

Current Status of Social Work with Families of Children with Autism Spectrum Disorders at Thai Binh Pediatric Hospital (Vietnam)

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ABSTRACT

This study analyzes the current status of social work services for families of children with Autism Spectrum Disorders (ASD) at Thai Binh Pediatric Hospital (in Thai Binh Province formerly and in Hung Yen Province recently) and proposes solutions to enhance service quality. The study used a mixed-methods approach with a survey of 89 family caregivers of children with ASD and in-depth interviews with 06 groups of key stakeholders (family caregivers, representative of the hospital board of directors, department managers, social workers, medical staff, and ASD experts). Popular social work activities at the hospital (psychological counseling, guidance on early intervention, resource mobilization, and service coordination) and other support were reported to be implemented fairly frequently, with 60–70% of families regularly accessing to these supports. However, there were notable limitations, e.g. some families only occasionally accessed certain supports due to resource constraints, lack of systematic follow-up, and insufficient specialized staff. There were strong positive correlations ($r \approx 0.7\text{--}0.9$) among all support activities, indicating that improvements in one area tend to accompany improvements in others. Social work services at Thai Binh Province's Pediatric Hospital play a positive role in comprehensive care for children with ASD and their families, but challenges remain (e.g. unsynchronized internal coordination, lack of specific support mechanisms, and limited specialized personnel). The study recommends enhancing staff training in autism, improving interdisciplinary coordination, developing standardized early intervention guidelines, securing stable funding and personnel for the Social Work department, and expanding linkages with external organizations. These measures are expected to strengthen the effectiveness and sustainability of social work support for families of children with ASD.

Keywords- Children with Autism Spectrum Disorders, Family Support, Hospital, Social work,.

INTRODUCTION

Autism Spectrum Disorders (ASD) is a neurodevelopmental condition characterized by impairments in social communication and interaction, alongside repetitive and stereotyped behaviors (Hodis, Mughal, & Saadabadi, 2025). According to 2023 data from the World Health Organization, about 1 in 100 children is affected by ASD globally, and the prevalence is on the rise (World Health Organization, 2023). In Vietnam, a national study during 2017–2018 recorded aASD prevalence of approximately 0.758% among children aged 18–30 months (roughly 01 in 132 children), indicating a growing number of cases (Hoang et al., 2019). The rapid increase in children with ASD in recent years poses significant challenges to healthcare, education, social welfare systems, and the national economy.

Thai Binh Pediatric Hospital is a provincial public healthcare institution in Hung Yen province (formerly in Thai Binh province), the Social Work Department acts as a bridge between patients' families and both internal and external resources, contributing to holistic care for pediatric patients, especially children with ASD. Social workers assist with navigating policies and administrative procedures and accompany families in caring for the children's physical and mental health. They provide direct support addressing psychological needs, financial

difficulties, and connecting families to resources. However, in practice, social work activities at the hospital, particularly those supporting families of children with ASD, still have many limitations and have not fully realized their supportive role for these families. From this context, the present study was conducted to clarify the current status of social work activities at Thai Binh Pediatric Hospital in supporting families of children with ASD, and to propose practical solutions to improve the effectiveness of these activities.

Conceptual Framework

In this study, key concepts are defined as follows. *Family of a child with ASD* refers to households that have a child diagnosed with ASD, where the parents play a central role not only in daily care but also in coordinating with professional interventions. These families tend to experience significantly higher levels of stress than families of typically developing children, due to challenges such as communication difficulties, the child's hard-to-manage behaviors, lack of respite, high intervention costs, and feelings of social isolation (Bonis, 2016). *Social work in healthcare setting (mentioned here as hospitals)*, as defined by Vietnam's Ministry of Health, is a set of professional activities performed by social workers to support patients, patients' families, and medical staff during the processes of examination, treatment, rehabilitation, and comprehensive healthcare, thereby improving service quality, safeguarding patient rights, and promoting equitable access to healthcare (Ministry of Health, 2025). In other words, social work is a specialized profession and practical science that employs humanistic skills, methods, and principles to help individuals, groups, families, and communities overcome difficulties, harness internal strengths, improve quality of life, promote social justice and development. *Hospital social work services for families of children with ASD* can be understood as a systematic intervention process, based on professional knowledge and the humanitarian values of social work, aimed at helping families of children with ASD by reducing psychological stress, improving caregiving skills, connecting them with intervention services, protecting their rights, and fostering the sustainable development and social inclusion of the children and their families (Nguyen, 2023).

LITERATURE REVIEW

International research has begun to document the state of hospital social work in supporting families of children with ASD. For example, Olaitan and Olaitan (2022) found that many healthcare professionals and families do not fully understand the function and contributions of social work in medical settings. Their systematic review identified five important themes in supporting families with ASD children: social support, resource mobilization, health and social policy, inter-disciplinary collaboration, and community awareness. The authors suggested providing specialized autism training for hospital social workers and expanding the adoption of "family-centered care" models (Olaitan & Olaitan, 2022). In a holistic approach, Wang and Singer (2016) described integrated intervention methods to support families of children with developmental disabilities (including ASD). These interventions include psychological counseling for parents, training parents in caregiving skills, linking medical and social services, and advocating for family rights. Such integrated approaches help alleviate caregiver burden, improve family quality of life, and promote the social inclusion of children with ASD (Wang & Singer, 2016).

In Vietnam, Tran, Laurence & Tran (2017) analyzed the status of social work services for families of children with developmental disorders by comparing existing practices with international training and practice standards. Their study proposed directions to develop social worker competencies and establish a professional certification system for social workers in inclusive education (Tran, Laurence & Tran, 2017). Additionally, Nguyen (2023) cited that a variety of social work services for families of children with ASD were carried, remarkably parenting skills training, public awareness raising, resource mobilization, and psychological support. Nevertheless, the delivery was obstacle by a lack of specialized personnel, high expenses, and low public awareness (Nguyen, 2023). It was recommended to improve support policies, human resource capacity building, and expanding services at early intervention centers and inclusive schools.

Overall, prior studies inside and outside Vietnam have provided a general overview of social work activities for families with ASD children. However, most current research is mainly descriptive and has not comprehensively examined the frequency of service delivery or discover the correlations and differences between these activities. Thus, this paper aims at filling this gap, contributing theoretically and practically by assessing

how frequently hospital social work activities are carried out to families of children with ASD, and determine the interrelationships between these supports. The findings will inform efforts to strengthen holistic support for families of children with ASD through hospital social work services.

METHODOLOGY

Study Design

The research employed a cross-sectional descriptive design with mixed methods. Quantitative data were collected via a survey, and qualitative insights were obtained through in-depth interviews.

Data Collection

A structured questionnaire survey was conducted with caregivers of children with ASD at Thai Binh Pediatric Hospital to quantify the frequency and evaluation of various social work support activities. The survey included items on psychological support, guidance for early intervention, resource mobilization, service coordination, and other support activities, measured on a 4-point Likert scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often). In addition, in-depth interviews were carried out with 06 groups of key stakeholders (including family members of children with ASD, hospital leaders, department managers, social workers, doctors/nurses/therapists, and autism experts) to gain deeper understanding and explanations to complement the survey findings.

Participants and Setting

The study was conducted at Thai Binh Pediatric Hospital (Thai Binh province, Vietnam). The survey respondents consisted of $N = 89$ *caregivers* (mostly parents) of children diagnosed with ASD who were receiving treatment or services at the hospital (recruited through convenience sampling during the study period). The interview participants included *06 representatives from the stakeholder groups* mentioned above. One or two representatives from each of the six stakeholder groups, selected via purposive sampling for their involvement in ASD care. Although the number of interviews was relatively small, this sample was considered sufficient as interviews were conducted until reaching data saturation with no new themes emerging. All participants provided informed consent, and the study was approved by the appropriate institutional ethics committee.

Data Analysis

Survey data were analyzed using IBM SPSS Statistics 26. Descriptive statistics (frequencies, percentages) were used to summarize the prevalence of each support activity. Mean scores were calculated for each activity category to indicate average frequency of access (higher mean = more frequent). Pearson's correlation analysis was performed to examine the relationships between different social work support activities. Significant correlations were determined at $p < 0.05$ or $p < 0.01$. Qualitative interview data were analyzed thematically, with key themes and illustrative quotes extracted to contextualize and explain the quantitative results.

Limitation of the study

The research has a limited generalizability because it was conducted in a single hospital with a small sample size of 89 caregivers. The study was conducted in a single hospital with a relatively small sample of 89 caregivers, which may not adequately capture the diversity of experiences and service availability across different regions or healthcare institutions in Vietnam. The qualitative data lacks depth in representing dissenting voices or critical perspectives that might highlight systematic gaps more clearly. The study also relies on caregiver's self-reports and the hospital's internal stakeholders which may introduce response bias and potentially paint an overly favorable picture of the current support systems while underrepresenting the severity of existing shortcomings.

KEY FINDINGS

General Characteristics of Participants

Table 1: Demographic Characteristics of Caregivers (N = 89)

Characteristic	Category	N	%
Gender	Female	82	92.1%
	Male	7	7.9%
Age of Caregivers	Under 20 years	4	4.4%
	20–30 years	22	24.7%
	31–40 years	24	27.0%
	41–50 years	24	27.0%
	Above 50 years	15	16.9%
Education Level	Primary school	8	9.0%
	Secondary school	23	25.8%
	College/Vocational diploma	46	51.7%
	University or higher	12	13.5%
Occupation	Government employee	20	22.5%
	Company employee	28	31.5%
	Farmer	5	5.6%
	Self-employed	1	1.1%
	Homemaker	9	10.1%
	Retired	1	1.1%
	Other	25	28.1%
Monthly Income	Under 5 million VND	40	45.0%
	5–10 million VND	39	43.8%
	Above 15 million VND	10	11.2%

(N = number of surveyed family caregivers of children with ASD)

Most caregivers in the study were female (92.1%), and over half (54%) were between 31–50 years old. Education levels varied, with the largest group having a college or vocational diploma (51.7%) and the smallest having only primary education (9%). In terms of occupation, about one-third (31.5%) worked in companies, while very few were retired or self-employed (1.1% each). A substantial proportion of caregivers (45%) had a monthly household income under 5 million VND (approximately ~200 USD), and only 11.2% had incomes above 15 million VND (~600 USD). These results indicate that the typical caregiver was a woman in early to mid-career age, often balancing employment with caregiving responsibilities, and many families have relatively low-income levels. This demographic context suggests that caregivers face significant challenges in caring for a child with ASD, which underscores both the need for support and potential barriers (time, finan-

cial resources) to accessing services. It also presents opportunities for social work interventions tailored to these family characteristics.

Social Work Support Activities for Families

The core of this study is evaluating how frequently families of children with ASD access various social work support activities at the hospital. We examined multiple domains of support:

1. Psychological support for parents (e.g. counseling, stress reduction, peer support groups, facilitating parent–child interactions in social settings).
2. Guidance and training for families on early detection and intervention methods for ASD.
3. Resource mobilization to assist families (financial aid, in-kind material support, procuring therapy materials/equipment).
4. Service coordination and referral (connecting families with services inside and outside the hospital, including legal social protection services).
5. Other support activities (awareness and educational programs for families, post-intervention follow-up support).

Psychological Support for Parents of Children with ASD

This category includes stress reduction support, individual/group counseling, peer support group activities, and facilitating parental participation in child’s social integration activities. The frequency of psychological support for parents of children with ASD was conducted as Figure 1:

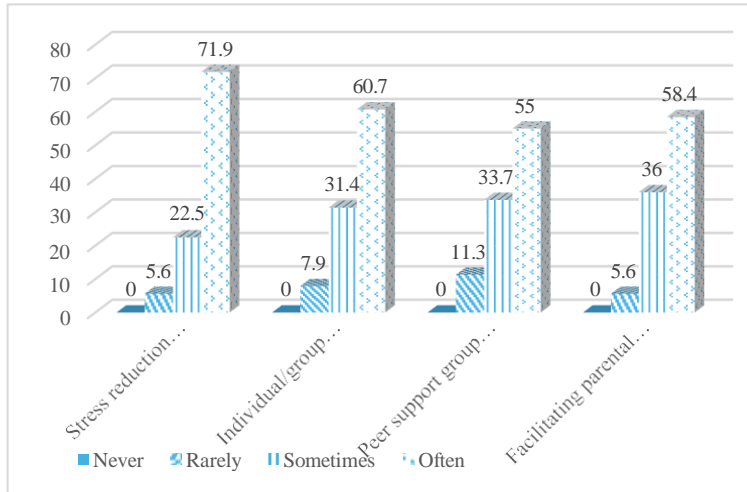


Fig1. Frequency of Psychological support for parents of children with ASD, N= 89

In this group are services, for managing stress levels such as counseling for individuals or groups and peer support gatherings; they also involve encouraging parents to get involved in their child's activities to help them integrate better with others around them as part of Figure 1's documented frequency of psychological assistance provided to parents of children with ASD as shown in caregivers survey responses that psychological support programs are quite commonly utilized. The sought after service, in this group is the help offered for stress and anxiety reduction. Around 71.9% families mentioned accessing this assistance "while 22.5 % stated they do so *sometimes*. Psychological support sessions (individual or group therapy for caregivers) were *quite popular* with 60.9% seeking help and 31.6% occasionally engaging in it. Involvement in support networks for parents of children, with ASD to exchange stories was slightly less but still noteworthy; 55.5 % of families frequently participated in these groups while 33.2% did *sporadically*. A majority of families around 58% *frequently* received assistance to engage in community activities, like playgroups or events for children

with ASD while another 36% did *occasionally*. It seems that the Social Work Department consistently offers psychological and emotional support to the majority of families.

However, it's worth noting that a non-trivial minority of families only *occasionally* or *rarely* received these supports. Some caregivers indicated that they could only *sometimes* participate in counseling or support groups due to limitations in resources and staffing: the social work team's heavy workload and limited personnel mean they cannot reach every family consistently. Nonetheless, the overall response to psychological support is positive, with most families valuing these services and accessing them frequently when available. Many parents reported reduced stress and feeling less isolated thanks to the counseling and peer connection activities. For example, one mother shared, "When I joined the parent support group, I finally felt I'm not alone. It really helped to reduce my stress." (Mother of a 5-year-old child with ASD).

Guidance on Early Detection and Intervention Methods for Families

Social workers also play a role in educating and guiding families on how to detect autism early and how to carry out or obtain early interventions for their child. Table 2 summarizes three key guidance activities and the frequency of families' access:

Table 2: Social Work Guidance for Families on Early Detection and Intervention (N = 89)

Guidance Activity	Never	Rarely	Sometimes	Often	Mean	SD
Recognizing early signs of ASD in the child	1.1%	9.0%	32.6%	57.3%	3.44	0.71
Guidance on the ASD assessment & diagnosis process	0.0%	7.9%	29.2%	62.9%	3.55	0.63
Counseling on early intervention methods (at home or at specialized centers)	0.0%	5.6%	25.9%	68.5%	3.62	0.59

(Likert scale: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often)

As seen in Table 2, families received guidance on early intervention *quite frequently*. The *most frequently* accessed support was consultation on early intervention methods (such as how to implement therapy exercises at home or how to work with early intervention centers), with 68.5% of families often and 25.9% sometimes receiving this guidance (Mean = 3.62 out of 4). Guidance on the procedures for evaluation and diagnosis of ASD was also high (62.9% often, 29.2% sometimes; Mean = 3.55). *Slightly less frequent* was help with recognizing early warning signs of ASD, though still a majority (57.3% often, 32.6% sometimes; Mean = 3.44) got this information regularly.

The Social Work Department demonstrates proactive behavior through its efforts to teach parents about ASD identification and intervention methods. The early intervention guidance provided to parents proved highly beneficial because it allowed them to begin home therapeutic activities and obtain timely services which resulted in better outcomes for their children. The educational supports were accessed by only 30–40% of families at times that were infrequent. The social workers explained during interviews that their staffing shortages combined with heavy workloads prevent them from delivering individual training sessions to all families on a regular basis. One social worker at Thai Binh Pediatric Hospital revealed that the hospital's high caseload prevents them from delivering consistent one-on-one training to each family. The hospital's social work services demonstrate strong points through their high mean scores despite the challenges in providing individualized training to all families.

Resource Mobilization for Families

Another important domain is mobilizing resources to support families, including financial assistance, person-

nel support, and material support (food, travel aid, learning materials for the child). Survey data on three resource-focused activities were gathered under “resource mobilization” (Figure 2).

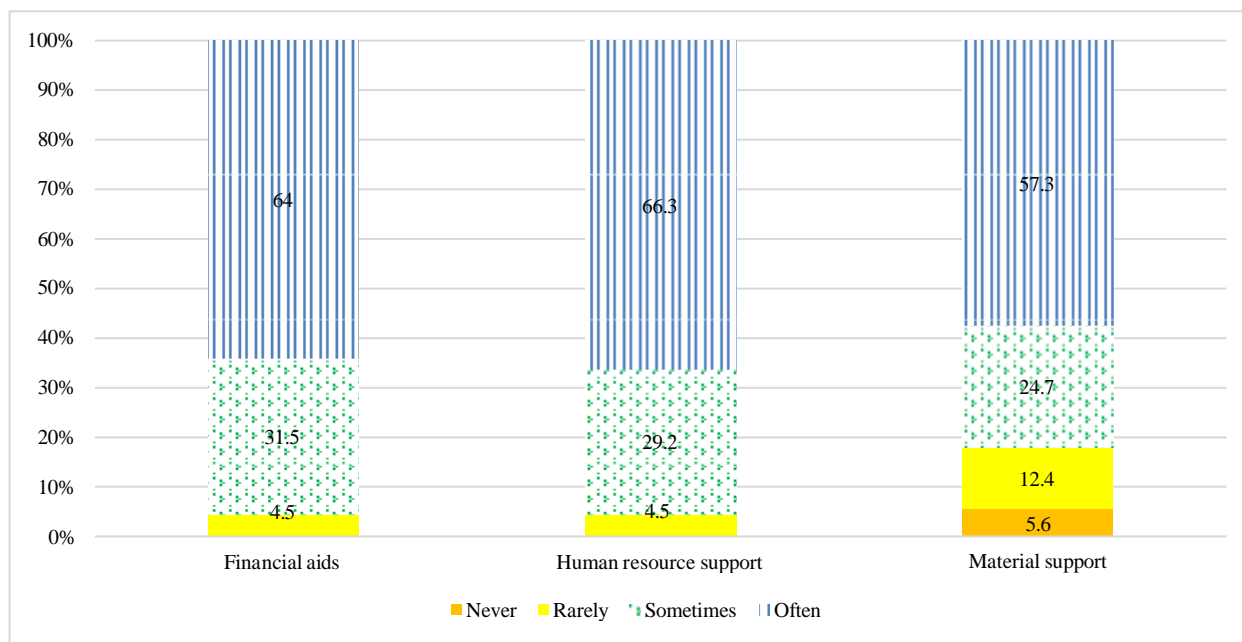


Fig 2. Frequency of mobilization resources for the families of the children with ASD, N = 89.

Connecting human resources/support personnel to assist the family had *the highest regular* access rate – about 66.3% of families reported receiving this often, and 29.2% sometimes. This could include connecting families with volunteers or community supporters who help with childcare or therapy. At the same time, about material support for the family, approximately 64.0% of families said they *often* received material or financial support (such as donations, subsidies) through the hospital’s social work activities, and 31.5% received it sometimes. Regarding mobilizing therapeutic equipment or learning materials for the child, around 57.3% of families *often* received help in obtaining specialized toys, learning aids, or therapy equipment for their child, while 24.7% did so *sometimes*. In general, these activities in resource mobilization were carried out *reasonably well*, with a majority of families, especially those in difficult circumstances, getting *frequent* support. Many families with low income benefited from financial or in-kind assistance facilitated by the social workers.

However, there remains a segment of families that only occasionally received such support. Through interviews, several challenges were identified: available support resources (funds, donations) are inconsistent and not enough to cover all needy cases, and much of the resource mobilization is done on a case-by-case basis rather than through a stable program. One social worker shared:

“Resource mobilization is not done regularly and systematically; mostly it depends on each specific case, the flexibility of the social worker, and what connections are available at that time. The lack of a stable support fund also means this activity hasn’t met all the needs of families.” (Social worker, Thai Binh Pediatric Hospital)

The quote shows that resource mobilization efforts depend on the social worker's current network and the availability of charitable projects at that specific time. The support received from these efforts is valuable because it assists numerous families who struggle financially to provide proper care for their ASD children.

Coordination and Referral to Support Services for Families

Social work at the hospital also involves linking families with services both within and outside the hospital. This includes referring families to external intervention centers, legal social protection services, and coordinating multi-department support. Table 3 details three key activities in this domain and their frequency:

Table 3. Linking and Coordinating Support Services (Inside and Outside Hospital)

Coordination Activity	Never	Rarely	Sometimes	Often	Mean	SD
Referral of family to external intervention centers (outside hospital)	0.0%	9.0%	30.3%	60.7%	3.51	0.65
Support connecting family to social protection/legal services	1.1%	10.1%	29.2%	59.6%	3.47	0.72
Coordinating awareness-raising programs for families (training, workshops)	1.1%	6.8%	30.3%	61.8%	3.52	0.67

The data in Table 3 shows that most families received service coordination support on a *regular* basis. The data shows that external intervention centers such as specialized autism centers or schools were referred to by 60.7% of the families *often* and 30.3% of the families *sometimes*. Similarly, the service of connecting families to social protection or legal aid services (for disability benefits, legal rights, etc.) was offered *often* to 59.6% and *sometimes* to 29.2% of the families. The activity with the highest mean was organizing educational or awareness programs for families (Mean = 3.52), with about 61.8% attending such programs *often* and 30.3% *sometimes*. These programs include parent training workshops, community awareness events, etc., aimed at increasing family knowledge and public understanding of ASD.

The results indicate that service coordination is strong in these three areas since most families maintain regular connections to the full range of services needed for complete care. Social workers at the hospital typically direct families to suitable external centers when they require specialized therapy that the hospital does not provide. A father described his experience of feeling lost after his son received an ASD diagnosis until a social worker introduced the family to a specialized autism center which he named as a turning point for his child and family. The Social Work Department at the hospital actively conducts family training sessions and awareness programs either independently or through partnerships.

However, as with other domains, not all families received these benefits regularly. Approximately 30–40% were in the “*sometimes*” category. Interviewees noted some reasons: lack of formal inter-agency protocols and limited inter-sector collaboration sometimes hindered efficient referrals, and *not all* families could attend training sessions due to scheduling or resource issues. One common theme was that integrated support requires better coordination mechanisms. As one manager observed, there is room to formalize partnerships between the hospital and external agencies to ensure no family “falls through the cracks” when it comes to referrals.

Other Support Activities for Families

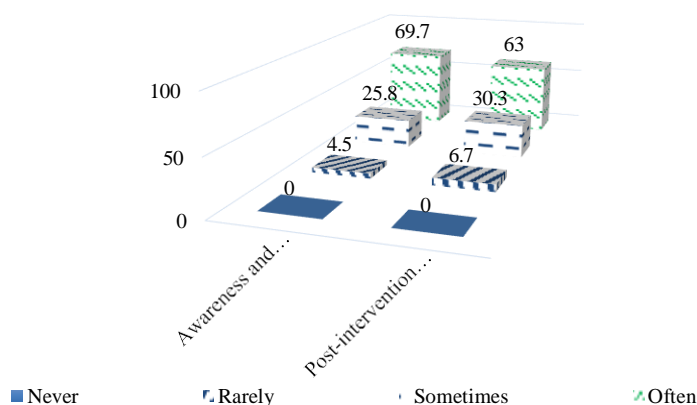


Fig 3. Frequency of other support to families of the children with ASD, N = 89

One specific area for improvement is ensuring sustained post-intervention follow-up support. The survey included “other support activities”, such as follow-up after the child’s discharge or after completing an intervention program. The indicated that post-intervention follow-up is provided *often* to about 63% of families and *sometimes* to 30.3%, which is encouraging but also highlights that some families might lose contact after active treatment phases. A social worker noted:

“Activities like family education, training, and post-intervention follow-up remain somewhat limited, often depending on conditions at a given time such as available projects, funding, or staff. For families who do participate fully, their knowledge and cooperation clearly improve – they become more confident in caring for and supporting their child. However, the rate of sustained follow-up after intervention isn’t high because there isn’t a system for reminders or long-term support after the child is discharged.” (Social worker, Thai Binh Pediatric Hospital)

This insight emphasizes the need for a more structured follow-up system to maintain engagement with families even after they leave the hospital’s regular care, ensuring lasting benefits of interventions.

In summary, the current social work activities at Thai Binh Pediatric Hospital demonstrate a wide range of support services that are provided regularly to most families of children with ASD. The hospital demonstrates its commitment to holistic care through the wide availability of psychological counseling and intervention guidance and resource support and service linkages to parents. The main barriers to support delivery stem from resource limitations and structural challenges which include insufficient staff and unstable funding and underdeveloped coordination systems leading to irregular support delivery for some families. The high utilization rates along with positive caregiver feedback show that social work plays a crucial supportive role for families of children with ASD despite existing challenges.

Correlation Analysis of Support Activities

The study also examined whether there are significant correlations between the different types of social work support activities. Using Pearson’s correlation coefficient (r), we found that all the support activities are positively and significantly interrelated. Correlation coefficients between pairs of activity domains ranged roughly from $r = 0.69$ (moderately strong) to $r = 0.92$ (very strong), with most correlations falling in the strong range ($r > 0.7$). All reported correlations were statistically significant ($p < 0.01$). This means that families who frequently accessed one type of support tended to also frequently access other types of support (Figure 4).

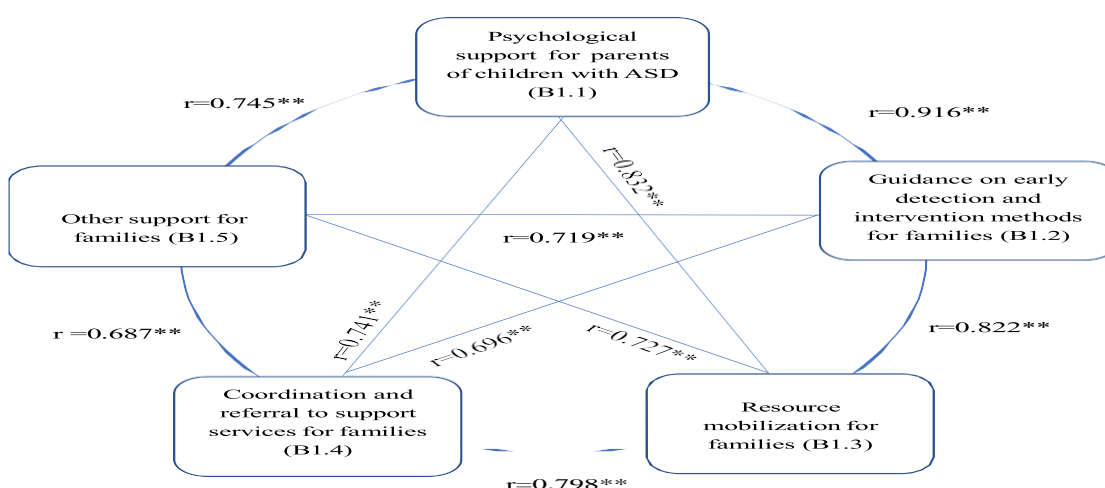


Fig 4. Correlation of social work activities with families of children with ASD

The research found a strong relationship ($r \sim 0.8$) between psychological support (B1.1) and guidance on early intervention (B1.2) which indicates that parents who receive good counseling and stress support are also likely to receive ample training in intervention techniques, and vice versa. The correlation between service coordination (B1.4) and other supports (B1.5) was $r \approx 0.80$ – 0.82 which shows that effective linkage

to services often goes hand-in-hand with providing additional supports like follow-up and education. In practical terms, these high correlations imply that the various components of family support services tend to be implemented together as a complementary package. The Social Work Department tends to perform well in all areas when it excels in one area but poor performance in one area often results in poor performance in other areas.

No negative or weak correlations were observed, in fact, no pair of activities had r below 0.3, meaning none of the support areas function in isolation or at cross purposes. Instead, they form a cohesive support system. This finding highlights the interdependent nature of the social work services provided.

In summary, *the correlation analysis confirms a high degree of interconnectedness among all social work support activities for families of ASD children.* These supports reinforce one another, and strong performance in one domain is associated with strong performance in others. This result underlines the importance of a comprehensive approach: to effectively support families with ASD children, interventions must simultaneously address multiple needs (psychological, informational, material, and social needs) rather than focusing on only one.

DISCUSSION

The theoretical framework of systems theory and ecological approaches in social work shows that *family support services for ASD exist in a state of mutual dependence between their different components.* B1.1–B1.5 (psychological support, guidance, resource mobilization, service coordination, other supports) maintain different content but form a unified support process through their strong connections. The high correlation coefficients demonstrate that these activities function as a single functional unit to help families of children with ASD achieve better support outcomes. Support activities do not function independently since they exist together as complete components of an extensive support system. The strong inter-correlations between observed variables demonstrate that the service package possesses internal consistency because these five activities could be seen as measures for a single concept (such as “level of family support”). Social work theory supports the idea that family support for ASD requires an integrated approach which targets mental health and knowledge/skills and material resources and service environment simultaneously.

Social work practice together with service management benefits from strong correlations which produce important implications for practitioners.

The strong correlations between support activities indicate that success in one support activity generates positive outcomes for other support activities. Excellent counseling provided by social workers to parents (psychological support) enables parents to gain emotional stability which makes them more receptive to early intervention guidance and future support implementation. Family training about early intervention techniques leads to higher levels of family proactivity and better engagement with future social worker interventions that aim to connect families with outside services and provide resource mobilization. The practice demonstrates that each family support type strengthens the others to function effectively. The effectiveness of the entire support program tends to increase when any support program component undergoes improvement.

The strong interdependencies between support activities require social workers to adopt a complete service delivery approach. Social work practitioners together with service units must steer clear of concentrating their efforts on single isolated support elements. Social work practitioners need to implement all support activities (psychological, educational, material, networking, etc.) simultaneously for families of children with ASD. Neglecting any one component can lead to a diminished effectiveness of the entire system. Parents who receive intervention technique training without emotional support will experience overwhelming stress which reduces their ability to properly care for their child. Providing counseling as the only service without intervention service connections might cause the child to miss their critical therapy window during the early stages. Service providers achieve their best results through coordinated delivery of supports because children with ASD and their families need multidisciplinary support which aligns with the inherently interdisciplinary nature of their care.

The findings from correlation analysis provide valuable information that can be used to develop training programs for staff as well as management protocols. Social workers require training that covers a wide range of competencies across these support areas because they usually need to perform multiple roles during their work. The responsibilities of a social worker with one family include providing counseling to the parent while offering intervention advice and obtaining financial assistance and establishing communication with another agency. Training programs should prepare staff members to deliver holistic family support instead of specialized care. Management should enable different service units to work together effectively by creating partnerships between the family counseling unit and early intervention team and community support network. The child and their family will achieve optimal outcomes only when all service links function in harmony with each other. The successful coordination of support process activities becomes essential because of the strong correlations between them.

The Pearson correlation analysis shows that social work support activities for ASD child's families are inter-related in both theoretical and practical ways. A complete integrated approach serves families with ASD children because simultaneous attention to parental mental health together with family knowledge/skills and material resources and service linkages leads to effective results. The implementation of these supports in unison allows families and their children to benefit maximally which leads to better intervention results and developmental advancement for ASD children.

The results from systems theory and ecological perspectives demonstrate the requirement for interventions that span different levels. Support effectiveness requires strengthening every element of the service system by improving staff training as well as standardizing practices through protocols and guidelines and securing both adequate staffing and funding and extending community linkages through external partnerships. All proposed solutions directly resolve the study's identified gaps by offering training for autism-specific expertise and developing coordination protocols to unite fragmented services and establishing formal guidelines to standardize practices and investing resources to address funding and staffing shortages and creating external linkages to enhance healthcare continuity beyond hospital care. The integrated approach follows systems theory principles by enhancing the support network for ASD families through collective improvements at micro, meso and macro levels.

CONCLUSION

Analysis of the current situation shows that *social work activities for families of children with ASD at Thai Binh Pediatric Hospital have a positive role in enhancing the overall quality of care for the children.* These activities include psychological counseling for parents, guidance in early detection and intervention, mobilization of resources, coordination of services both within and outside the hospital, and other supports such as educational workshops and post-intervention follow-up. Through these services, many families have received comprehensive assistance addressing various needs of caring for an ASD child.

However, *there remain numerous challenges and limitations.* Internal coordination processes are not yet fully synchronized and effective, leading to gaps in service delivery. There is a lack of specific support mechanisms and policies (for instance, stable funding sources or formal referral pathways) to ensure consistent help for every family. Additionally, the Social Work Department faces a shortage of deeply specialized personnel in autism support, which limits the scope and depth of interventions.

Based on the findings, to improve the effectiveness of social work at the hospital, we propose several key solutions that should be prioritized:

1. Enhancing training for social work staff (addressing the shortage of autism-specialized personnel identified in this study): It includes increasing training and professional development opportunities for social workers, focusing on advanced knowledge and skills related to ASD. This could involve specialized workshops or certifications in autism spectrum disorders so that staff are better equipped to support these families.
2. Improving interdisciplinary coordination (addressing the unsynchronized internal processes currently causing service gaps): It is necessary to develop and implement clearer protocols for collaboration be-

tween the Social Work Department and other hospital departments/units (pediatrics, psychiatry, rehabilitation, etc.). A well-defined coordination process will ensure that support for the child and family is timely and integrated across medical and social domains.

3. Establishing standardized guidelines for early intervention support (addressing the lack of consistent procedures and support mechanisms currently in place): A set of standardized guidelines or a handbook should be created for early detection and early intervention for children with ASD, tailored to the local context. This would serve as a reference for both social workers and parents, ensuring consistent and high-quality guidance is given to every family.
4. Securing stable human and financial resources (addressing the insufficient staffing and unstable funding that currently limit services): It is important to advocate for and allocate a stable staffing structure and funding for the Social Work Department. This might include hiring additional social workers or specialists in ASD, and setting up a dedicated fund or budget line for social work support activities (e.g., a fund for resource mobilization to help families in need).
5. Expanding linkages with external networks (addressing current gaps in external partnerships and referral pathways for families): The network of collaborations with external organizations, centers, and experts beyond the hospital should be strengthened and broadened. By linking with autism support organizations, educational centers, charities, and community groups, the Social Work Department can diversify the resources and programs available to families (such as parent support groups, vocational training for older children with ASD, respite care services, etc.).

Implementing these solutions will contribute to enhancing the effectiveness, sustainability, and quality of social work activities at the hospital. By addressing current shortcomings and leveraging a comprehensive, systems-oriented support approach, Thai Binh Pediatric Hospital can better fulfill its crucial role in supporting families of children with ASD, ultimately improving the children's developmental outcomes and family well-being.

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