Providing home visit healthcare to previously homeless and convicted individuals reintegrated in communities: Collaboration with citizen groups in social connectivity

Miyuki Morimoto Sayaka Sawada Yumiko Fujimura Ryota Mori Aki Ukai Ayami Okada Yuko Ohashi Seiko Mizutani

Background

Previously homeless and convicted individuals encounter difficulties reintegrating and living in communities. Approximately 60% possess intellectual, mental, developmental, and other disabilities. We worked with citizen organizations connecting these individuals to social resources to create reintegration environments in communities.

Aim of the study

We conducted retrospective studies of home visit healthcare, collaborating with citizen groups to provide support to previously homeless or convicted individuals.

Methods

Retrospective studies of home visits for medical treatment and nursing were reviewed for the past six years. Collected data from previous activities and records of home visit-based healthcare and support were qualitatively analyzed, including changes over time from activity results and desired lifestyles.

Results

Initially, home visit care was limited to psychiatrists, but internist visits were added in the fifth year. To cooperate with social work services, a consultation office was established consisting of welfare services for people with disabilities, where we met monthly with citizen organizations to discuss support policies and reinforce our relationship. Among 40 participants, 29 were single, 19 experienced homelessness, and 6 were convicts. Additionally, 27 possessed mental disability certificates and 6 possessed nursing disability certificates.

© 2022 Authors. This is an Open Access abstract distributed under the term of the Creative Commons Attribution-4.0 (http://creativecommons.org/licenses/by/4.0/), permitting all use, distribution, and reproduction in any medium, provided the original work is properly cited. ISBN: 978-91-89460-23-2

Conclusions and implications

We implemented home visit healthcare support into the Housing First policy offered by citizen organizations. Adjusted living environment, conversation, and strength modelbased efforts provided participants a sense of security leading to appropriate welfare services. Our findings show that home visit-based medical treatment and nursing support the wishes of these vulnerable individuals to reintegrate and live in communities. Importantly, these approaches correct disparities in health status and aid toward a local symbiosis society.