

## International Experience in Developing Social Services for Elderly Care – Discussion in the Context of Vietnam

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**ABSTRACT:** The elderly in general, and Vietnamese the elderly in particular, play an extremely important role not only for families but also for society as a whole. Therefore, Vietnam has always given attention to the elderly through the promulgation of many policies to care for their well-being. However, in practice, Vietnam is facing the challenge of population aging. In 2023, the elderly population in Vietnam exceeded 16 million, and it is projected that by 2038, the group aged 60 and above will reach more than 21 million, accounting for 20% of the total population. Along with population aging, the needs and issues of older people are becoming increasingly diverse, requiring changes in elderly care models and social services. This paper examines the experiences of countries such as France, Japan, South Korea, and China in areas including communication, operational models and methods, service diversification, optimal resource utilization, and the role of the State and policies in developing social services for the elderly. These valuable experiences serve as useful lessons to be applied in Vietnam's practical context in this field.

**KEYWORDS:** Elderly, social services, international experience

### 1. INTRODUCTION

According to the General Statistics Office (2024), Vietnam's aging index in 2024 was 60.2%, an increase of 11.4 percentage points compared to 2019 and 16.9 percentage points compared to 2014. The number of people aged 60 and above was 14.2 million, an increase of 2.8 million (equivalent to 1.25 times) compared to 2019 and 4.7 million (equivalent to 1.5 times) compared to 2014. It is projected that by 2030, the number of people aged 60 and above will reach approximately 18 million, nearly 4 million more than in 2024. The strong economic growth and international integration in Vietnam in recent years require further development of social services for the elderly (Nguyen Van Tai, 2022). A society cannot be considered progressive if it does not ensure social security for its citizens and does not provide social services to support groups with special needs (Nguyen Van Tai, 2022). In addition to living within families, the current elderly care model in Vietnam is mainly implemented in centralized centers, while community-based care models have not yet been fully developed. This reality needs to change because the resources to maintain the operation of social protection centers come primarily from the state budget (Le Thi Thu Hien, 2023). With the number of beneficiaries increasing and budget resources limited, the material and spiritual lives of the elderly residing in state-run centers still face many hardships and shortages. Private elderly care centers remain small in scale. Therefore, to keep pace with the process of international integration in social security, Vietnam needs to develop a social service system aligned with regional and global standards. On another level, economic development has led to higher incomes, enabling many elderly people and their families to afford social services. Promoting investment in developing social services to support the elderly is both feasible and an urgent need today. Globally, developed countries attach great importance to the development of social services for the elderly, considering it a potential and strategic sector that contributes to economic growth as well as social security (WHO, 2021). Therefore, learning from the experiences of advanced countries is essential for application in the Vietnamese context.

### 2. RESEARCH METHODS

#### - *Document Analysis Method:*

The study employed a document analysis method, focusing on secondary sources such as legal documents—decrees and circulars—including:

- + Ordinance on the Elderly No. 23/2000/PL-UBTVQH10
- + Law on the Elderly 2010
- + Decision No. 2156/QĐ-TTg of the Prime Minister: Approving the National Action Program on the Elderly for the period 2021-2030;



- + Decree No. 20/2021/ND-CP regulating policies on regular social assistance in the community; receiving care and nurturing in the community; emergency social assistance and care and nurturing at social assistance facilities. - Decree No. 76/2024/ND-CP of the Government: Amending and supplementing a number of articles of Decree No. 20/2021/ND-CP dated March 15, 2021 of the Government regulating social assistance policies for social protection beneficiaries;
- + Circular No. 17/2011/TT-BLDTBXH regulating documents and procedures for implementing monthly social allowances, supporting funeral expenses and admitting the elderly to social protection facilities.

#### Reports:

- + UNFPA report "Towards a comprehensive national policy to adapt to population aging in Vietnam in 2019".
- + Report on the implementation of the Law on the Elderly in 2011-2015
- + UNFPA report "The elderly in Vietnam - Analysis from the 2021 population change and family planning survey".
- + Report of the Ministry of Labor, Invalids and Social Affairs "Summary of the implementation of social assistance policies for the elderly in 2024".

Additionally, academic articles and scientific research on social services for elderly care in countries such as France, China, South Korea, and Japan were reviewed.

#### - *Expert Consultation Method*

This method involved soliciting opinions from policymakers and seasoned scholars with expertise in the research field, aiming to obtain better insights and orientations for the development of social services for the elderly in Vietnam in the context of international integration. Specifically, consultations were held with:

- Policymakers from agencies under the Ministry of Labour, Invalids and Social Affairs (MOLISA), such as the former Department of Social Protection, to gain further understanding of policies and services for the elderly;
- Experienced managers in associations for the elderly, as well as community-based staff working directly with older persons;
- Lecturers and researchers with advanced knowledge and specialized expertise in the field of elderly care.

### 3. RESEARCH FINDINGS

#### - *Japan's Experience*

Japan is one of the few countries with the highest average life expectancy in the world. At one point, Japan reached the world's highest life expectancy for both genders, at 83.7 years (BMJ, 2016). As of 2020, Japan's total population was 125.8 million, with 35.7 million people aged 65 and above, accounting for 28.4% of the population. As a country with a super-aged population, Japan's government had early policies to develop social services for elderly care, aiming to ensure that the elderly lead a life of dignity with guaranteed social security.

Due to the increasing elderly population and the decreasing working-age population, Japan's long-term care insurance policy for the elderly has faced financial challenges. In response, the Japanese government developed a community-based integrated care system. This system includes four main pillars:

- Self-help provided by the elderly person or their family;
- Mutual aid provided through informal networks of local volunteer medical workers;
- Socially linked care provided by social security programs (e.g., long-term care insurance);
- Government-provided care through social welfare and public health services or public support from tax revenues (Yen, 2021).

This system requires a workforce trained specifically in elderly care, with knowledge of the physical and psychological characteristics of older adults, as well as the ability to work in teams and coordinate with other professionals in the system. Depending on the situation, conditions, needs, and financial capacity, elderly individuals can choose or be referred to different types of social care services available in the community.

Some elderly individuals are admitted to nursing homes established and operated by government-approved organizations, which provide certain amenities and care services. Here, they receive treatment and care based on their aging needs. Others may be transferred to specialized care facilities to receive more in-depth long-term care services, such as physical therapy. If elderly people

do not wish to access these two types of services, they can opt for living care facilities or home care services. This service model is available for those who require constant daily care or only temporary assistance.

At care facilities, elderly services are organized according to professional standards to ensure the highest quality of care. The staff always show respect for the elderly. Japan highly values the elderly and recognizes their contributions to society, inspiring nursing homes to provide the best care possible. A top priority for these facilities is maintaining the health of the elderly. Nursing homes have balanced nutrition plans and appropriate exercise programs to help the elderly stay healthy. Japan has invested heavily in the training and development of caregivers to provide the best services to the elderly, enhancing skills and improving the quality of life for older adults.

The duties of nursing home staff in Japan include helping with daily activities, transportation, medical care, and providing emotional support for the elderly. To become a nursing home staff member (kaigo-shoku), applicants must complete short-term training courses on elderly care, covering necessary skills such as bathing, changing diapers, and massaging. After completing the training, they can take exams to qualify for professional certificates in healthcare, including the “kaigo-shoku” certification. To become professional nursing home staff, candidates may also be required to attend additional courses on communication skills and working with elderly people or those with special needs. Candidates will also need to participate in ongoing training to keep their skills and knowledge updated as required by the industry.

A nursing home in Japan typically consists of various staff members with different roles, including:

- Nursing home staff (kaigo-shoku): These are the primary caregivers who assist with daily activities, transportation, medical care, and emotional support.
- Medical staff: These professionals are licensed healthcare workers who provide medical care for the elderly, such as monitoring blood pressure, administering vaccinations, distributing medications, and offering comprehensive healthcare.
- Educational and recreational staff: These staff members organize recreational, leisure, and educational activities for the elderly to help improve mental health.
- Cleaning staff: They are responsible for cleaning, sanitizing, and disinfecting the nursing home’s areas to ensure a safe and clean living environment for the elderly.
- Management staff: These staff members oversee and manage the entire operation of the nursing home, including financial management, human resources, planning, and ensuring the smooth operation of the facility.

Most elderly care facilities in Japan have medical clinics or provide healthcare services such as diagnostics, treatments, and inpatient care to help elderly residents monitor their health. To meet the demand for specialized care, some elderly care facilities are linked to hospitals. A noteworthy organizational approach in Japanese elderly care facilities is the use of a group care method. In these facilities, elderly individuals with similar personalities, views, or lifestyles are placed together in the same room. They take care of each other in daily activities such as eating and conversing. This organization helps reduce loneliness, fosters social connections, and provides the feeling of living within a family.

To make life easier for the elderly, Japan has developed day care services. This program provides free meals, social activities, educational programs, and supervision for the elderly. Furthermore, the Japanese government encourages communities to provide home healthcare services and in-home daycare services for the elderly. Home healthcare services offer diet counseling, basic nursing care, and some health-preserving therapies. Daycare services at home are only available for elderly individuals in the final stages of terminal illnesses. These services are typically provided by volunteers (Olivia Mitchell, John Piggott, and Satoshi Shimizutani, 2006).

Information about community-based social services is widely disseminated across Japan, in hospitals, residential areas, traditional media, volunteer groups, workplace groups, and social workers. Through this widespread dissemination, most elderly people can easily learn how to select appropriate social services based on their circumstances and needs. The provision of community-based social services for the elderly is deeply rooted in cultural traditions, where elderly individuals receive family care, even when fully dependent. From family-centered care, the care culture has expanded into the community, where the elderly are also cared for. The spirit of elderly care has become a collective responsibility of both the family and the community, with access to services often determined by age. Thus, Japan focuses on community strength and coordinates the integration of clinical care with social security services for the elderly.



## - *China's Experience*

As of the end of 2020, China's total population was 1.411 billion, with 190.64 million people aged 65 and above, accounting for approximately 13.5% of the population (National Bureau of Statistics China, 2020). In response to the aging population, the Chinese government has adopted flexible measures and policies to ensure social security for this group. In recent years, community-based care services have been rapidly developing in China as a new method to meet the needs of the elderly (Liu Yang et al., 2021). Community-based care services in China are defined as: professional care services that are provided to elderly people living in families and communities, including both in-system and out-of-system services in China (Yu Chen et al., 2014). These services operate under a vertical structure (direct support by local governments) and a horizontal structure (services provided and funded by the community).

The community-based elderly care model in China has several characteristics:

- **Vertical Structure:** Designed to ensure government decentralization from the central government to local governments in managing and supporting beneficiaries.
- **Horizontal Structure:** Involves individuals, businesses, social organizations, agencies, schools, hospitals, etc. The horizontal support is provided in geographic areas through community-based organizations.

According to the vertical structure, the services for the elderly in China are either free or charged at minimal fees (funded by both the central and local governments). However, under the horizontal structure, services may be partially subsidized but are not free. This means that elderly individuals and their families must have the financial capacity to pay for these services. Regarding the services provided, the central and local governments (vertical structure) offer health education services, basic medical care, primary health care, and rehabilitation for disabled individuals. Meanwhile, the horizontal structure provides day care services, home care, community meals, recreational activities, and mutual aid networks. Thus, with the mixed distribution model (vertical and horizontal), rather than focusing solely on a government agency providing social services, China emphasizes shared responsibility between individuals, families, communities, the private sector, and the government in funding and caring for the elderly. Although community-based services are coordinated by urban resident committees/rural village committees, elderly care services are mainly provided by community volunteers or private providers. These volunteers or private businesses offer services and charge fees. These services support family care and, when necessary, can replace family care when it is not possible to care for the elderly. According to the National Health Commission of China (NHC), it is predicted that the population aged 60 and above will reach 400 million by 2035, compared to 280 million today. This means that community-based facilities and nursing homes will require about 40 million beds, five times the current number of 8 million beds. In response, the Chinese government has required provinces to implement basic elderly care services based on factors such as economic and social development levels and financial situations. These services include material support, nursing, and care. Provinces must also provide visitation services, care for elderly individuals living alone, and assistance for financially struggling families, while improving the basic pension system and implementing a long-term care security system connecting insurance and welfare. New elderly care facilities will follow government standards, while older facilities will be renovated to provide a safe, convenient, and comfortable environment (Thương Nguyệt, 2023). The newly issued guidelines by the Elderly Care Department of the Ministry of the Interior of China also highlight that families facing financial difficulties will be supported in elderly care and ensure that all institutional resources related to elderly care are optimized and integrated, while improving the basic pension system and implementing a long-term care security system connecting insurance and welfare (VTV, 2023). Thus, despite differences in economic, political, and social characteristics from Japan, China's lessons in elderly care emphasize harnessing the power of community resources, integrated care, and the development of a long-term care security system connected to insurance and social welfare.

## - *South Korea's Experience*

2017 marked the year South Korea became an aging society. The transition from an aging population to an aged society in South Korea occurred over a period of 18 years. This period was long enough for South Korea to establish a community-based social service network for the elderly (AARP, 2017). In South Korea, it is the right of every citizen to access community-based social services, especially healthcare services, and public service providers are responsible for receiving, caring for, and supporting the elderly as soon as they arrive at the "threshold" (Boyoung Jeon & Soonman Kwon, 2017). As the costs of elderly care continue to rise, many elderly people in South Korea wish to spend their final years living at home. Therefore, the Ministry of Health and Welfare has announced the construction of a comprehensive community care foundation for the elderly, which includes



neighborhood services, healthcare services, nursing services, and care at home or in nearby areas. These community care services allow elderly people to enjoy flexible, personalized services without having to leave their homes or be separated from their community (Hwang & Park, 2018). In South Korea, elderly people are supported in accessing community-based social services, which include:

- Long-term care insurance services
- Early detection services for dementia
- Dementia treatment support services
- Optical services related to surgery
- Job search services for individuals aged 60 and above who can still meet labor requirements
- Daily living support services for individuals aged 65 and above living below the poverty line
- Social care services for the elderly
- Community welfare services for the elderly
- Free or low-cost meal services (Chan Woo Kim, 2015)

To assist elderly people in connecting with social services, South Korea has promoted a program to build rental housing near locations that offer healthcare and other social services, while also strengthening the links between these rental apartments and elderly welfare centers. Many elderly people with low incomes or those living alone are supported by the government to access home healthcare services and connect to care services in their living areas. To create an effective community-based social service system, South Korea has encouraged the participation of citizens, service providers, and empowered local governments (Hwang & Park, 2018). South Korea has strongly promoted the application of science and technology in elderly care. The government has developed technology to provide information about social services to elderly people to enhance the effectiveness and accessibility of these services, while also subsidizing public social services such as transportation assistance and long-term healthcare services. This support, especially for long-term healthcare, can cover up to 85% of service fees (AARP, 2017). Elderly care centers in South Korea also actively apply science and technology to improve the quality of elderly care. Many elderly care facilities in South Korea now use robots to assist in the daily activities of elderly people, particularly those with disabilities or age-related functional decline. However, these services require users to have the financial ability to pay. Therefore, solutions to reduce costs while still ensuring the best quality care for the elderly are needed.

#### - *France's Experience*

Similar to other developed countries, community-based social services in France are also supported and promoted by the government to create an effective network of care for both social groups in general and the elderly in particular. Pension funds play a role in helping the elderly access and benefit from some basic community social services such as: home support services (housing maintenance, shopping, meal preparation), transportation support, delivering meals to homes, temporary housing assistance, post-hospital home care services, and assistance with housing procedures to prevent the loss of property rights. To qualify for these beneficial social services, elderly people must meet requirements such as having participated in social insurance and having long-term professional work experience (Assurance, 2016). Social services provided by social workers in France to the elderly include consultation and care aimed at reducing physical and emotional suffering during the final years of life, especially during hospital stays. This team of social workers also provides assistance to the elderly in protecting their administrative rights (e.g., identity documents, property ownership, dispute resolution, complaints, litigation), healthcare rights (e.g., medical examinations, treatments, medication distribution), and social rights (e.g., mobility, recreation, respect). Information about these social services is widely disseminated through the internet, hospitals, and nursing homes. Access to and benefit from these social services provided by social workers do not require the elderly to meet strict criteria, only that they provide information to social organizations in the community or actively contact social services (Chantal Antigny-Warin, 2017). Community-based social services in France also focus on providing home assistance for elderly people, such as home healthcare, support for daily living, mobility assistance, and companionship services. These services can be fee-based or partially or fully free. Elderly people who access these services are those who can pay in full, partially, or cannot pay at all. The complexity of community-based social services depends on specific cases, and elderly people always receive highly professional support from trained professionals or collaborators (Danièle Delas, 2017).

After over a decade of implementing a diverse network of social services for elderly care with the participation of many stakeholders, recent studies have pointed out certain issues in the operation of this service system in France. These include fragmentation and a lack of coordination between social care and medical services. According to Kodner and Kyriacou, although the level of coordination between stakeholders and services has somewhat increased, it has not yet achieved uniformity. The cause has been identified as a lack of an information system and the dispersion of governance institutions and the multiplication of plans (Emma Bajeux, Aline Corvol, Dominique Somme, 2020). In 2002, a new concept emerged in France: EHPAD (Etablissement d'Hébergement pour Personnes Âgées Dépendantes) – facilities for elderly dependent residents, equipped with many medical devices. The monitoring of medical conditions and care for the elderly has made EHPAD services increasingly expensive. For many EHPAD facilities, the lack of resources and staff is a serious issue, making these facilities overloaded. In fact, the average age of elderly people living in such specialized care centers is 85 years. According to the French Minister of Health, the number of nurses and caregivers in EHPAD facilities has not decreased as previously thought; it has remained stable. However, the number of elderly individuals dependent on medical care is growing too quickly and will continue to rise rapidly in the next 20 years (Thùy Dương, 2018). Currently, the French government only provides funding for medical care activities in EHPADs and does not fund the supervision of elderly people. This funding is the responsibility of the local authorities. In light of these challenges, the National Ethics Committee of France has called on society to change its attitude and approach to elderly care, to reconsider the meaning of nursing homes and EHPADs. The committee also emphasizes the urgent need to redefine the concept of social security, to create new forms that reflect solidarity between generations, and to implement other models to care for, support, and accompany the elderly. In particular, the committee is advocating for a "multi-generational" apartment model, where dependent elderly care facilities are situated among densely populated buildings, so they can integrate into the community rather than being isolated, as they are now.

#### 4. DISCUSSION IN THE PRACTICAL CONTEXT OF VIETNAM

From the analysis of elderly care services in several countries, several lessons can be drawn for Vietnam to expand coverage and improve service quality as follows: First, it is essential to help the elderly and their families become aware of the services available at care facilities that they can access. To achieve this, countries need to enhance the effectiveness of communication efforts. Japan, France, and South Korea's widespread communication about community-based social services has enabled their elderly populations to quickly and easily access information—this is a valuable lesson for Vietnam. Currently, communication efforts in Vietnam are limited, and thus the number of elderly people aware of the existence of community-based services is still low. Vietnam needs to diversify communication methods, using various approaches and collaborating with local governments to integrate the promotion of elderly care services into local community meetings and political-social organizations' activities. In addition to improving communication efforts, a significant barrier in using care services is the psychological reluctance of the elderly and their families, preventing them from accessing and utilizing services, especially institutional care and inpatient care. This situation is quite common in countries influenced by Eastern cultures such as Vietnam, China, and South Korea, where the norm is that children must live with and care for their parents as a standard of filial piety ingrained in many families. Therefore, communication needs to break down this psychological barrier by collaborating with local elderly associations to regularly organize visits to care facilities so the elderly can experience the benefits of professional care. Simultaneously, care providers must continuously improve and enhance the quality of services to attract elderly clients.

Learning from the experiences of other countries also offers us suggestions to overcome the issue of the elderly being located far from service providers. To connect the elderly with social services, South Korea has promoted the construction of rental housing near healthcare and other social care service locations, while strengthening the links between these rental apartments and elderly welfare centers. Many elderly individuals with low incomes or those living alone are supported by the government to access home healthcare services and connect with care services right within their residential areas. To establish an effective community-based social service system, South Korea has mobilized the participation of citizens, service providers, and empowered local governments (Hwang & Park, 2018).

Moreover, the South Korean government has advanced the development of technology to provide information to the elderly about social services, thus improving the effectiveness and accessibility of this population to social services, while also subsidizing public social services such as transportation support and long-term healthcare services. This support, especially in long-term



healthcare, can cover up to 85% of service fees (AARP, 2017). With Vietnam's conditions, we could develop an online service model, where staff visit elderly people's residences to provide services. Additionally, it is essential to develop and enhance the capacity of the volunteer network to collaborate with centers and institutions in providing elderly care services.

A major issue many elderly families face is the limited financial resources to afford services. International experience shows that services should be designed with two criteria: diversity according to the basic needs of the elderly and flexibility with different price levels to ensure the widest coverage. The central and local governments should provide basic healthcare services to ensure social security for elderly individuals in difficult circumstances (those covered by social welfare policies). Meanwhile, the private sector and civil organizations can provide various services, such as day care services, home care, community meals, entertainment, and building clubs and mutual help networks.

Depending on the circumstances and needs of each elderly person, there are multiple care options: if they qualify, they can be admitted to government-managed facilities; placed in skilled nursing facilities to receive in-depth, long-term nursing services; or receive home or community-based care. Both home care and community care options apply to those who need continuous care or only care during certain stages. Vietnam can adopt international experience by supporting service providers (tax incentives, rent subsidies, etc.) to reduce service prices, making them more accessible to the elderly. The government should consider partnering with businesses (Public-Private Partnership model) to jointly provide services, ensuring mutual benefits for all parties. Services should be clearly categorized: basic services provided for free, and advanced services with a fee.

Limited service diversity, unattractiveness, and failure to meet needs are also barriers to elderly service usage. To improve service quality, countries like France and Japan focus on the elderly's and their caregivers' experiences, making necessary adjustments to services and integrated care policies. Vietnam should regularly survey and assess elderly needs to update and match service offerings. Services need to be flexible and dynamic in content and form to attract the elderly. For example, providing nutrition or health knowledge can be integrated through skits, cultural performances, or games.

Research in Vietnam shows that our service provision methods are still inflexible, mainly offering direct services at facilities. From France's experience, the elderly prefer living in communities or with families rather than being isolated in institutional settings. Therefore, the service model should shift from inpatient care to outpatient care, meaning staff from both public and private institutions should visit elderly people at home to provide care (on an hourly or daily basis). With lessons from countries worldwide, socially or care-oriented facilities should be built within residential areas, making it more convenient for families to visit their elderly members and for the elderly to feel familiar living in such facilities.

Following Japan's example, in social protection centers, elderly care facilities could consider organizing group care, akin to a family structure. Elderly individuals with similar interests and positive relationships could be arranged in the same room, where they can self-care under the support and guidance of center staff. Centers should also increase the organization of outdoor activities, encouraging elderly individuals to go out and providing them with a sense of not being isolated from the community.

Moreover, Vietnam should enhance online service offerings. For example, elderly people could access the facility's website to listen to meditation sessions or other content they wish to hear weekly. If elderly people are unfamiliar with technology, they could rely on family members to help them access and use the online services. If they live alone, the access process should be simplified as much as possible for ease of use. Additionally, remote control software could be used (staff remotely controlling the elderly person's computer at home) to assist elderly individuals in accessing the information/services they need.

Learning from the management and operation methods of other countries also helps Vietnam find solutions to improve service quality. China's experience shows that elderly support structures should be designed with a mixed structure to maximize the use of supporting resources. The vertical structure involves government management, approval, and financial provision based on decentralization from the central to local governments. The horizontal structure involves individuals, organizations, and businesses in territorial areas providing direct service and support to the elderly. The government needs to promote socialization, create opportunities for various parties to participate in service provision, including those services fully paid by the elderly and those with partial payments, with the remainder supported by pension funds, social welfare, or the government.

To improve the operational efficiency of public facilities, the government should create a self-governing mechanism. In addition to the required tasks, facilities could expand services such as medical treatment, part-time care, and outpatient care for elderly individuals who can afford them. In elderly care centers, services should be organized and provided based on professional principles to ensure the highest quality. Centers must focus on improving the quality of their staff through continuous training,



monitoring, and inspection. The training of staff should be comprehensive, covering skills, professional ethics, physical health, nutrition, and psychosocial aspects.

In elderly care centers, South Korea has strongly applied science and technology to improve the quality of care. Many care facilities in South Korea use robots to assist with daily activities, especially for elderly people with disabilities or age-related functional decline. However, these services require the user to have the ability to pay. Therefore, cost-reduction solutions should be implemented while ensuring the highest quality care for the elderly.

## 5. CONCLUSION

In Vietnam, it can be seen that some elderly care facilities still have limited infrastructure, and the equipment provided for services is not yet optimal. Support policies, especially for non-public facilities, are also insufficient. International experiences have suggested that Vietnam should establish a public-private partnership mechanism, strengthen cooperation with local governments in service provision, and grant autonomy in delivering social services.

Additionally, the lessons from countries around the world indicate that Vietnam needs to build a coordination network among stakeholders to provide better care for the elderly. This could involve collaborations between care facilities, hospitals, elderly associations, and other relevant organizations.

## REFERENCES

1. BMJ (2016). Global Life Expectancy Increases by Five Years. Retrieved from <https://www.bmj.com/content/353/bmj.i2883.full/>
2. Emma Bajeux, Aline Corvol, Dominique Somme (2020). Integrated Care for Older People in France in 2020: Findings, Challenges, and Prospects. *International Journal of Integrated Care*.
3. Le Thi Thu Hien (2023). Changing living patterns and affecting the elderly. *Journal of Educational Sciences*, (2), 12–20.
4. Liu Yang et al. (2021). Utilization of Community Care Services and Self-Rated Health Among Elderly Population in China. *MBC Public Health*, 21(1): 1936.
5. National Bureau of Statistics China (2020). Annual data. Retrieved from <https://data.stas.gov.cn/easyquery>
6. Nguyen Van Tai (2022). The rights of the elderly in accessing social services. *Journal of Law*, (1), 54-60.
7. Olivia Mitchell, John Piggott, and Satoshi Shimizutani (2006). *Aged-Care Support in Japan: Perspectives and Challenges*. National Library of Medicine.
8. Pushkar Singh Raikholia and Yasuhiro Kuroki (2018). *Aging and Elderly Care Practice in Japan: Main Issues, Policy and Program Perspective; What Lessons Can Be Learned from Japanese Experiences?*
9. Qingwen X and Julian C (2011). *Exploring the Community-Based Service Delivery Model: Elderly Care in China*. Sage Journal.
10. Ho Chi Minh City Department of Health (2023). Understanding nursing homes in Japan. Retrieved from [www.medinet.hochiminhcity.gov.vn](http://www.medinet.hochiminhcity.gov.vn)
11. Thuong Nguyet (2023). China promotes elderly care system. Hanoi Moi Electronic Newspaper.
12. Thuy Duong (2018). France: Society criticized for treatment of the elderly. *Social magazine*, RFI, France.
13. General Statistics Office (2024). Report "Main results of the mid-term population and housing census." Statistics Publishing House.
14. VTV (2023). China builds a basic elderly care system before 2025.
15. WHO (2021). *World Report on Ageing and Health*. World Health Organization.
16. Yen, T.T (2021). Elderly health care: Japan's policies and recommendations for Vietnam. *VNU Journal of Science: Policy and Management Studies*, Vol.37, No.4, 37-46.
17. Yu Chen et al. (2014). Loneliness and Social Support for Older People in China: A Systematic Literature Review. *Health and Social Care in the Community*, 22(2), 117

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