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Improving the Quality of Social Work Services in Taking Care of The Elderly People in Private Social Institutions in Hanoi

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Abstract*: This article examines the current state of service quality in private elderly care facilities in Hanoi. The study employed a mixed-methods design, combining a quantitative survey of 150 questionnaires with qualitative in-depth interviews conducted with five older adults, three family members, and five managers and social workers working in private elderly care institutions. The findings indicate that while basic physical care services generally meet the essential needs of older adults, mental life support services remain limited. Moreover, the social work workforce is insufficient in both quantity and professional competence, falling short of the practical demands of private care settings. Based on these results, the study proposes several policy and practice recommendations aimed at improving the quality and effectiveness of elderly care services in the private sector.*

Keywords: *social work services, elderly care, private social facilities.*

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1. Introduction

Respect for the elderly is a long-standing cultural value in Vietnamese society, as well as in many other countries around the world - particularly within Asian societies. Older adults represent a social group endowed with extensive life experience and a long history of contribution to their families, communities, and the nation. They also play a vital role in transmitting cultural values and providing emotional and spiritual support to other family members. (Le Sy Giao 1997:235; Nguyen Duong Binh 1998:3; Le Trong Vinh 2015:37).

The population of older adults has been steadily increasing worldwide, including in Vietnam. According to the 2019 Population and Housing Census, Vietnam's total population was 96,208,984, of which 11.409 million people were aged 60 and above, and 7.417 million were aged 65 and over. Based on data from the General Statistics Office (GSO), the average population in 2019 was 96.484 million, with 11.8% aged 60 and above, and 7.7% aged 65 and older (GSO, 2020).

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As individuals enter old age, they often experience multiple health challenges such as mobility difficulties, cognitive impairment, memory loss, and cardiovascular diseases (GSO, 2021; WHO, 2015). In addition to physical health issues, mental health problems among the elderly are also prevalent (Carpenter, Gatz, & Smyer, 2022). With socio-economic development, the family structure in Vietnam has gradually transformed: the traditional extended family is increasingly replaced by the nuclear family, leading to a shift in traditional family values (Furstenberg, 2019; Le Ngoc Van, 2012). This transformation implies that older adults face greater difficulties in maintaining self-care and accessing adequate health care.

Under Vietnamese legislation, the responsibility for elderly care is primarily assigned to the family. According to Articles 10, 12, and 13 of the Law on the Elderly (2009) and the Law on Marriage and Family (2014), families are legally obligated to provide care and support for older family members. From a social perspective, this model is appropriate for reducing the financial burden on the State, particularly when national economic conditions remain constrained. However, intergenerational co-residence has led to increasing conflicts and stress within families. The responsibility of caring for the elderly has become a considerable burden for families with limited financial resources and time. Many older adults are unable to make independent decisions or care for themselves and remain heavily dependent on their children and relatives (GSO & UNFPA, 2021).

In response to these challenges, various models of elderly care services have emerged to meet practical social needs. This study focuses on analyzing the quality of social work services in elderly care at private social care facilities in Hanoi and proposes recommendations to enhance the quality and effectiveness of current elderly care services. Therefore, the study focused on answering the research question: What is the quality of elderly care services in private facilities today?

2. Research Methodology

2.1. Theoretical Framework

In the context of social work, *social work services* refer to "services provided by organizations or individuals who meet professional and legal requirements to deliver social work activities aimed at supporting individuals, groups, families, and communities in addressing social problems." These services may include one or more interventions such as emergency protection services; care, intervention, rehabilitation, and developmental support; and social education and capacity-building services (Decree No. 110/2024/N□-CP). Social work organizations and practitioners are not merely service providers; rather, social work services must genuinely assist clients in resolving the social issues and psychosocial barriers they are experiencing.

There is currently no globally unified or widely accepted system for measuring the quality of social work services. However, the concept of social work service quality is generally associated with dimensions such as effectiveness, efficiency, equity, responsiveness, and professional competence. These constitute the core dimensions of quality in social work practice (H. Nurgül Durmuş Şenyapar, 2025). Accordingly, ensuring the quality of social work services for older adults requires careful attention to these essential elements.

Measuring the quality of social work services in general and services for older adults in particular demands a multidimensional approach that integrates both qualitative and

quantitative perspectives. Comprehensive and multidimensional assessment frameworks must balance various measurement outcomes to reflect the complexity of service delivery.

Key indicators commonly used in evaluating service quality include client satisfaction surveys, assessments of service impact, case resolution rates, and efficiency benchmarks. Among these, client satisfaction surveys remain one of the most widely applied and direct tools for assessing quality in social work (H. Nurgül Durmuş Şenyapar, 2025).

While satisfaction surveys provide valuable feedback, their true utility lies in identifying areas for improvement in service provision. However, satisfaction alone does not fully capture long-term effectiveness, highlighting the need for complementary tools such as service impact assessments. Such assessments monitor tangible improvements in client well-being, including enhanced mental health, housing stability, employment, and social inclusion, while also accounting for potential unintended positive or negative consequences.[2].

To measure and analyze the quality of social work services for the elderly, it is necessary to survey the satisfaction of the elderly and their families. The assessment needs to be in terms of physical and mental aspects; as well as the role of social workers in the care process to help the elderly solve problems and live in harmony in social facilities. That is the effectiveness and quality of elderly care services.

2.2. Research Design

This study adopted a mixed-methods research design combining both quantitative and qualitative approaches. The quantitative component was employed to examine the current situation of elderly care services in private social care institutions, while the qualitative component provided deeper insights into the experiences, perceptions, and professional practices of elderly older adultss, their family members, and social workers. The integration of these two approaches allowed for a more comprehensive understanding of the quality of social work services in elderly care facilities.

2.3. Participants

The study utilized data from the institutional-level research project titled *"Enhancing the Quality of Social Work Services in Elderly Care Centers in Hanoi"* conducted at the Trade Union University, 2022. The quantitative sample consisted of 150 older adults residing in three elderly care centers in Hanoi, including Tam Phuc Elderly Care Center, Dien Hong Nursing Home, and Bach Nien Thien Duc Elderly Care Center. A convenience and random sampling approach was applied, with 50 respondents selected from each center.

For the qualitative phase, the study conducted in-depth interviews with a total of 13 participants, including five older adults, three family members of the elderly, and five managers and social workers from private social care facilities.

2.4. Instruments

The quantitative survey utilized a structured questionnaire developed based on previous studies and national guidelines on elderly care and social work practice. The questionnaire

[2] *How Can You Use Social Impact Assessments to Collaborate with Other Organizations? [Online]. Available: https://www.linkedin.com/advice/1/how-can-you- use-social-impact-assessments-collaborate*

included sections on demographic characteristics, access to physical and mental care services, satisfaction levels, and perceptions of social work support.

For the qualitative research, a semi-structured interview guide was designed to explore personal experiences, emotional well-being, and challenges in service delivery among both older adultss and care providers.

3. Research Findings

3.1 General Assessment of Older Aduls on Care Activities at Private Facilities

Table 1. Evaluation of Older Adults on Care Centers (Percentage %)

No	Content	Excellent	Good	Average	Poor	Very Poor	Total
1	Physical Infrastructure	21,33	64	14.67	0	0	100,0
2	Nutrition	31,33	52	16,67	0	0	100,0
3	Medical care	20,67	46,67	32,67	0	0	100,0
4	Mental well-being	4,67	15,33	29,33	34,67	16	100,0

Overall, older adults expressed relatively high satisfaction with the physical health care services, particularly nutrition and medical care, provided at private elderly care centers (over 80% rated as “good” or “very good”). However, when evaluating mental well-being, the proportion of respondents rating this dimension as “good” or “very good” was notably lower, while those reporting “poor” accounted for the highest share (34.67%), and as many as 16% rated it “very poor”. This indicates a critical area for improvement in enhancing the quality of holistic care for older adults, encompassing both physical and psychological well-being, particularly for those living away from their families in care institutions.

+ Physical Infrastructure

Survey results show that most private elderly care institutions provide adequate physical infrastructure to meet the needs of older adultss. Dien Hong Nursing Home, one of the earliest-established homes in Hanoi, has expanded to multiple branches across the city, each fully equipped for elderly care. Its first facility spans 1,500 square meters across five floors (300 m^2 per floor), featuring an elevator, staircases, and sound- and heat-insulated doors. The first floor houses the administration office, reception, intensive care, and rehabilitation areas. Floors two to four each contain four older adults rooms and common areas, with 6-8 beds per room and full amenities, including two-way air conditioning, television, refrigerator, and other living necessities. The fifth floor includes a spiritual space, kitchen, and administrative office.

Thien Duc Elderly Care Center has expanded nationwide, operating six facilities, two of which are in Hanoi (Soc Son and Co Nhue). The Soc Son facility, covering approximately 5 hectares, is designed as a comprehensive wellness complex for older adults. In addition to dining and living areas, the center offers recreational amenities such as a fishing lake (over 1 hectare), tennis courts, swimming pool, stilt houses, guest accommodation, organic vegetable gardens, peach orchards, and a pine hill at the rear of the compound.

Tam Phuc Elderly Care Center, guided by the philosophy of “Care from the Heart,” covers an area of over 2,000 m^2 and includes kitchens, dining halls, and activity rooms. Each floor

provides communal spaces for older adultss and a shared community hall on the third floor. Specialized rooms such as rehabilitation and massage therapy spaces cater to individual needs. Overall, private care facilities have made substantial investments in improving infrastructure to support elderly well-being.

+ Nutritional Care

Nutrition is among the foremost concerns for both older adultss and their families upon admission to nursing homes. All surveyed centers reported prioritizing nutritional management, employing dietitians to design meal plans that ensure appropriate nutrient composition, portion balance, and meal timing tailored to older adults' needs. Dietary regimens are carefully planned for digestibility, sufficiency, and therapeutic benefits. For older adultss with specific health conditions, personalized meal plans are provided based on medical status and dietary requirements, supporting disease management and recovery.

Survey results reveal that over 80% of older adults were satisfied with the nutrition services provided.

"*Our primary concern was the nutritional care for my mother here. They are very attentive - something we could never manage at home. I've noticed her health improving, partly due to the well-balanced meals". (Interview, female, aged 67, family member of a older adults).*

Sleep quality is another important determinant of health among older adults. Care centers maintain clean, airy, and quiet sleeping environments to ensure relaxation and deep sleep. For older adultss with sleep disorders or insomnia, tailored interventions are implemented.

"*The daily schedule, especially the sleeping hours, is strictly regulated to ensure our well--being". (Interview, male, aged 78, older adults).*

+ Medical Care

Medical care is considered a core service criterion in elderly care centers. Prior to admission, most older adults rated their health as "average" rather than "good" or "poor," though nearly all reported having at least one chronic condition related to aging, such as respiratory issues, musculoskeletal disorders, hypertension, or urinary diseases. As a result, medical services are a central concern among older adultss. The survey indicates that over 85% of participants expressed satisfaction with medical care quality.

"I decided to move here because my health isn't good. Beyond daily meals and living support, medical monitoring is crucial. My children work full-time, so staying here gives both them and me peace of mind". (Interview, male, aged 75, older adults).

Upon admission, older adultss undergo a comprehensive health and psychosocial assessment, including general health, existing medical conditions, psychological status, and degree of self-sufficiency. Based on these evaluations, centers assign appropriate accommodation and care levels:

"For frail older adultss, we usually arrange rooms on the same floor to facilitate care and monitoring. Our staff work in shifts 24/7, ensuring structured, attentive, and evidence-based care for those in need". (Interview, Center Director, female, aged 65).

Medical examinations, treatment schedules, and dietary and care plans are systematically organized to address each older adults's unique needs.

In summary, the findings indicate that current elderly care centers in Vietnam have largely met the physical health and service needs of older adults and their families, although further efforts are required to enhance psychosocial and emotional well-being.

3.2 Caring for the psychological well-being of older adults

When examining variables correlated with older adults' evaluation of their psychological well-being, the survey results revealed the following:

A logistic regression model examining the factors influencing mental health myths among older adults in a senior living facility found some important insights into the determinants of mental health in this population. The dependent variable was based on an ordinal scale of mental health; independent variables included gender (coded 0 for female and 1 for male), age, years of residence at the facility, and presence of a social worker (coded 0 for no social worker and 1 social worker). The model demonstrated that gender had a statistically significant negative effect on mental health ($\beta = -0.772$, SE = 0.310, $z = -2.486$, $p = 0.013$), with an odds ratio of 0.46, indicating that older adults were approximately 54% more likely to report high levels of mental health than females, holding all other variables constant. However, age did not show a significant association ($\beta = -0.025$, SE = 0.026, $z = -0.958$, $p = 0.338$, OR = 0.98), suggesting that increasing age over time did not meaningfully predict actual change in mental health in this sample. Similarly, years of nursing home residence was not statistically significant in relation to older adults' mental health ($\beta = -0.101$, SE = 0.080, $z = -1.256$, $p = 0.209$, OR = 0.90), suggesting that time spent in nursing home did not systematically affect mental health. In contrast, the presence of a social worker was the strongest positive predictor of mental health ($\beta = 1.052$, SE = 0.318, $z = 3.312$, $p = 0.001$, OR = 2.86), finding that older adults in centers with social workers were nearly three times more likely to report mental health problems than those living in centers without social workers. Significant at $p < 0.01$. This result demonstrates the role of social workers in the mental health of older adults in long-term care settings.

Table 2. Ordinal Logistic Regression Model for Older Adults' Mental Well-being

Independent Variable	β Coefficient	STD	Z-value	P-Value	Odds Ratio (OR)
Gender (0: Female, 1: Male)	-0,772	0,310	-2,486	0,013	0,46
Age	-0.025	0,026	-0,958	0,338	0,98
Years of Residence in the Center	-0.101	0,080	-1,256	0,209	0,90
Presence of Social Workers (0: No, 1: Yes)	1,052	0,318	3.312	0,001	2.86

*Note: * - P < 0.005; ** - P<0.01; *** - P < 0.001*

To better understand the mental well-being of older adults, this study measured leisure-time activities as indicators of emotional and social engagement. The findings revealed that, apart from daily routines such as eating, sleeping, and receiving medical treatment, the most common leisure activity among elders was watching television, followed by resting in their rooms and conversing with peers. Daily social interactions played a vital role in helping them relieve stress and maintain a sense of connection:

"*If we didn't have someone to talk to and share with, life here would be very lonely". (Interview, female, 83 years old, Elders).*

However, interpersonal conflicts among elders were also observed during daily interactions:

"I've asked many times for Mrs. P to be moved elsewhere. She doesn't follow the rules at all she stays awake all night while everyone else is sleeping and sleeps during the day". (Interview, female, 75 years old, older adults).

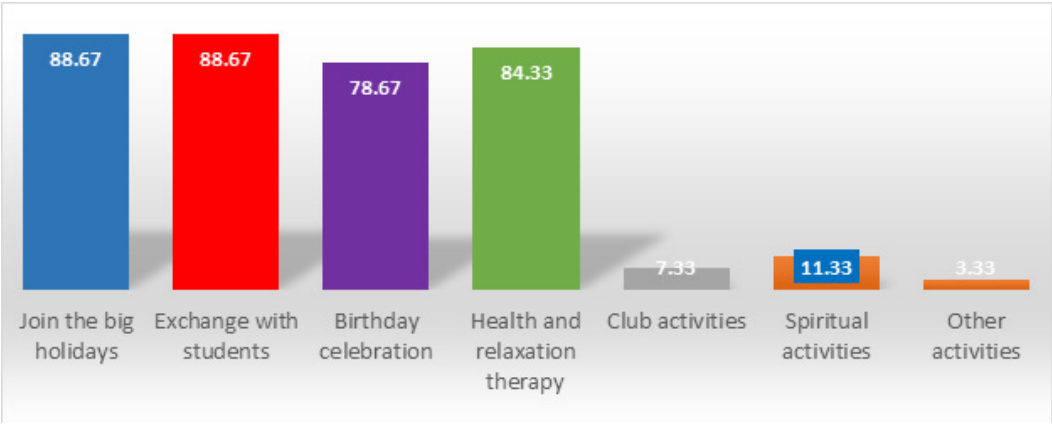
To address such conflicts, social workers played a crucial mediating role, applying communication and behavioral management skills to resolve tensions:

"Mrs. P is new here and has a strong personality, so she's not yet accustomed to the Center's rules. We temporarily arranged for her to share a room with a less responsive older adults to minimize conflict. Gradually, she adapted to the Center's routines and learned to coexist peacefully with others". (Interview, female, social worker).

Leisure activities such as walking outdoors were also found to contribute positively to older adultss' emotional well-being, though their frequency depended on the center's infrastructure and available space:

"Here, the area is quite spacious for regular walks, but we usually just stroll around within the Center's premises*". (Interview, 80 years old older adults, Tam Phuc Elderly Care Center).*

Table 1. Activities related to the spiritual life of the elderly



The research results indicate that the most frequently organized activities for older adults in care centers include participation in major national holidays and intergenerational exchanges with students, accounting for 88.67% of respondents' answers. Most older adultss eagerly anticipate these interactions:

"We feel that the young people care about us; even just talking to them makes us feel understood" (Interview, female, 83 years old, older adults).

With regard to health therapy and relaxation activities, almost all centers have invested in both infrastructure and programming. For example, at the Thien Duc Elderly Care Center, the first-floor area of nearly 200 square meters is equipped with modern health technologies and allows unlimited access for older adultss. This has encouraged frequent participation:

"Most older people suffer from knee pain. They often come here to use the acupressure and massage machines. They enjoy these relaxation activities very much" (Interview, female, 45 years old, staff member); *"Coming here makes me feel healthier and more relaxed. Everything I need is available, and I use the equipment every day" (Interview, female, 82 years old, older adults).*

Birthday celebrations are also held regularly (78.67%). Every month, the centers organize birthday parties for older adultss born in that month: *"They love these events and always look forward to them" (Interview, female, 65 years old, director).*

To meet the spiritual and religious needs of older adults, all surveyed centers acknowledged that these are essential components of care. Each center provides dedicated spaces for Buddhist or ancestor worship:

"Spiritual and religious practices are not only for the older adultss but also for the staff and administrators. It helps us all feel more at peace and allows the older adultss to feel as if they are still at home" (Interview, male, 35 years old, staff member).

Family relationships have a profound influence on the spiritual and emotional well-being of older adults. In Vietnamese culture, children are expected to maintain lifelong obligations to their parents, both during life and after death, as deceased ancestors are believed to continue to watch over and bless their descendants. This belief forms the foundation of a cultural norm that family members should live together and support each other throughout life. The saying *"When young, rely on your parents; when old, rely on your children"* has become a moral principle deeply rooted in Vietnamese society (Nguyen Hong Mai, 2018). Consequently, older adults tend to seek emotional and familial connection, perceiving their well-being as tied to their children's attitudes and behaviors.

However, due to social changes, declining health, chronic illness, and emotional challenges such as loneliness after the loss of a spouse, many older adults experience psychological distress and even severe mental health issues (Nguyen Huu Thang, 2018). Survey findings reveal that more than 90% of respondents expressed a strong desire for psychological and emotional support. Although all centers reported organizing activities such as national celebrations and birthdays for older adultss (100% of centers), these activities were less frequent compared to those addressing physical needs. Typical activities include walking, light exercise, recreational games (e.g., chess, Chinese chess), and cultural or artistic performances by care staff, social workers, or volunteers. Such activities help older adultss feel happier, more relaxed, and more optimistic.

In practice, however, psychosocial and spiritual activities are not conducted as regularly as material care activities. Older adults in Vietnam generally expect to live with their children, relying on them for both physical and emotional support. Therefore, upon entering older adultsial care, many experience psychological distress and stigma associated with living apart from their families - especially those with special or vulnerable circumstances:

"Most older adultss exhibit varying levels of psychological distress. Some feel fatigued or depressed; others show resistance toward caregivers, argue with peers, or become disoriented, unable to distinguish time or remember if they have eaten. Many cry or demand to go home when first admitted, as they do not want to live away from their families" (Interview, female, social worker).

Families also struggle with cultural stigma surrounding institutional care, as sending parents to a nursing home is often considered unfilial: *"People still say that putting parents into a nursing home is unfilial"* (Interview, male, 57 years old, family member). Such prejudice prevents many families from choosing older adultsial care despite facing major caregiving burdens:

"We had to hold many family meetings before deciding to bring my mother here. Ultimately, it was the best option since she was bedridden and developing bedsores. We had hired several caregivers before, but none were satisfactory. The care here is professional and attentive" (Interview, male, 57 years old, family member).

When older adults lack regular contact or emotional support from family members, they may experience loneliness or even psychological crises. Although most centers recognize the importance of providing psychological support, the majority lack professional social workers or counselors. Individual and group social work interventions are still rarely implemented:

"When the teachers bring social work students here for internships, we feel happier and more at ease. We really miss them when they leave and hope they can visit us more often" (Interview, female, 83 years old, older adults).

The shortage of qualified social work staff and the lack of structured psychosocial support activities in care plans represent major limitations that should be addressed to meet the emotional needs of older adults and improve the overall quality of elderly care services.

When asked about family contact, 31.3% of older adultss reported that their family members visit regularly, 54.6% said occasionally, and 11.8% said rarely. Each older adult has a unique background and personal circumstances that influence their decision to seek institutional care. Throughout their lives, most have contributed to their families and society and continue to value emotional bonds with their loved ones. In-depth interviews revealed that many older adults often reflect on their past contributions and achievements, expressing a strong desire to maintain emotional and familial connections even while living in care centers.

3.3. Human Resources and Social Work Activities with Older Adults

Social work activities play a crucial role in the care of older adults. However, all three surveyed centers lack professional social workers. Among these, only the Dien Hong Nursing Home employs social work practitioners in elderly care services. Even there, the number of social workers is limited, with only one or two professionals operating at each facility. The Thien Duc and Tam Phuc Elderly Care Centers do not have professional social workers employed during the study period. Consequently, social work services for older adults remain insufficient to meet the actual care demands.

Social workers assume multiple roles, such as resource linkage, education, counseling, and advocacy in supporting older adults. In the role of resource linkage, social workers in the care centers assess and diagnose older adults' problems and coordinate services to address them. For instance, for older adultss experiencing both health and psychological difficulties (e.g., loneliness or reluctance to communicate), the social worker reports to the Center's director with specific plans, especially those focusing on psychological support. These may include assigning older adultss to share rooms with more active and communicative peers, maintaining regular conversations with them, and encouraging family members to visit frequently.

In centers where no professional social workers are present, these assessment and coordination functions are performed by nursing or administrative staff. Activities that connect older adultss or organize peer clubs have not been widely implemented in these facilities.

In the educational role, social work activities provide older adults with knowledge and skills related to health care, nutrition, and physical exercise. Detailed daily and weekly care plans are developed to meet older adultss' specific needs. Counseling activities are also conducted to enhance older adultss' understanding and self-care capacity:

"It's true that what we do reflects the role of social workers. However, because our Center has no professional social workers, all staff receive training and perform those responsibilities. The knowledge about health care mainly comes from the medical field. The director used to work in medicine, so she understands the importance of compliance in care practices (*Interview, female, 45 years old, staff member at the Elderly Care Center).*

The centers have focused primarily on providing health-related advice and information. However, the educational role concerning interpersonal harmony and conflict avoidance among older adultss has received less attention. One reason is the lack of professional training in social work skills among staff, which affects the effectiveness of such interventions:

"I am the only official social worker here, though the Center plans to recruit more soon. It's really hard with so many older people, each with a different personality. Sometimes they argue or even get into physical conflicts. I have to guide them on communication and emotional control. Without formal training in social work, it would be very difficult to handle these situations" (Interview, female, Social Worker).

In the counseling and advisory role, social workers help older adults cope with emotional changes, reduce negative behaviors, and enhance positive motivation. However, findings from the survey show that counseling remains underdeveloped in all three centers. The main reason is the shortage of trained social work personnel capable of carrying out professional counseling duties. Instead, emotional support and encouragement for older adultss experiencing sadness or loneliness are often provided informally by staff:

"When the elderly feel sad or lonely, both managers and staff talk to and comfort them. We are trained to speak gently and kindly to them, this has become a standard practice at the Center" (Interview, female, staff member at the Elderly Care Center).

Nevertheless, the lack of professional training in social work knowledge and skills among most staff members negatively affects the quality of counseling and psychosocial support provided to older adults.

4. Solutions to Improve the Quality of Social Work Services for Older Adults

The analysis reveals that current social work service activities for older adults have not yet fully met their diverse needs. A shortage of social work resources is one of the key factors contributing to the unmet psychosocial and social connection needs of older adults. Therefore, improving the quality of social work services in elderly care should focus on the following aspects:

First, it is necessary to supplement and refine policies related to elderly care. This includes implementing synchronized policies on economic growth, social welfare, and income

improvement for older adults. Moreover, it is crucial to enhance the roles of political, social, and professional organizations in formulating, advocating, implementing, and monitoring policies concerning older adults. There should be regular inspection and supervision by the authorities of activities at elderly care facilities. Social organizations such as the Women's Union, Youth Union, Elderly Association, etc. need to have cultural and spiritual exchange and activities for the elderly at the center.Second, there is a need to develop a professional workforce specialized in social work for elderly care. Accordingly, social work education and training should emphasize practice-based approaches to enable practitioners to deliver services effectively and professionally, including those targeted at older adults. Elderly care centers need to increase the recruitment of social workers and regularly train them in knowledge and skills to support the elderly professionally.

Third, the social work model in elderly care should aim to address the comprehensive needs of older adults, covering physical care, psychological well-being, and social connectedness. The roles of social workers, such as educator, counselor, and connector should be clearly defined and applied in practice. Issues and needs of older adults at care institutions should be regularly assessed. The process of planning and implementing interventions must be grounded in social work knowledge and skills. Group work and case management models should be widely and professionally applied in service delivery for older adults. Social work activities should be included in the Center's operational objectives. Specifically, the center should organize group activities such as entertainment groups, helping elderly men participate in chess, sports; or cultural and artistic activities.

Fourth, social work services for older adults should be diversified, offering multiple service types such as day care, weekly care, and full-time older adultial care. During the caregiving process, family involvement should be emphasized, as family holds a central place in the emotional and psychological life of older adults, who often wish to maintain a meaningful role within their family structure. Therefore, social work service models should be applied flexibly, combining center-based care, home-based care, or hybrid forms depending on the specific needs and preferences of older adults.

5. Conclusion

Older adults are among the most vulnerable groups due to physical and mental health changes, psychosocial transitions, declines in labor capacity and income, as well as challenges in social relationships and lifestyle adjustments. The increasing practical demands highlight the necessity of providing elderly care services through specialized care centers.

The research findings indicate that elderly care services provided at these centers have largely met the physical and medical care needs of older adults. The diversification of service levels and types tailored to the financial capacity and health status of older adults has proven essential in addressing their varying conditions.

However, the shortage of professional social workers, along with the limited training of care center staff in social work knowledge and practice, has negatively affected the quality of psychological and emotional care for older adults. The elderly exhibit strong needs for psychosocial and emotional support during their stay at the centers, as well as for maintaining meaningful connections with their families throughout the care process.

Limited awareness and understanding of the social work profession and the roles of social workers in elderly care have also influenced the quality and effectiveness of care services in Hanoi's elderly care centers.

To improve these conditions, it is necessary to develop comprehensive solutions that expand the model of elderly care services, particularly community-based care models, enabling families and professional caregivers to jointly meet the needs of older adults. Moreover, integrating social work expertise into elderly care models is essential to ensure holistic, responsive, and person-centered care for older adults.

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