evolving needs of the elderly, ensuring that services are relevant and effective. It is essential for these services to be adaptable and innovative in both content and delivery to engage the intended audience effectively. One way to incorporate knowledge about nutrition or health is through the use of skits, performances, games, and similar activities.

Research conducted in Vietnam indicates that our current service delivery methods lack flexibility, primarily offering services directly at facilities. Insights from France reveal that older adults prefer to reside within their communities and families rather than in isolated centralized centers. Consequently, it is essential to transition from a model focused solely on inpatient care to one that emphasizes outpatient care. This would involve staff from both public and private facilities visiting the homes of elderly individuals to provide care services on an hourly or daily basis. Drawing from global best practices, it is advisable to establish social houses or on-demand care centers within residential neighborhoods, allowing family members to visit easily and enabling the elderly to experience a homelike environment while receiving care.

Drawing insights from Japan's approach, social welfare and elderly care centers can explore the concept of group living arrangements that mimic a family environment. By placing elderly individuals with shared interests and mutual understanding in the same room, these centers can foster a sense of self-care, supported by the staff's guidance. Additionally, it is essential for these centers to organize more outdoor activities, such as picnics and walks, to enhance the elderly's connection with the community and reduce feelings of isolation.

Vietnam should enhance the availability of online services. For instance, when the older adults visit the center's website, they should have the opportunity to participate in weekly meditation sessions or access other desired content. In situations where the elderly are not well-versed in information technology, they can seek assistance and guidance from family members. If the older individuals are home alone, it is essential to simplify the access process to ensure ease of use. Additionally, remote control software can be implemented, allowing center staff to manage the seniors' computers from the center, thereby facilitating their access to the information and services they require.

Learning from the experiences and operational strategies of other nations can assist Vietnam in addressing the challenge of enhancing service quality. Insights from China indicate that support for the elderly should be structured in a mixed manner to optimize available resources. The vertical structure involves management, approval, and financial provision, which is decentralized from the central government to local authorities. The horizontal structure encompasses individuals, organizations, and businesses within specific regions that deliver services and provide direct support to the elderly. The State should encourage social participation, facilitating the involvement of all stakeholders in service provision. This includes services that the elderly fully pay for, as well as those for which they contribute partially, with the remainder funded by pension schemes, social security, or government support.

To enhance the operational efficiency of public centers, it is essential for the State to establish an independent mechanism. Beyond fulfilling their regulatory obligations, these centers can introduce supplementary services such

as diagnostic and treatment options, semi-residential care, and outpatient services for elderly individuals who require assistance and have the financial means to pay. At nursing and elderly care facilities, services should be structured and delivered based on professional standards to guarantee optimal service quality. Centers should focus on enhancing staff quality through ongoing and systematic training, along with establishing a framework for monitoring and evaluating task execution. The development of personnel should be approached uniformly, addressing skills in professional ethics, physical well-being, nutrition, and psycho-social aspects.

In nursing centers for the elderly, the Korean Government advocates for the integration of science and technology to enhance service quality. Presently, numerous inpatient care centers in Korea employ robots to assist elderly individuals, particularly those with disabilities or age-related functional decline. However, access to these services often depends on the users' ability to pay. Consequently, there is a pressing need for solutions that can reduce costs while maintaining the highest standards of care for the elderly.

In Vietnam, the majority of elderly care facilities face challenges related to infrastructure and equipment. Current support policies, particularly for non-public institutions, remain insufficient. Insights from international practices indicate the need for establishing a public-private partnership framework that enhances collaboration with local authorities in service delivery and grants greater autonomy in social service provision. Furthermore, experiences from France highlight the importance of creating a coordinated network among various stakeholders to improve elderly care, such as fostering connections between care facilities, hospitals, and the Association of the Elderly.

6. Conclusion

Social services in Vietnam have progressively established their vital role within the elderly care system, despite existing limitations. Analyzing the experiences of countries with advanced social services for the elderly offers valuable insights that can be adapted to the Vietnamese context. Key lessons include enhancing awareness of social services, addressing psychological barriers, tackling geographical and financial obstacles, diversifying service offerings, leveraging digital technology, and fostering public-private partnerships in service delivery. By implementing these strategies and securing investments from both the government and private sectors, the quality of social services in Vietnam is expected to improve significantly, thereby strengthening their essential contribution to elderly care.

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