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A PROPOSAL FOR THE DEVELOPMENT OF SOCIAL WORK SERVICES CENTRES:

A MODEL FOR VIETNAM

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CONTENTS

I. BACKGROUND

Vietnam has made considerable progress in the last two decades in achieving sustained economic growth that has led to a reduction of poverty, with a widespread increase in living standards and an improvement in the services that are available for many people. Yet, as has been the case throughout the world, these developments have been accompanied by a widening gap between those who have benefitted from economic change and those who have not with some parts of the society remaining in poverty. At the same time, growing prosperity has also seen changes in family structures and patterns of family and community life, with increased crime, drug abuse and prostitution, as well as rising numbers of reported cases of child abuse and exploitation, divorce and other forms of family breakdown. Issues of mental health problems, the care of children and adults with disabilities and mental handicaps, and of isolated elderly people, are also seen to be increasing. These rapid social changes require professional social work services that can respond scientifically and effectively to social problems, in order to promote social well-being through assistance for individuals, families, social groups, communities and society.

For a very long time in Vietnam some of the functions of social work for people in the community have been provided as social activity and mobilization, through the efforts of neighbours, volunteers such as community collaborators (managed by the mass organizations and the population, family and child care organizations) and charity organizations including religious organizations. At the same time social work is not recognized as a profession. Thus there are very few professional social work and social services, with a lack of training and scientific knowledge available for those who are engaged in social activities and mobilization. Because of the growing complexity of the modern society it is now essential that social work in Vietnam professionalizes so that increased skill and knowledge can be provided in addressing social needs and problems.

As the Vietnamese Government plans for the development of professional social work one of the major issues is how such services will be organized and provided for those who need them. This report, therefore, examines the international experience in systems for providing social work and social services and considers the current situation in Vietnam. From this it makes recommendations for a model for a social work/social services centre that is appropriate to the needs and structures of Vietnam. In this way it will provide a basis for the development of technical guidelines on the implementation and operation of such centres.

II. SOCIAL WORK SERVICE SYSTEMS: INTERNATIONAL COMPARISONS (DESK STUDY)

Professional social work exists in many countries. In 2009 there are 84 countries in membership of the International Federation of Social Workers1. This organization is the international network of national professional associations of social workers, which has existed since 1928. It brings together social workers from all these countries to develop and share scientific knowledge and skills and it has reporting status to the Economic and Social Council of the United Nations. In addition, there are at least six other counties where a formal profession of social work has recently developed and which will seek to become members of the international network in the next few years. Therefore, social work can be regarded as well established as a profession internationally.

Although the activities that characterize social work have existed in other forms in many societies for a long time, the profession of social work began to emerge in the Nineteenth Century in North-Western Europe and North America as a consequence of rapid industrialization, modernization and urbanization. In many countries, economic growth has brought the benefits of increased prosperity while at the same time changing family relationships and creating gaps between those who do well economically and those who do not. While some social problems are experienced most by those who are least well-off, other problems affect wealthy as well as poor families. The profession of social work seeks to use scientific knowledge and skill to assist each society to address all such problems and to promote social well-being.

1. Early models of professional social work

As social work began to develop as a profession, it was mostly practised in a few major cities. These included London, Liverpool, New York, Chicago, Copenhagen and Amsterdam2. In each of these locations, professional social workers focused their work on families living in poverty, in order to improve the benefits of the financial and practical assistance they received. At this time the organization of these services was conducted by small non-government agencies. The way in which they operated was that the social workers undertook 'field work', largely conducting their work by visiting families in their own homes. At the same time, there were also a very small number of social workers based in hospitals, with their own office. (In most instances this was just one or two people.)

In the first half of the twentieth century social policies increasingly were developed to provide assistance to those who were unable to provide for themselves. In this period, in western countries social workers were employed in increasing numbers as government officers to undertake the assessment of need and the provision of psychosocial assistance alongside the implementation of social policy. By the middle of the century in many of these countries social workers were organized in teams based in offices that covered towns and cities, or parts of the largest cities, and in some cases larger provincial and rural areas.

During this period, also, professional social work began to develop in other parts of the world.

1 *http://www.ifsw.org/f38000017.html (accessed 15 May 2009)*

2 *Payne, M. (2005) The Origins of Social Work: Continuity and Change, Basingstoke: Palgrave Macmillan.*

Countries such as India, Egypt and Argentina all created professional social work during the 1930s3. These countries largely used the organizational models from western countries. Social workers were employed by government and were located in offices that served geographically defined areas. At this time these countries also followed the approach of focusing professional social work on assistance for families and individuals in need of social protection.

In the earliest days professional social work was generalist, in that it covered all types of issues and problems that required a response of social protection. It was only after more than half a century that some specialization began to develop.

2. The present time

i. The UK

Social work has developed in subtly different ways in each country around the world. In particular, there are variations in the balance between the government and non-government sectors, the functions and roles of social workers in administering social welfare services and in providing psychosocial counselling and support4. In order to look in detail at the types of organization of professional social work internationally it is useful to select specific countries from which Vietnam can gain information. So the first of these is the United Kingdom (UK). This is chosen because it has a long history of providing social welfare through the state sector, with some NGO provision that operates largely together with government. Thus the UK has those similarities with Vietnam.

In the UK there are three different regional government systems, one for England and Wales, one for Scotland and one for Northern Ireland. Social work is managed at the provincial level within each of these regions. However, the mechanisms used to deliver social work services are quite similar. That is, within each provincial area there are government departments that have the responsibility to provide social work services to the population. From 1945 to 1972 these departments focused on different types of issues, with separate services for children and young people, mental health and disabled people, and isolated elderly people. As a consequence each of the relevant departments in each provincial area was relatively small. So in 1972 these departments were combined, to create what became known in England and Wales as Social Services Departments and in Scotland as Social Work Departments. These departments included teams of social workers who were responsible for providing social work at district level. There were also specialist services that covered the whole area of the department, such as social protection centres for children or for elderly people. In the early part of the twenty first century these departments have been separated again, this time into two branches: services for children and families and services for adults (including mental health, disability and old age). However, the same type of structures between provincial and district levels operates. Social work offices at district level usually consist of several teams that include a senior social worker (team leader) who supervises social workers and assistant (or para-professional) social workers, as well as some other professionals such as occupational therapists or teachers in some cases. These teams are then managed by a more senior social worker. In turn, the district offices come within a departmental structure for the provincial government as a whole. Specialist services such as social protection centres or technical staff mostly continue to work across the whole of these departments. However, because of the extensive number of social services now available in the UK, some of the smaller centres provide services for the district in which they are physically located. Access to services is either through self-referral or referral through another professional (such as a teacher or doctor) or by a court for assessment by social workers in a district office.

3 *Healy, L. M. (2008) International Social Work: Professional Action in an Interdependent World, second edition, New York: Oxford University Press.*

4 *Barnes, D. & Hugman, R. (2002) 'Social work: a portrait of a profession' in Journal of Interprofessional Care, 16(3), pp. 277-288.*

ii. The USA

Another western country that was a location of the very early development of social work was the United States of America. However, unlike the UK, in the USA the government plays only a residual role in social welfare. As a consequence, social workers are found in a very wide variety of organizations. Many are employed in the health field, based in hospitals and clinics. In comparison to all other countries, the USA also has the highest proportion of social workers engaged in psychosocial therapeutic work and private for-profit therapy and counselling practice. Thus in the USA there are larger numbers of those who are economically well-off receiving social work assistance. Services for children in need of protection, and for those who cannot afford private services, there is provision by each State. In these public welfare agencies social workers are organized in district teams and fulfill statutory functions. As in the UK, people in need can gain access by self-referral or being referred by another professional or a court.

iii. Australia

The mechanism for delivery of social work services in Australia combines elements of the UK and USA systems. While the central government sets policy in broad terms and provides some direct services in which social workers provide psychosocial support and also contribute to research, policy and management (in particular social security), other social services are provided at the State and Territory level, which parallels the provincial level in Vietnam. There is a greater use of non-government agencies to supplement and support government services than in the UK, but Australia does not have the same extent of private for-practice services as the USA. Also, Australia is more like the UK in that social workers play a central role in the assessment and delivery of social services and so their work is not as concentrated on psychosocial therapy as in the USA. The same range of human needs are covered as in the UK and the USA, with social workers employed in several large government departments in each State or Territory each of which specializes in children and families, old age, disability, mental health, housing and community development and in major hospitals. The social workers who provide direct services are organized at district level, with management and specialist services (such as social protection centres) at the State/Territory level. As with the UK, teams consist of professional social workers and para-professional 'human services' or 'social welfare' officers who have some lower level social work training.

iv. The Philippines

Other comparisons can be found from Asian countries that share some cultural similarities with Vietnam. Professional social work has developed rapidly across Asia in the last 50 years, although it is organized differently in the various countries. Many of these are also countries in transition. Social work has a relatively long history in the Philippines. It was first introduced in 19?? using the American model of psychosocial casework that focused on individuals and families. This approach has led to the creation of a national government department for social services and social development, in which the main profession is that of social work. The work of the Department of Social Welfare and Development focuses on children in need of special protection, out-of-home care for children, other assistance to children and families in need, people with disabilities, women (such as victims of domestic violence), isolated older people and also community development programs such as capacity building and job training5. Social work in the Philippines has increasingly emphasized policy and community development in which practitioners combine roles in casework with individuals and families concerning social welfare needs with community organization activities6. These social workers are either

5 *http://www.dswd.gov.ph/programs [accessed 19 May 2009].*

6 *Quieta, R. (2003) 'Community development and social work in the Philippines: theory and practice' in Social Development Issues, 25(3), pp. 62-73.*

located in the government Department or are employed in projects with non-government agencies. The Department of Social Welfare and Development is organized with a national head office and regional (provincial) management for 16 regions (including major cities). Specialized services are provided through centres that provide for people in need either on a regional or a national basis (according to the type of need and the extent of service provision). Initial access is gained either through self-referral, referral by another professional or from within the community.

v. Thailand

In Thailand social workers are employed in a wide variety of agencies including government departments, non-government welfare organizations, businesses and private charities7. Although social work is not universally recognized as a profession, it is included in the list of professions eligible to be employed in government service. Social work is legally mandated in areas of child protection, isolated elderly, anti-trafficking, domestic violence, mental health and social welfare promotion. In government service there are no designated social work offices or centres and social work is located in the social welfare, health and criminal justice ministries. Within these ministries social workers are employed as administrators and researchers, as well as practitioners at provincial and district levels. To meet human resource demands an extensive system of para-professional social workers has also developed. In the non-government sector, most of which comes under the umbrella organization the National Council for Social Welfare which is the major provider of social services, social work services are provided in a wide variety of ways. Some are in-country programs of INGOs, while others are national and local NGOs that provide specific services at regional or local levels.

vii. Singapore

In Singapore, professional social work is highly developed in a model that has been drawn from those countries where it is longer established (the UK, the USA) but adapted to local culture and social conditions. Social workers in Singapore must have a four year university degree training and they are employed in a wide range of social welfare roles, including family and parenting education and support, personal counselling with relationship problems, youth work, domestic violence and abuse interventions (protection and counselling), disability and mental health, care for isolated older people, children in need of special protection and also the management of social welfare services, social welfare policy and research work. In Singapore social workers are employed in both the government and non-government sectors. Major government employers are the Ministry of Community Development, Youth and Sports, and the Ministry of health; social workers are also employed in the Ministry of Education (in schools) and the Ministry of Justice (prison welfare and community corrections). In the non-government sector there are many smaller organizations, which includes the Singapore Association of Social Workers itself also having a Family Advice and Counselling Centre that provides a direct service to families living in poorer circumstances. The Association, which was formed in 1971, brings together social workers to develop the theory and practice of the profession and to provide policy advice. As Singapore is geographically small social work services are mostly organized at national level, with some smaller NGOs working in specific local districts.

vii. Japan

Social work in Japan is provided predominantly by the Ministry of Health, Labor and Welfare. Social workers provide services in the fields of children (including children in need of protection), physical and intellectual disability, isolated elderly, women's issues and public assistance8. Social workers are

7 *Mongkolnchaiarunya, J. (2009) 'Social work education and profession in Thailand', paper presented to the Seoul International Social Work Conference, South Korea, 15-18 April.*

8 *Kitajima, E. & Fujibayashi, K. (2006) The Common Base of Social Work in Japan and North America: a Comparative Study, unpublished paper for Tokyo University.*

nationally recognized as a profession and there are four professional associations, two of which are highly specialized, and all of which are joint members of the IFSW. Social work in Japan is regarded as a part of the social welfare system, which in turn is part of the social security structure. Therefore, social workers are employed in several different parts of the system. The main employing agency is the Ministry of Health, Labour and Welfare, which is structured from the centre through the prefectures (provinces) to service provision at district level. Social workers function at each of these levels, as managers and administrators of social services, researchers and policy advisors, and also as field staff to assess and advise people who require services and social support. At the district level, where initial access is made and assessments undertaken, these services are general. Public assistance (social security) is also organized at this level. If people require more specialized services then these are operated through centres managed at prefecture level.

viii. South Korea

Social work has been a profession in South Korea since 19479. Education and training is based in universities at both undergraduate and graduate levels. It is regarded as part of the social welfare system, as in Japan, with the major government employer being the Ministry of Health and Welfare. Smaller numbers are employed in the NGO sector. Social workers provide services for children in need of protection, families living in poverty, disabled people, people with mental health problems and elderly people. The NGO sector is non-profit and receives substantial subsidies from the government. Social work is practised at all levels, from the micro (such as counselling individuals and families, casework and social groupwork), through the middle range (such as in development work with local communities), to the macro (in policy advising, research and management of social welfare organizations). Recent debates have highlighted the importance of further development in a Korean model of social work that emphasizes social welfare administration and takes into account cultural norms and the social realities of the country.

ix. China

In China social work has only developed relatively recently. As in Vietnam, the move from a centrally planned economy to a market economy within a socialist system has occurred in the last 20 years. Like Vietnam, these changes have seen the growth of social problems and the decline of more traditional family and community mechanisms for dealing with these problems. The varying types of needs and stages of social and economic development across this very large country have seen two different approaches to social work develop. In the west of China there is an emphasis on community development, while in eastern China there has been a rapid modernization of social services through the Ministry of Civil Affairs [MCA]. While this ministry has national responsibilities, it is in the economically developing areas in the provinces around cities such as Beijing and Shanghai that the modern social service model is most developed. Within this system, social work is regarded as having been reformed 'with Chinese characteristics'10. So social work is now considered the major new aspect of the social security and social welfare system. The MCA has responsibilities that are very similar to those of MOLISA in Vietnam, as well as some that in Vietnam are the responsibility of the Ministry of Home Affairs. The government of China is keen to professionalize the social welfare staff of this ministry, especially in service delivery, supervision and direct management. As with most other countries that have been reviewed, within the MCA the mechanism for social work services is for the management to be located at provincial level, with direct services normally at district level. These include direct social work services as

9 *Choi, J.-S., Choi, S. & Kim, Y. (2009) 'Improving scientific inquiry in social work in South Korea' in Research on Social Work Practice, 19(4), pp. 464-71.*

10 *Yan, M. C. & Cheung, K. W. (2006) 'The politics of indigenization: a case study of the development of social work in China' in Journal of Sociology & Social Welfare, 33(2), pp. 63-83.*

well as social protection centres and other specialist services.

x. Hong Kong

Hong Kong, as a Special Administrative Region of China, has a much more highly developed model of social work services which it inherited form the previous British colonial rule. The model of social work practice is British in origin, although there have been many adaptations to the local culture and social conditions. As with Singapore, the structures of social work services in Hong Kong are a combination of government and non-government organizations. In the government sector social workers are employed in health services (including hospitals), child and family welfare, schools, and community corrections and prisons. In each case the social work offices are managed by a senior social worker and integrated into the organizational systems at a high level. In the non-government sector organizations range from the very big international NGOs, which have in-country offices in Hong Kong, to small local projects working in specific districts. The focus of social work services in Hong Kong is to support families in caring for those in need, to supply care where families are absent or unable to provide care, to assist people to deal with crises either in relationships or in their abilities to cope with other life events (such as ill-health, disability or old age). Hong Kong has recently established a registration board through which the government controls standards in social work services and practice.

Summary of main points

1. In all but two of the countries that have been described government ministries and departments are major providers of social work services. This reflects the specific histories of the development of social welfare in each of these countries, including the understanding of the role of social work and the role of government in meeting the social welfare needs of the population.

2. In the United States of America social work tends to be seen as an activity focused on psychosocial therapy and counselling, with only a residual role for social workers in the social welfare structures of government. In Thailand, also, this can be seen to some extent because of the very strong American influence on the development of social work there. In contrast, in the other countries that have been described in this report, social work has a much more clearly defined role in the administration of government social services. In those countries social workers still have a psychosocial counselling function, but it is integrated with assessment of social welfare needs and the administration of access to social services of various kinds. In those countries also social services are likely to involve consideration of the developmental needs of communities and to integrate community participation.

3. The relationship between government and the non-government sector varies between countries. This is also a product of the different historical development of social welfare in each country. The very large non-government sector in the USA contrasts with the predominance of government in a country such as the UK, although these are both western countries in which social work first developed. Australia's position between these other two western countries comes from its history as a British colony, in which the non-government sector was encouraged to provide social services in poor communities. However, in recent times the involvement of the non-government sector is mostly on contract to government, acting on the state's behalf and paid by it. Similar historical factors can be seen in Singapore and Hong Kong, where the non-government sector has now taken on an even greater role. Among Asian countries, in Thailand social work has followed the American model very closely but also has been affected by the limited role of government in social welfare which reflects the long-standing social, cultural, economic and political features of the country. This contrasts with China, Japan and the Philippines where there are traditions of the government acting on behalf of the people to ensure the provision of social welfare.

4. In the mechanisms of government social services in all these countries there is a common structure, which is that overall management and policy direction is established centrally through government ministries or departments. The actual provision of social services and social work services is at the level of provincial government (including prefectures, states and territories). These in turn are comprised of district centres or offices in which social workers undertake assessments of need, make case plans, provide direct interventions and psychosocial supports, mobilize other professions through referrals. More specialized services (such as social protection centres) may cover a whole province or parts of it according to the number of such services and the demand for them.

So, in summary it can be said that the way in which professional social work services are structured most appropriately is based on the organization of social services and the systems through which government delivers social welfare and the extent to which the provision of social services is a government function or is left to the non-government sector.

III. THE CURRENT SITUATION OF SOCIAL SERVICES IN VIETNAM (FIELD STUDY)

In order for these comparisons with other countries, both western and Asian, to be used as the basis of considering the most appropriate model for the mechanisms to provide social work services it is also necessary to examine the current situation in Vietnam in the provision of social services. Two sources of data are used to do this. In April 2009 a team including an international social work expert (from UNICEF) and local Vietnamese experts (from MOLISA) undertook a field study. This field study looked at government services at provincial, district and community levels, non-government organizations and visited families in difficult circumstances who receive the current services. This study included services in the north, centre and south of Vietnam, both in city and regional areas: Quang Ninh, Da Nang and Ho Chi Minh City. In addition, this report draws on the evidence and conclusions of the national study concerning the needs and requirements for the development of professional social work that was undertaken in 2005 jointly by UNICEF Vietnam and MOLISA11 and the discussion with UNICEF Vietnam on the vision and experience from the ongoing pilot project on development of Community-Based Child Protection system, including the training of para-professional workers in communes.

1. Government social services

Each province has a Department of Labour, Invalids and Social Affairs (DOLISA) that is managed by the People's Committee to implement policies and programs that are specified centrally by MOLISA. This structure is then repeated at district level. There is some decentralized capacity to make decisions about priorities, seen for example in Da Nang with allowances above the minimum stated in the policy paid to families with severely disabled children, or in Quang Ninh where 1% of the budget is allocated to child protection, nutrition and recreational programs.

The clients who are served by MOLISA are those specified in Decree 67 (2007) and Decree 68 (2008). Decree 67 specifies the groups of people who are the recipients of monthly allowances. It also specifies other social protection services such as social houses for the care of children, job training for former children cared for by the state and rehabilitation of people with disability or mental illness. Decree 68 specifies the target groups and mechanisms for social relief establishments that serve ten or more people.

The groups identified in these two Decrees are:

1. orphaned children and some other children who lack specific care and protection by living parents
2. lonely elderly people
3. elderly people above 85 years old
4. persons with disabilities
5. persons with severe mental illness
6. persons with HIV/AIDS
7. individuals and families taking care of orphaned children (alternative care) including adoption
8. poor single parents
9. families with two or more persons with disabilities.

11 *UNICEF Vietnam/MOLISA (2005) A Study of the Human Resource and Training Needs for the Development of Social Work in Vietnam, Hanoi: UNICEF Vietnam/MOLISA.*

In addition, certain other categories of exceptional circumstances are defined, such as people affected by natural disaster, such as flood, fire or famine. All these services are specified to be managed at commune or ward level.

Each province also manages social protection centres that provide for children who are orphaned, abandoned or abused, isolated elderly people, people with disabilities and people with mental illness. In some centres continuing care is provided, such as for orphaned children or elderly people, while in others there is a focus on rehabilitation, such as in centres for young people; however, all these centres tend to provide long-term institutional service. They have very limited outreach and where such programs exist they are specially funded only for fixed periods of time. Another particular limitation identified by several centres is in assisting clients with moving back into the community, in that planning, support for reintegration and follow-up are usually not possible.

In each of the provincial and district offices and the social protection centres that were visited the officers clearly stated that one the major limitations in further developing and improving services is the need to strengthen the capacity of staff to undertake the necessary complex work to assess, advice and support people facing a wide range of very difficult circumstances. This seriously affected their capacity in areas such as reintegrating of clients into communities, community-based rehabilitation and assistance, giving appropriate information about matters such a public health and providing psychosocial counselling and support to those who are most vulnerable. The need for strengthened capacity affects staff throughout the system from provincial to commune level.

2. Mass organizations, non-government organizations and combined services

Alongside social security and social services provided directly government departments, there are also networks of social services that are provided through various types of centres. These are managed by mass organizations, by non-government organizations or in a few cases through partnerships between government departments and non-government organizations.

The particular services that were visited by the study team are:

- Christina Noble Children's Foundation – jointly managed service for severely disabled children (CNCF and MOLISA, HCMC);
- Rose Warm Shelter – INGO managed service for sexually abused girls and girls at risk (Denmark-Vietnam Foundation, HCMC);
- Family Counselling Centre, District 3 – jointly financed centre for specialized family counselling (various INGOs and Schools, HCMC);
- AFESIP Centre – jointly run centre for women and girls who are sexually abused or who are at risk of or engaged in prostitution (AFESIP and Women's Union, HCMC);
- VAVA centre for children affected by dioxin – a centre run by a local NGO, with two bases, providing education and training for disabled children (VAVA, Da Nang);
- Women and Children Centre – mass organization centre to support women and children who are subject to domestic violence, abuse and trafficking (Women's Union, Quang Ninh).

Although each of these centres provides a specialized service, there were several common features in their organization and functioning, as well as some shared issues for social work service provision.

First, because of their specialist focus, the staff of each of these centres was able to develop a good depth of knowledge about the problems faced by their target groups. Furthermore, in

several of the centres there were staff who have undertaken the social work degree program in the Sociology Department of the Open University of Ho Chi Minh City or other relevant university qualifications. This was an obvious contrast with the DOLISA offices or centres where staff either had training in administration or in subjects that are altogether unrelated to social welfare needs, with none of these staff having education in professional methods of intervention.

Second, the organization and management of these centres had both strengths and weaknesses. On the positive side the directors of these centres were able to make use of specialist knowledge and skills, to support and develop their staff in and to focus. They had small structures, which meant that communication was relatively easy and decision-making could be more flexible. However, although government officers frequently commented on not having sufficient resources to meet all the needs they encountered, there are also some issues with funding in the mass organization and non-government centres. In some cases good levels of funding provided by donors were limited in time and the centres faced serious problems of what they would do to continue the good quality work that they had been able to develop. International donors, in particular, may provide for a period of time on the assumption that local sources of funding will be found when projects get established, or they may shift their focus as their own interests and priorities change. So, the Christina Noble Children's Foundation centre for disabled children has a large funding base and continuing commitment to providing services. On the other hand, a centre such as the VAVA services for children who are affected by dioxin in Da Nang has to seek new sources of funding all the time (although it has had some support from organizations such as UNICEF).

Third, these specialist centres were providing services often only to very limited geographical areas, so they had to refuse help to people from outside, or else they were trying to respond to needs over a very wide area with problems of access and communication. For example, the Women's Union service for women and children in Quang Ninh is based in Ha Long City and so is easily accessed by residents of the city area. Although a large of the population of Quan Ninh lives in or near this city, there are also people needing assistance who live in more rural places and the director of the centre reported having to make choices about how to provide a service to people who lived a long way from the centre.

It is instructive also to consider the special relationship between the Christina Noble Children's Foundation and MOLISA in the management of the centre for children with disabilities. This service has pioneered a joint management structure, in which responsibility for the centre is shared equally between the foundation and the ministry. This enables the knowledge and skills of each to be combined. For example, the MOLISA co-director manages the infrastructure while the CNCF co-director is responsible for the programs, including staff training and support as well as care of the children. This partnership model enables the CNCF to operate in Vietnam and for MOLISA to support high quality services for children in this province. The foundation is based on the vision and commitment of its founder and her family – replication of this model would require other donors with similar levels of interest and enthusiasm.

3. Views about the need for Social Work Service Centres

Officers in both the government and non-government organizations expressed positive views about the idea of developing social work service centres. The areas of activity that were identified as necessary are:

- providing greater expertise in identifying needs for services within the community, assessment and case planning;
- providing expert advice and information to individuals and families in need;
- psychosocial counselling and support

for those individuals and families who are most in need;

- planning and rehabilitation support for people reintegrating into the community from social protection centres;
- support and training for other staff in the social welfare field, such as community-based volunteers and collaborators

The families in difficult circumstances who were visited as part of the field study were positive about the assistance that they received and obviously had good relationships with the community collaborators or project staff. However, they also said that they would welcome someone with whom they could discuss their problems, who knew about services and who would be able to help them to find different ways of dealing with their problems. The views of service users and those currently providing services match the ideas that were previously observed in the 2005 MOLISA/UNICEF study.

It was widely expected by officers and community collaborators that a community-based social work service centre would focus on the target groups specified in Decree 67 and Decree 68 (as detailed above). However, it was also made clear that this should not be the limit of these services as, in addition, those services already dealing with other groups in need, such as victims of trafficking or those who misuse drugs, hoped that such centres would also be engaged in interventions for these groups as well. In undertaking these activities it was also widely assumed that social work service centres would work together with the existing offices and centres. This might be by seen in several ways:

- receiving referrals from offices or other centres to work with complex cases;
- supplementing existing services, such as in the community reintegration of people leaving social protection centres;
- providing consultation, advice and support for officers and volunteers engaged in social service activities.

It was also expected by everyone who contributed to the field study that social work service centres would be managed as part of DOLISA, but separate from existing offices and centres, and that they would be community-based. However, there was a difference in assumptions about the level at which such centres would be located, with those who are themselves based at provincial or district level expecting that they will be provincial, while those working at the community level wanted it to be at district level (so that it would be accessible).

Caution was expressed about two factors by everyone who participated n the field study. First, that the staff of social work service centres, including directors, must be appropriately trained and qualified. This was most clearly stated by officers in specialized centres but was also said by others. Second, there was widespread concern about how such centres would be funded. In some cases this seemed to be because officers were concerned that they would lose funding from their own services, while in other cases this idea came from experience of having difficulty in finding and maintaining the necessary level of resources to run projects.

4. Summary of the current situation of social services in Vietnam

Although the DOLISA system at provincial and district levels is administrating the social policies as stated by the government, there is a widely seen need for the addition of professional social work to improve the social welfare provision. This type of service will be able to make use of social work sills and knowledge to help people with complex needs more effectively.

There is a strong consensus between both the government and non-government services officers that social work service centres will be

most appropriately located within the DOLISA structures but separate to the existing social protection centres or offices.

Because of the wide range of issues that different offices and centres identified as benefitting from the development of social work service centres, at this stage in the professionalization of social work in Vietnam it appears that the most effective focus will be to provide generalist services. This is necessary if all the targets groups addressed by Decrees 67 and 68 (see above), such as children or older people without the care and support of their family, or those people with disabilities and their family carers, are to be included, as well as other major social issues including other categories of children in need of special protection and those who are victims of human trafficking, the misuse of drugs and so on

However, there is an important choice to be made that requires further consideration, that is between accessibility and having a sufficient number of professionally trained staff. On one side, in order to be accessible it seems that there is a tendency to favour the location of services where people in need can contact them easily. This might suggest that the district level is the most appropriate. However, on the other side, there is also a very clear view that the officers in such services must be professionally qualified and directed by someone who is also appropriately qualified.

Because of the numbers of people who will be available in the near future to undertake these activities and the resource implications, this argument suggests that provincial level is the most appropriate as a first stage of development. This by the information provided through the field study and through previous research (such as the 2005 national study). However, as the capacity of human resources increases the direct provision of these services should then move to district level. This might be achieved earlier if a model of representative offices at district level is used, so that outreach from the provincial centres can occur.

In the early stages it will be necessary to ensure that the implementation of the model is strong and this will require appropriately qualified officers. The numbers required will also limit the extent of such services in the earliest stages of development, but can expand as human resources are available. Leadership from people who are skilled and knowledgeable in social work will also be important. In the early stages, also, this will need to be addressed by providing in-service education for officers who are at an appropriate level to become centre directors. Over time, such positions will be able to recruit experienced officers who have professional social work qualifications.

So on balance while it must be recognized that access for people who live far away from provincially based centres is a serious issue, and efforts must be made to minimize this problem, in the early stages it will not be realistic to structure the centres at too low a level for them to be supported effectively or to require resources that cannot be provided.

IV. SUMMARY AND CONCLUSIONS

Professional social work originally developed quite slowly as a consequence of modernization. Its pace of development has varied according to national circumstances and needs, but the profession is now well developed in 84 countries and emerging in many others. Evidence from international examples shows that professional social work has most often grown as a community-based service that contributes to the improvement of efficiency and effectiveness in the delivery of social welfare.

In the process of modernization in Vietnam there are many categories of social need that have been identified. These include children in need of special protection, families in poverty, people with disabilities, who are HIV/AIDS or drug affected, who have mental health problems or who are elderly and isolated. The current situation of social services in Vietnam is one of provision that emphasizes financial support for families and individuals and of institutional care for those unable to remain with their families. As new alternatives are developed, such as out of home care for children and adoption and community-based services for other vulnerable groups, it is necessary that social work services be added, such as psychosocial support and case management. To do this will require the creation of social work services centres from which community-based social work can be provided.

The model that will address these criteria is one in which social work services centres would be created as part of the DOLISA structures (see Appendix 1). These centres should be separate from existing services but located within the DOLISAs. Initially these will have to be at provincial level, but steps should be taken to make them accessible. So this means that as soon as possible there should be representative offices at district level and collaborations created with services at commune level (such as forming networks with Community Health Stations). These centres should be managed and staffed by officers who have some special training. As these services develop efforts should be made to recruit officers who have professional social work qualifications.

The tasks and functions that should be performed by the proposed centres should be considered in terms of the requirement for specialized professional skills and knowledge. Some of the 'primary' care functions that may be provided through social work offices in other countries are already available in Vietnam through other services or could be developed in those services with advice and support from the social work centres. For example, over time existing community collaborators may take on some para-professional roles in this regard. These include communication, information and basic social education. Because of their likely size and the availability of skilled professional staff, the centres should be largely focused on 'secondary' and 'tertiary' levels of intervention. The distinction between these service levels is shown in Table 1 (below).

Level of service	Type of activity	Responsibility
Primary	Communication, information, education	DOLISA, community collaborators, mass organizations
Secondary	Early intervention: detailed assessment, short-term response, referral	Social work services centre
Tertiary	Intensive intervention: counselling, ongoing psychosocial support, case management, referral	Social work services centre

Table 1: Primary, secondary and tertiary intervention

The proposed model therefore provides a sound framework for the creation of social work services that will contribute to the continued development of the whole of Vietnamese society.

V. RECOMMENDATIONS FOR THE MODEL OF SOCIAL WORK SERVICE CENTRES IN VIETNAM

The following recommendations are based on this evidence provided in this report and will provide a good foundation for the development of social work services centres .

1. Function and tasks

1.1 Immediate and short-term services

- conduct initial assessment and screening of reported vulnerable cases in the community;
- provide urgent services for safety care and meet the immediate needs of clients when they come to the centres such as food or clothes;
- immediate referral of urgent cases to other relevant agencies such as medical care, and otherwise provide guidance or recommendation for appropriate referral services;
- provide information on social welfare, laws and the general knowledge for development such as reproductive health, child development, rehabilitation.

1.2 Long-term services

1.2.1 Direct services for individuals, families and groups

- assessment with individuals, families and groups to identify complex social problems and create plans for intervention;
- provide psycho-social counselling for individuals and families;
- assist individuals, families and social groups to identify and achieve solutions to problems of providing appropriate care for children, including where necessary taking steps to ensure the safety of children from the risk of abuse;
- counsel and assist people with disabilities, people with mental health problems and isolated older people to achieve better social functioning and to arrange formal care when needed;
- counsel and assist people leaving social protection homes to ensure that they are able to settle well in the wider community, including guidance and support in accessing education and employment.

1.2.2 Social education and public awareness raising

- provide social education to assist people in severe difficulties to develop the capacity for solving their own social issues, including parenting education for the most needy families;
- provide public education and awareness raising in general knowledge such as child welfare, reproductive health, HIV/AIDS, nutrition.

1.2.3 Program and social policy development and professional development

- assisting local government offices in mobilizing the central and local social policies and programs;
- support and advise officials in social protection and social evils prevention with regard to the needs of people with

complex social problems, liaise and work with other professionals such as doctors, nurses, teachers and the police;

- undertake research in social welfare issues, including social protection and social evils prevention, and contribute to the development of relevant policies;
- assist in the education and training of student social workers in collaboration with university social work degree programs.

2. Activities and targets

2.1 The centres should be generalist in their focus, serving people with all types of social problems and needs. This will include children in need of special protection, families having problems in parenting. those who are affected by problems such as human trafficking, prostitution, HIV/AIDS and drug misuse, and those who are the target groups of Decrees 67 and 68.

2.2 The activities of the centres should be to provide assessment of complex needs, direct intervention with those individuals and families whose needs require a high level of skill and knowledge, to provide psychosocial counselling and support as required and to undertake training and support for junior officers and community collaborators.

2.3 Because of their likely size and the availability of para-professional and volunteer networks at the community level, the centres should be largely focused on 'secondary' and 'tertiary' levels of intervention. They may contribute to 'primary' services through the support, advice and training provided to community level workers. (These levels are shown in Table 1, above).

2.4 The social work services centres should contribute to research and policy development in order to provide input for the improvement of services. In this way they can provide advice and support for management and policy makers at national, provincial and national levels.

3. Organization and structure

3.1 The centres should be established as separate offices within the DOLISA system, with support from MOLISA in areas such as policy development.

3.2 The social work services centres should be established at the provincial level, or where possible in larger cities might be shared between groups of districts. This will ensure a more even spread of these services across the country as they develop and as financial and human resources become available.

3.3 As soon as is possible representative offices should be established at district level to enable easier community access.

3.4 The centres should be community-based and not be located within existing social protection centres or as part of an existing social protection office.

3.5 The work of the centres should be located within the network of other social welfare services that are provided by the DOLISAs, mass organizations and non-government organizations (whether international, national or local). The centres will also contribute to these networks. In addition, the centres will be able to play a role as a bridge between other professions and services, including health, education and the criminal justice system. (See Appendix 1.)

4. Staff, including qualifications

4.1 The centres should be staffed by officers who are professionally qualified in social work or who have appropriate para-professional qualifications.

4.2 The directors of centres should also receive appropriate training in social work. Initially this will be in-service but over time it should be a goal that officers with professional social work qualifications will be able to take up such positions.

5. Finance

5.1 The social work services centres will require additional funding for the DOLISA system. In the initial development period this is unlikely to able to be provided entirely by government. Therefore consideration must be given to partnership with donors such as those who are currently assisting with some of the services that were included in the field study.

5.2 In the longer term financial support will require careful planning. It has been noted form many sources in Vietnam that donors tend to favour projects with clear scope and time-scales. This means that potential donors should be involved as early as possible in the implementation process so that they can ensure the social work centres can be integrated with their own focus.

5.3 A target of one-third donor to two-thirds government funding would provide a basis for setting targets. In the medium and longer term some funds may be able to be redirected from institutional care as this is reduced.

6. Road map

6.1 The first pilot centres set up in the next twelve months.

6.1.1 A detailed design for the centres internal structure and technical manual for the pilots to be completed in early 2010.

6.1.2 Six pilot centres to be established in 2010. When possible, district representative offices should be created in the following period.

6.1.3 After ongoing monitoring, the pilot centres should be evaluated in 2012 and the model refined.

6.2 Between 2012 and 2018 more provincial centres to be established, including district representative offices where possible.

6.3 By 2019 each province should be covered with district offices being planned whenever possible.

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