

Social Isolation and Support Needs among Persons with Disabilities Receiving Public Assistance

— Insights from Interviews with Caseworkers —

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I. Introduction

According to a report by the Yokohama City Committee on Isolation Prevention Measures (2012), households with persons with disabilities are identified as having a high risk of solitary death, second only to elderly households, suggesting that such households are structurally prone to social isolation within their communities. Furthermore, Tanaka, Nakano & Takahashi (2015) found that community social workers most frequently supported elderly households, followed by households including persons with disabilities or intractable diseases. These findings suggest that households with persons with disabilities are at greater risk of social isolation and that there is a need to strengthen support systems.

The background to social isolation among persons with disabilities involves not only physical and psychological constraints but also a complex interplay of social, structural, and institutional factors. Oliver (2013) proposed the “social model,” which conceptualizes disability-related disadvantage not as an individual problem but as a result of structural barriers in society, and argued that social isolation among persons with disabilities stems from environmental and institutional factors. Shakespeare (2013)

and Barnes & Mercer (2010) also point out that difficulties in accessing support systems, limited employment opportunities, and the presence of social stigma contribute to the deepening of social isolation. Furthermore, Emerson, Hatton, Robertson, Roberts, Baines, Evison & Glover (2012) demonstrated that persons with disabilities are more likely to face economic hardship and housing instability, while the World Health Organization (WHO, 2011) reported that social isolation negatively affects health and quality of life (QOL).

In particular, among persons with disabilities receiving public assistance, these factors tend to interact in a compounded manner, resulting in more pronounced social isolation (Hayashi, 2025a). Kino, Stickley, Arakawa, Saito, Saito & Kondo (2023) reported that social isolation among public assistance recipients may be associated with health outcomes. Based on these findings, this study focuses on the relationship between the use of public assistance and social isolation among persons with disabilities, considering it as a potential issue in the provision of support.

Limitations on mobility and social participation due to disabilities reduce opportunities for contact with others, thereby

intensifying feelings of isolation. In addition, receiving public assistance itself may be accompanied by social stigma, which can further weaken relationships with others (Hayashi, 2025b). Such “institution-derived factors of isolation” include not only the operation and procedures of the public assistance system but also the social stigma and psychological burdens associated with its use, and cannot be easily resolved solely through individual effort or personality traits. Therefore, these issues should be understood as structural challenges within the welfare system.

In this paper, the term “institution-derived factors of isolation” is used to refer to a concept that encompasses not only the operation and procedures of the public assistance system but also the social stigma and psychological effects associated with its use.

According to statistics from the Ministry of Health, Labour and Welfare (2022), the number of public assistance households remains persistently high, with a notable increase in the proportion of single-person households and households with persons with disabilities. The Cabinet Office (2024) identifies single individuals, unmarried persons, those experiencing economic hardship, and those in poor health as being at risk of social isolation; therefore, public assistance recipients with disabilities, who are more likely to experience overlapping of these factors, can be considered at extremely high risk of social isolation. In addition, it has been reported that not only persons with disabilities themselves but also those providing support face institutional constraints and shortages of human resources,

making it difficult to offer adequate support (Ministry of Health, Labour and Welfare, 2020). Thus, the isolation of public assistance recipients with disabilities should be understood not merely as an individual issue but as a “multilayered challenge” arising from the interaction between institutional systems and support environments.

However, previous research has primarily focused on quantitatively assessing the overall trends of social isolation among public assistance recipients, and studies that qualitatively examine the structural factors of isolation and support needs with a specific focus on persons with disabilities remain limited. Although the public assistance system is intended to guarantee a minimum standard of living, it has been pointed out that it does not sufficiently support the social independence of recipients or their connections with local communities (Hayashi, 2025c). Particularly among persons with disabilities, in addition to the weakening of interpersonal relationships prior to receiving public assistance, economic constraints and social stigma following receipt may further exacerbate social isolation.

Based on the above background, this study examines issues surrounding social isolation among persons with disabilities receiving public assistance from the practical perspective of caseworkers, focusing on the factors involved in its formation and the challenges in providing support. Caseworkers are responsible for administering the public assistance system while also being in the closest position to recipients’ daily lives and social relationships, enabling them to identify signs and underlying factors of isolation through their support practices. Therefore,

elucidating the processes through which social isolation develops among persons with disabilities, as well as the challenges in providing support, through their narratives is expected to offer important implications for improving the system and for considering the nature of practical support.

II. Theoretical Framework

In order to understand social isolation among persons with disabilities receiving public assistance, this study adopts, based on the social model (Oliver, 2013), a theoretical framework that conceptualizes such isolation not as a problem arising from individual personality or lack of effort, but as a phenomenon formed through interactions with social structures and institutional environments. Specifically, this study does not adopt a position that attributes isolation to the individual; rather, in order to clarify how individual factors interact with institutional and social/community factors to shape the nature of isolation, it conceptualizes the formation of isolation among persons with disabilities as a three-layered structure as follows.

The first layer consists of individual factors, including characteristics of disability, psychological traits, health status, and daily living skills.

The second layer comprises institution-derived factors of isolation, including not only institutional characteristics such as the operation and procedures of the public assistance system, but also social stigma and psychological burdens associated with its use, as well as discontinuities in support services.

The third layer consists of social and community factors, including family

relationships, connections with neighbors and local communities, and access to community resources.

These three layers interact with one another and collectively shape the multifaceted nature of social isolation among persons with disabilities.

Furthermore, social network theory (Borgatti & Halgin, 2011) provides a perspective that conceptualizes isolation not merely as a lack of contact frequency, but in terms of the quality of relationships and the presence or absence of support functions. In this study, this theory is not directly applied as an analytical framework; rather, it is referenced as a theoretical foundation for conceptualizing social isolation and establishing its operational definition.

In this study, social isolation is defined as “a state in which meaningful social networks are lacking” (Meeuwesen, 2006).

Based on the above, this study defines social isolation as a condition in which at least one of the following applies: (1) face-to-face contact occurs less than once per week; (2) non-face-to-face contact (e.g., telephone or social media) occurs less than once per week; (3) emotional support is unavailable (i.e., there is no one with whom one can consult); or (4) instrumental support is unavailable (i.e., there is no one who can provide assistance in times of difficulty). These conditions do not need to be met simultaneously; rather, the concept is defined to include situations in which either the frequency of interaction or support functions is lacking.

III. Research Purpose

The purpose of this study is to clarify, from

the practical perspective of caseworkers, the processes through which persons with disabilities receiving public assistance come to experience social isolation, including the pathways and institutional and social contexts underlying this phenomenon, and, based on these findings, to examine future directions for support.

Previous studies have identified general factors such as economic hardship and social stigma in relation to social isolation among public assistance recipients; however, social isolation among recipients with disabilities is considered to be shaped by more multilayered factors, including physical and psychological constraints, the complexity of support systems, and social prejudice (Oliver, 2013; Shakespeare, 2013; Hayashi, 2025a).

Furthermore, because receiving public assistance as a person with a disability involves institutional procedures and support related to daily life management, caseworkers are in a position to routinely observe recipients' living environments and social networks and to detect early signs of isolation and loneliness. Therefore, insights obtained from the perspectives of caseworkers constitute an important source of information for deepening practical understanding in the field of disability support and for contributing to institutional improvements.

In this study, social isolation among public assistance recipients with disabilities is understood, based on Meeuwesen (2006), as "a state in which meaningful social networks are lacking."

The analysis is conducted from the following three perspectives based on interviews with caseworkers.

(1) To clarify the actual conditions of social

isolation among public assistance recipients with disabilities

This involves organizing the ways in which social isolation manifests among recipients with disabilities, as observed by caseworkers in their daily support practices (e.g., breakdown of interpersonal relationships, loss of contact with the community, and psychological isolation), and identifying their characteristics and patterns. Through this, the study aims to provide a concrete depiction of how social isolation among such individuals becomes manifest.

(2) To structurally analyze the processes and factors through which persons with disabilities come to experience social isolation

Based on caseworkers' narratives, this study examines how multiple factors—such as changes before and after receiving public assistance, economic constraints, characteristics of disability, experiences of using institutional services, and the effects of stigma—interact and accumulate to deepen isolation. In particular, it clarifies the impact of "institution-derived factors of isolation" and the "limitations of support" on the formation of isolation.

(3) To examine approaches to support for preventing and alleviating social isolation

This involves identifying the support methods that caseworkers attempt in practice, as well as the challenges they face, and examining the support systems and strategies required in the future. Through this analysis, the study explores directions for comprehensive support to prevent social isolation among public assistance recipients with disabilities and organizes key

implications.

Through these three analytical perspectives, this study aims to reconceptualize social isolation among public assistance recipients with disabilities not as an “individual problem,” but as a “structural issue of systems and support.” Furthermore, by theoretically organizing the practical knowledge of caseworkers, the study seeks to provide insights that contribute to a deeper understanding of disability and to the development of support models in welfare practice.

IV. Research Method

1. Research Design

This study is a qualitative inductive study that aims to clarify the factors of social isolation among persons with disabilities receiving public assistance and the nature of support, from the practical perspective of caseworkers. Based on data obtained from participants’ narratives, the study exploratorily identifies structural factors of isolation and challenges in support, and organizes common patterns.

2. Participants

The participants in this study were 11 caseworkers employed at welfare offices across Japan who were engaged in public assistance work (Table 1). Participants were selected based on their experience in supporting public assistance recipients, including households with persons with disabilities, and their practical understanding of the realities of social isolation through their work.

For participant recruitment, requests for cooperation along with an outline of the study were first sent by letter and email to welfare

offices in major cities and mid-sized municipalities across Japan. In municipalities that agreed to cooperate, flyers inviting participation in the study were distributed to staff engaged in public assistance casework. Caseworkers who expressed interest in participating through the flyers were provided with both written and oral explanations of the study and its ethical considerations by the researcher, and those who gave informed consent were included as participants.

Basic demographic and professional information of the participants, including age, gender, years of experience, number of assigned households, and experience in handling cases involving persons with disabilities, was confirmed at the beginning of the interviews.

3. Data Collection

The data collection period was from September to December 2024. Data were collected through individual semi-structured interviews, conducted once per participant either face-to-face or online (via Zoom).

Prior to the interviews, participants were provided with both written and oral explanations regarding the purpose of the study, the handling of audio recordings, methods of anonymization, and the policy for publication of research findings, and written informed consent was obtained. Interviews were audio-recorded using an IC recorder only when consent for recording was obtained, and verbatim transcripts were subsequently prepared.

The main interview topics were as follows.

- (1) Perceptions of the actual conditions of social isolation among public assistance recipients with disabilities

Table 1. Participant Characteristics (11 Caseworkers)

Participant	Age Group	Gender	Years of Experience	Number of Households in Charge (Approx.)	Experience with Disability Cases
A	20s	Male	1–3 years	60–80 households	Yes
B	30s	Female	3–5 years	70–90 households	Yes
C	20s	Female	1–3 years	60–80 households	Yes
D	40s	Male	10+ years	80–100 households	Yes
E	30s	Female	5–10 years	70–90 households	Yes
F	20s	Male	1–3 years	60–80 households	Yes
G	30s	Female	3–5 years	70–90 households	Yes
H	40s	Male	10+ years	80–100 households	Yes
I	30s	Male	5–10 years	70–90 households	Yes
J	20s	Female	1–3 years	60–80 households	Yes
K	30s	Female	3–5 years	70–90 households	Yes

- (2) Background and contributing factors of social isolation associated with receiving public assistance (e.g., economic, psychological, and institutional factors)
 - (3) Actual support practices for public assistance recipients with disabilities who are in a state of social isolation, and the challenges involved
 - (4) Perspectives on support and institutional improvements required in the future
- Each interview lasted approximately 60 to 90 minutes, and participants were regularly asked whether they wished to pause or take breaks in consideration of their burden.

4. Data Analysis

In this study, an inductive approach based on an interpretivist perspective was adopted in order to exploratorily elucidate the structural factors of social isolation among persons with disabilities and the challenges in providing support, drawing on caseworkers'

narratives. For the analysis, a qualitative data analysis method proposed by Sato (2008), namely the case-code matrix method, was used as a reference.

First, the verbatim transcripts were read repeatedly, and open codes were generated based on the meanings derived from the context. Next, based on similarities and relationships among the codes, focused codes were generated using a card-sorting method. Subsequently, the codes were organized for each case to construct a case-code matrix, and similar contents were grouped to derive subcategories and categories.

During the analytical process, peer debriefing by experts in social welfare and qualitative research was conducted to ensure analytical validity and to minimize the researcher's subjective bias. In addition, to ensure transparency in the analytical process, the procedures for coding and categorization were systematically documented.

5. Ethical Considerations

Interviews were conducted using the method preferred by the participants (either face-to-face or online) and were carried out in environments where privacy was ensured.

Prior to the study, participants were provided with comprehensive written and oral explanations regarding the purpose, objectives, and methods of the research, the use of audio recording, data management procedures, the dissemination of research findings, and policies on anonymization of personal information, and their voluntary informed consent to participate was obtained.

Audio recordings and verbatim transcripts were anonymized, with careful attention paid to ensuring that individuals and municipalities could not be identified. All data were securely disposed of after the completion of the study.

The study was conducted in accordance with the “Research Ethics Guidelines of the Japanese Society for the Study of Social Welfare” and was approved by the Research Ethics Review Committee of the Graduate School of Human Life Science, Osaka Metropolitan University, on July 18, 2024 (Approval No.: 2023(2)-2).

V. Results and Discussion

This chapter presents the results of a qualitative analysis of narratives obtained from interviews with caseworkers. In the analysis, data extracted from the verbatim transcripts were organized, and the results are presented in a hierarchical structure consisting of **【Categories】**, 《Subcategories》, 『Focused Codes』, and 「Cases (verbatim statements from caseworkers)」. **【Categories】** represent overarching concepts that

summarize the analytical results, while 《Subcategories》 indicate the constituent themes. 『Focused Codes』 concisely express the specific meanings that constitute each subcategory, and the 「Cases」 presented in quotation marks are verbatim excerpts from caseworkers’ statements that support these codes. This chapter primarily focuses on presenting the analytical results, while generalization and theoretical interpretation are mainly addressed in Chapter VI. The 「narrative excerpts」 presented in Tables 2 to 5 are anonymized statements from the 11 participating caseworkers (A-K), and speaker identifiers are appended to each excerpt to ensure transparency in the analytical process.

1. Caseworkers’ Perceptions of the Actual Conditions of Social Isolation among Public Assistance Recipients with Disabilities (Table 2)

This section focuses on how social isolation is understood and manifested within caseworkers’ support practices, and organizes the ways in which isolation becomes visible. The analytical results presented here are not intended to explain the causes or background of isolation, but rather to clarify what kinds of situations are recognized as “social isolation” in support settings.

As a result of the analysis, caseworkers’ perceptions were organized into three categories: **【Diverse Forms of Isolation】**, **【The Relationship between Disability Characteristics and Isolation】**, and **【The Structure of Less Visible Isolation】**.

First, within **【Diverse Forms of Isolation】**, narratives described situations in which, although some level of interpersonal relationships or contact appeared to exist on the surface, necessary support was not

Table 2. Caseworkers' Perceptions of the Actual Conditions of Social Isolation among Persons with Disabilities Receiving Public Assistance

Category	Subcategory	Focused Code	Narrative (Excerpt)
[Diverse Forms of Isolation]	Superficial Connections and Substantive Isolation	There is contact with family, but actual support is not reaching the individual	“They sometimes talk with their family on the phone, but in reality, no one comes to help even when something happens. They themselves say they are ‘not alone,’ but in many cases, they are essentially isolated.” (CW-B)
	Distance from the Community	There is little involvement in community events or with neighbors	“There are hardly any opportunities to encounter others in the community. Some people do not go out except to take out the garbage, and their presence becomes less visible within the community.” (CW-E)
[The Relationship between Disability Characteristics and Isolation]	Interpersonal Anxiety Due to Mental Disability	Contact with others itself becomes a significant source of stress	“Even when a supporter visits, they are too tense or anxious to continue the conversation. For many, interacting with others itself is a burden even before they seek support.” (CW-F)
	Activity Constraints Due to Physical Disability (Especially Mobility Impairments)	Limited mobility leads to a tendency to remain at home	“It is difficult for them to walk to the bus stop, so they give up going out at all. Except for medical visits, they tend to stay at home and are unable to maintain contact with the community.” (CW-D)
[The Structure of Less Visible Isolation]	Lack of Continuity in Support	Even when connected to institutional systems, continuous support is not functioning	“In many cases, home-visit support or follow-up by counselors ends up being temporary. Eventually, there is no one left to check in regularly, and isolation progresses.” (CW-J)
	Institutional Support Exists, but Isolation Persists in Reality	There is a discrepancy between documented support and actual interaction	“Even when someone is officially listed as being monitored, in reality no one visits them. Although it is recorded that ‘support is provided,’ in fact, no one is actually involved.” (CW-G)
	Lack of Awareness of Isolation	The individual does not recognize isolation as a problem	“Many say that they feel more comfortable being alone. Even without a sense of being isolated, refusing support can ultimately lead to the fixation of isolation.” (CW-A)

actually functioning. Within 《Superficial Connections and Substantive Isolation》, the focused code was 『There is contact with family, but actual support is not reaching the individual』, illustrated by the following narrative: 「They sometimes talk with their family on the phone, but in reality, no one comes to help even when something happens. They themselves say they are ‘not alone,’ but in many cases, they are essentially isolated.」 (CW-B). This narrative suggests that caseworkers recognize that the presence or absence of contact alone is insufficient to fully capture the state of social isolation.

In addition, within 《Distance from the

Community》, the focused code 『There is little involvement in community events or with neighbors』 was identified, as illustrated by the following narrative: 「There are hardly any opportunities to encounter others in the community. Some people do not go out except to take out the garbage, and their presence becomes less visible within the community.」 (CW-E). Caseworkers thus perceive situations in which individuals have limited contact with the community and become less visible within their living environment as one form in which social isolation becomes manifest.

Next, within 【The Relationship between Disability Characteristics and Isolation】, it

was reported that the ways in which isolation manifests differ depending on the type and characteristics of disability. Among recipients with mental disabilities, within 《Interpersonal Anxiety Due to Mental Disability》, the focused code 『Contact with others itself becomes a significant source of stress』 was identified, as illustrated by the following narrative: 「Even when a supporter visits, they are too tense or anxious to continue the conversation. For many, interacting with others itself is a burden, even before they can seek support.」 (CW-F). Here, the difficulty of interpersonal contact itself is recognized by caseworkers as one form of social isolation.

In contrast, among recipients with physical disabilities (particularly mobility impairments), within 《Activity Constraints Due to Physical Disability》, the focused code 『Limited mobility leads to a tendency to remain at home』 was identified, as illustrated by the following narrative: 「It is difficult for them to walk to the bus stop, so they give up going out altogether. Except for medical visits, they tend to stay at home and are unable to maintain contact with the community.」 (CW-D). These narratives suggest that the very constraints on mobility and going out in daily life serve as important indicators for identifying social isolation.

Furthermore, within 【The Structure of Less Visible Isolation】, narratives described situations in which, even when individuals are connected to institutional systems, support does not function continuously. Within 《Lack of Continuity in Support》, the focused code 『Even when connected to institutional systems, continuous support is not functioning』 was identified, as

illustrated by the following narrative: 「In many cases, home-visit support or follow-up by counselors ends up being temporary. Eventually, there is no one left to check in regularly, and isolation progresses.」 (CW-J). Caseworkers thus consider not merely the presence or absence of institutional service use, but whether support functions continuously, as an important criterion for recognizing social isolation.

Furthermore, within 【The Structure of Less Visible Isolation】, narratives described cases in which, although individuals are connected to institutional systems, support does not function continuously; cases in which support is recorded as being provided at the institutional level but there is little actual human interaction; and cases in which individuals themselves do not recognize their isolation as a problem.

Within 《Institutional Support Exists, but Isolation Persists in Reality》, the focused code 『There is a discrepancy between documented support and actual interaction』 was identified, as illustrated by the following narrative: 「Even when someone is officially listed as being monitored, in reality no one visits them. Although it is recorded that ‘support is provided,’ in fact, no one is actually involved.」 (CW-G).

In addition, within 《Lack of Awareness of Isolation》, the focused code 『The individual does not recognize isolation as a problem』 was identified, as illustrated by the following narrative: 「Many say that they feel more comfortable being alone. Even without a sense of being isolated, refusing support can ultimately lead to the fixation of isolation.」 (CW-A). These narratives indicate that social isolation may progress without necessarily

aligning with the individual's own awareness.

These findings suggest that caseworkers do not assess social isolation among persons with disabilities based on a single indicator; rather, they understand it through a comprehensive observation of factors such as the quality of relationships, the substantive nature of support, and living conditions associated with disability characteristics. The findings presented in this section clarify what kinds of situations are recognized as "social isolation" within support practices, while the factors and backgrounds leading to isolation are examined in the following section.

2. Factors Contributing to Social Isolation Associated with Receiving Public Assistance (Table 3)

This section organizes, based on caseworkers' narratives, the institutional, psychological, and support-environmental conditions under which the states of social isolation identified in the previous section arise. Rather than describing the "state" of isolation, the analysis focuses on how experiences associated with receiving public assistance and its administration are understood as contributing factors to social isolation.

As a result of the analysis, factors contributing to social isolation associated with receiving public assistance were organized into four categories: **【Stigma Associated with System Use】**, **【Constraints in System Administration】**, **【Fragmentation of Support Systems】**, and **【Conflicts in Support Relationships】**.

First, within **【Stigma Associated with System Use】**, narratives described situations in which the very fact of receiving public assistance serves as a trigger for avoiding

interactions with others. Within **《Prejudice from Others toward Receiving Public Assistance》**, the focused code **『Avoiding social interactions to prevent others from knowing about receiving assistance』** was identified, as illustrated by the following narrative: 「Many people strongly do not want their neighbors to know, so they avoid participating in events or gatherings. I often hear them say they are afraid of others finding out that they are 'receiving assistance.'」 (CW-B).

In addition, within **《Self-Negation Associated with System Use》**, the focused code **『Receiving assistance lowers self-esteem and strengthens feelings of self-denial』** was identified, as illustrated by the following narrative: 「Some say, 'I have no value because I cannot work.' Using the system itself becomes a trigger for self-blame.」 (CW-A). Caseworkers thus interpret these psychological experiences as factors contributing to social isolation arising from the use of the system.

Next, within **【Stigma Associated with System Use】**, narratives described situations in which psychological experiences associated with using the system influence how individuals relate to others. Within **《Psychological Pressure Associated with System Use》**, the focused code **『Income reporting and asset investigations create a sense of being monitored in one's social interactions』** was identified, as illustrated by the following narrative: 「Some people worry, 'A friend gave me some snacks—do I have to report that?' It seems they feel as though their interactions with others are being monitored.」 (CW-C).

Within **【Constraints in System Administ-**

Table 3. Factors Contributing to Social Isolation Associated with Receiving Public Assistance

Category	Subcategory	Focused Code	Narrative (Excerpt)
[Stigma Associated with System Use]	Prejudice from Others toward Receiving Public Assistance	Avoiding social interactions to prevent others from knowing about receiving assistance	“Many people strongly do not want their neighbors to know about receiving assistance, so they avoid participating in events or gatherings. We often hear them say they are afraid of others finding out that they are receiving assistance.” (CW-B)
	Self-Negation Associated with System Use	Receiving assistance lowers self-esteem and strengthens feelings of self-denial	“Some people say, ‘I have no value because I cannot work.’ Using the system itself becomes a trigger for self-blame.” (CW-A)
	Psychological Pressure Associated with System Use	Income reporting and asset investigations create a sense of being monitored in one’s social interactions	“Some people worry, ‘A friend gave me some snacks—do I have to report that?’ It seems they feel as though their interactions with others are being monitored.” (CW-C)
[Constraints in System Administration]	Complexity of Administrative Procedures	The burden of paperwork and renewal procedures leads individuals to avoid going out	“The procedures are complicated, and as the renewal period approaches, anxiety increases. Some people become unwell and are unable to come to the office.” (CW-I)
	Limitations in the Continuity of Welfare Services	Home-visit support is short-term, making sustained involvement difficult	“Even when a support worker is assigned, the service often ends after a few months. Within the institutional framework, it is difficult to ‘continue monitoring’ over the long term.” (CW-D)
[Fragmentation of Support Systems]	Insufficient Coordination between Welfare and Medical Services	Inadequate information sharing leads to interruptions in support	“Medical institutions and caseworkers are not always able to coordinate effectively, and support may be discontinued after discharge.” (CW-H)
[Conflicts in Support Relationships]	Between Support for Independence and Control	Support is perceived as ‘control,’ leading to strained relationships	“Some people feel they are being ‘monitored’ or ‘talked down to,’ and end up rejecting their relationship with the caseworker.” (CW-B)
	Disconnection from Non-Institutional Support	It is difficult to bridge to community or private support	“Once people enter the framework of public assistance, they are sometimes told that ‘other forms of support cannot be used,’ which reduces their contact with the community. The system itself becomes a barrier.” (CW-K)

ration] , narratives described situations in which the structure and procedural requirements of the system make it difficult to maintain social contact. Within «Complexity of Administrative Procedures» , the focused code 『The burden of paperwork and renewal procedures leads individuals to avoid going out』 was identified, as illustrated by the following narrative: 「The procedures are complicated, and as the renewal period approaches, anxiety increases. Some people become unwell and are unable to come to the office.」 (CW-I). These narratives suggest that the psychological and physical burdens associated with system administration are understood as contributing factors that lead to a reduction in social contact.

Furthermore, within 【Fragmentation of Support Systems】 , situations were identified

in which individuals were formally connected to support systems, but coordination and continuity were not functioning adequately. Within «Insufficient Coordination between Welfare and Medical Services» , the focused code 『Inadequate information sharing leads to interruptions in support』 was identified, as illustrated by the following narrative: 「Medical institutions and caseworkers are not always able to coordinate effectively, and support may be discontinued after discharge.」 (CW-H).

In addition, within «Limitations in the Continuity of Welfare Services» , the focused code 『 Home-visit support is short-term, making sustained involvement difficult』 was identified, as illustrated by the following narrative: 「Even when a support worker is assigned, the service often ends after a few

months. Within the institutional framework, it is difficult to ‘continue monitoring’ over the long term.」 (CW-D). Many home-visit support services are structured to end after a fixed period under institutional rules, making it difficult to sustain long-term monitoring support. As a result, cases were noted in which social isolation deepens again after support has ended. Caseworkers thus recognize such discontinuities in support as factors contributing to both the onset and recurrence of social isolation.

Finally, within 【Conflicts in Support Relationships】, narratives described processes in which discrepancies between the intentions of support and recipients’ perceptions lead to tension or breakdown in interpersonal relationships. Within 《Between Support for Independence and Control》, the focused code 『Support is perceived as ‘control,’ leading to strained relationships』 was identified, as illustrated by the following narrative: 「Some people feel they are being ‘monitored’ or ‘talked down to,’ and end up rejecting their relationship with the caseworker.」 (CW-B).

In addition, within 《Disconnection from Non-Institutional Support》, the focused code 『It is difficult to bridge to community or private support』 was identified, as illustrated by the following narrative: 「Once people enter the framework of public assistance, they are sometimes told that ‘other forms of support cannot be used,’ which reduces their contact with the community. The system itself becomes a barrier.」 (CW-K). These are understood as factors whereby, while the system supports daily living, it simultaneously narrows the

range of options for social connections.

These findings suggest that, based on caseworkers’ narratives, experiences associated with receiving public assistance and its administration are understood as multiple factors that contribute to the onset and expansion of social isolation among persons with disabilities. The findings presented in this section are not intended to generalize the effects of the system, but rather to organize factors contributing to social isolation as recognized within support practices.

3 . Challenges Faced by Caseworkers in Supporting Persons with Disabilities Receiving Public Assistance (Table 4)

This section distinguishes from the previously presented conditions and contributing factors of social isolation and organizes the difficulties and constraints that caseworkers encounter in their practice as 「challenges in support」. While these challenges may potentially influence the progression of social isolation, the analysis presented here is intended to clarify the challenges themselves within support practice.

As a result of the analysis, the challenges faced by caseworkers were organized into four categories: 【Difficulties in Individualized Support】, 【Shortage of Time and Human Resources】, 【Difficulties in Interagency Collaboration】, and 【Psychological and Relational Challenges】.

First, within 【Difficulties in Individualized Support】, narratives described the challenges of providing support tailored to the characteristics of different disabilities. Within 《Support for Recipients with Physical

Table 4. Challenges Faced by Caseworkers in Supporting Persons with Disabilities Receiving Public Assistance

Category	Subcategory	Focused Code	Narrative (Excerpt)
[Difficulties in Individualized Support]	Support for Recipients with Physical Disabilities (Especially Mobility Impairments)	Even when mobility and daily living support are needed, human resources are insufficient	“In cases where wheelchair users live in homes with many steps, even with home-visit support, adequate assistance for daily living cannot be provided, which can lead to increased isolation.” (CW-E)
	Support for Recipients with Mental Disabilities	It is difficult to provide flexible support tailored to symptoms and anxiety	“Individuals with schizophrenia may become tense during each visit, making it difficult to sustain conversation. When support is interrupted, isolation progresses.” (CW-F)
	Support for Recipients with Developmental Disabilities	It is difficult to provide support tailored to communication characteristics	“Individuals on the autism spectrum may strongly avoid contact with unfamiliar support staff, and it takes time to build relationships.” (CW-I)
[Shortage of Time and Human Resources]	Limitations Due to Workload	Each caseworker is responsible for many clients, making in-depth engagement difficult	“One caseworker is in charge of more than ten clients, so it is not possible to spend sufficient time providing close support.” (CW-B)
	Constraints on Visit Frequency	Long intervals between visits make it difficult to assess isolation	“When there are long gaps between visits, it can delay noticing changes in living conditions or the progression of isolation.” (CW-C)
[Difficulties in Interagency Collaboration]	Insufficient Coordination among Medical, Welfare, and Community Services	Lack of connection to necessary support leads to deepening isolation	“There are cases where information sharing with hospitals and care facilities does not work well, and individuals become isolated after discharge or when their health condition changes.” (CW-I)
	Discontinuities in Systems and Support	Support tailored to disability characteristics is institutionally limited	“Even when a person with a physical disability also has a developmental disability, the systems are divided by category, making it difficult to provide comprehensive support.” (CW-G)
[Psychological and Relational Challenges]	Refusal of Support and Distrust	Past experiences lead to distrust of supporters and avoidance of interaction	“Individuals who have previously experienced negative or directive behavior from visitors tend to avoid meetings with support staff.” (CW-B)
	Perceived Isolation and Acceptance of Support	Receiving support itself is perceived as a burden or a source of shame	“Some people say, ‘I don’t want to rely on others,’ and as a result, support does not reach them.” (CW-A)

Disabilities (Especially Mobility Impairments)》, the focused code 『Even when mobility and daily living support are needed, human resources are insufficient』 was identified, as illustrated by the following report: 「For wheelchair users living in homes with many steps, even when home-visit support is provided, it is difficult to offer

adequate assistance for daily living, which can lead to increased isolation.」

In such cases, multiple forms of support—such as mobility assistance and modifications to the living environment—are required; however, caseworkers or home-visit support staff are often required to respond individually, making it difficult to establish

an adequate support system. Among recipients with physical disabilities (particularly mobility impairments), constraints on mobility and physical difficulties in the living environment are recognized as factors contributing to isolation, and limitations in human support restrict the scope and frequency of assistance, resulting in the deepening of social isolation.

In addition, within 《Support for Mental Disabilities》, the focused code 『It is difficult to provide flexible support tailored to symptoms and anxiety』 was identified, as illustrated by the following narrative: 「Individuals with schizophrenia may become tense during each visit, making it difficult to sustain conversation. When support is interrupted, isolation progresses.」 (CW-F).

In such situations, interpersonal contact itself becomes a significant psychological burden, and the time required to build relationships limits the frequency of visits and interviews, resulting in support that tends to be intermittent or discontinuous. This narrative indicates that, although there is an awareness of the need to build relationships that take into account the characteristics of mental disabilities, sustaining such practices in reality is difficult.

Furthermore, within 《Support for Developmental Disabilities》, the focused code 『It is difficult to provide support tailored to communication characteristics』 was identified, as illustrated by the following narrative: 「Individuals on the autism spectrum may strongly avoid contact with unfamiliar support staff, and it takes time to build relationships.」 (CW-I). Here, the difficulty of establishing relationships at the initial stage of support is identified as a key

challenge.

Next, within 【Shortage of Time and Human Resources】, constraints inherent in the caseworkers' workload and organizational structure were identified. Within 《Limitations Due to Workload》, the focused code 『Each caseworker is responsible for many clients, making in-depth engagement difficult』 was identified, as illustrated by the following narrative: 「One caseworker is in charge of more than ten clients, so it is not possible to spend sufficient time providing close support.」 (CW-B).

In addition, within 《Constraints on Visit Frequency》, the focused code 『Long intervals between visits make it difficult to assess isolation』 was identified, as illustrated by the following narrative: 「When there are long gaps between visits, it can delay noticing changes in living conditions or the progression of isolation.」 (CW-C). These findings indicate that, although the need for support is recognized, sufficient engagement is hindered by limitations in time and human resources.

Furthermore, within 【Difficulties in Interagency Collaboration】, challenges related to coordination among multiple support providers, including medical, welfare, and community sectors, were described. Within 《Insufficient Coordination among Medical, Welfare, and Community Services》, the focused code 『Lack of connection to necessary support leads to deepening isolation』 was identified, as illustrated by the following narrative: 「Information sharing with hospitals and care facilities does not always work well, and there are cases in which individuals become isolated after discharge or when their health condition

changes.] (CW-I).

An additional example highlighted that 「even when a certain level of support and monitoring is provided during hospitalization, support from medical institutions often ends after discharge, and if coordination with relevant agencies and support for transitioning to community living are not adequately carried over, support may ultimately be discontinued.」 For example, even when information about a planned discharge or the fact of discharge is shared with caseworkers, there are cases in which individuals return to community living without sufficient arrangements for welfare services or monitoring systems, resulting in a temporary gap in support.

In addition, within 《Discontinuities in Systems and Support》, the focused code 『Support tailored to disability characteristics is institutionally limited』 was identified, as illustrated by the following narrative: 「Even when a person with a physical disability also has a developmental disability, the systems are divided by category, making it difficult to provide comprehensive support.」 (CW-G). These findings indicate that fragmentation in institutional systems and support structures makes it difficult for caseworkers to coordinate support.

Finally, within 【Psychological and Relational Challenges】, narratives described situations in which the psychological conditions and past experiences of recipients make it difficult to establish support relationships. Within 《Refusal of Support and Distrust》, the focused code 『Past experiences lead to distrust of supporters and avoidance of interaction』 was identified, as illustrated by the following narrative:

「Individuals who have previously experienced negative or directive behavior from visitors tend to avoid meetings with support staff.」 (CW-B).

In addition, within 《Perceived Isolation and Acceptance of Support》, the focused code 『Receiving support itself is perceived as a burden or a source of shame』 was identified, as illustrated by the following narrative: 「Some people say, ‘I don’t want to rely on others,’ and as a result, support does not reach them.」 (CW-A). These narratives indicate that caseworkers recognize the very establishment of support relationships as a challenge under such circumstances.

These findings suggest that, although caseworkers recognize the need for individualized support tailored to disability characteristics, they face multiple challenges, including constraints in human and time resources, difficulties in interagency collaboration, and psychological barriers within support relationships. The findings presented in this section represent an organization of challenges in support, and how these challenges relate to the mitigation and prevention of social isolation will be examined in the following section.

4 . Directions for Support to Mitigate and Prevent Social Isolation among Persons with Disabilities Receiving Public Assistance (Table 5)

This section organizes directions for support that caseworkers are exploring in practice to mitigate and prevent social isolation, based on the conditions, contributing factors, and challenges in support presented in the previous sections. The content presented here does not evaluate the effectiveness or outcomes of support, but

rather illustrates approaches and directions of coordination that are recognized and attempted in practice.

As a result of the analysis, directions for support based on caseworkers' narratives were organized into four categories: **【Enhancement of Individualized Support】**, **【Coordination with Institutional Systems】**, **【Promotion of Community Participation and Social Relationships】**, and **【Long-Term and Continuous Support】**.

First, within **【 Enhancement of Individualized Support 】**, narratives emphasized the need for detailed and tailored engagement according to disability characteristics. Within *« Support for Recipients with Physical Disabilities (Especially Mobility Impairments) »*, the focused code *『Enhancing home environment modifications and mobility support』* was identified, as illustrated by the following narrative: *「We try to increase opportunities for going out by improving accessibility—such as eliminating steps, installing handrails, and supporting participation in community activities that are accessible for wheelchair users.」* (CW-D).

For recipients with physical disabilities (particularly mobility impairments), going out itself is often difficult, and ensuring contact with society through environmental modifications and transportation support is key to preventing isolation.

In addition, within *«Support for Persons with Mental Disabilities»*, the focused code *『Flexible interviews and visits that take symptoms into account』* was identified, as illustrated by the following narrative: *「For those with strong anxiety or tension, we ensure short visits and prior contact, and*

gradually build trust over time.」 (CW-E).

Furthermore, within *«Support for Persons with Developmental Disabilities»*, the focused code *『 Engagement tailored to communication styles』* was identified, as illustrated by the following narrative: *「We incorporate approaches suited to each individual's characteristics, such as visual supports and the use of schedules.」* (CW-I). These narratives indicate that, rather than uniform support, approaches tailored to individual characteristics and conditions are emphasized.

Next, within **【 Coordination with Institutional Systems 】**, narratives emphasized the importance of coordinating and linking multiple systems and resources. Within *« Coordination among Welfare, Medical, and Community Resources »*, the focused code *『Coordination and bridging for comprehensive support』* was identified, as illustrated by the following narrative: *「Depending on disability characteristics, we combine medical institutions, community volunteers, and private services to establish a system that prevents isolation.」* (CW-J).

In addition, within *«Psychological Support for System Use»*, the focused code *『Support to reduce stigma and resistance』* was identified, as illustrated by the following narrative: *「 To reduce the psychological burden associated with receiving public assistance, we create a consultation environment in which individuals feel at ease and promote an accurate understanding of the system.」* (CW-C). These findings indicate that caseworkers consider not only the use of the system itself, but also individuals' perceptions of it, as an integral part of support.

Table 5. Directions for Support to Mitigate and Prevent Social Isolation among Persons with Disabilities Receiving Public Assistance

Category	Subcategory	Focused Code	Narrative (Excerpt)
[Enhancement of Individualized Support]	Support for Persons with Physical Disabilities (Mobility Impairments)	Enhancing home environment modifications and mobility support	“We try to increase opportunities for going out by improving accessibility—such as eliminating steps, installing handrails, and supporting participation in community activities that are accessible for wheelchair users.” (CW-D)
	Support for Persons with Mental Disabilities	Flexible interviews and visits that take symptoms into account	“For those with strong anxiety or tension, we ensure short visits and prior contact, and gradually build trust over time.” (CW-E)
	Support for Persons with Developmental Disabilities	Engagement tailored to communication styles	“We incorporate approaches suited to each individual’s characteristics, such as visual supports and the use of schedules.” (CW-I)
[Coordination with Institutional Systems]	Coordination among Welfare, Medical, and Community Resources	Coordination and bridging for comprehensive support	“Depending on disability characteristics, we combine medical institutions, community volunteers, and private services to establish a system that prevents isolation.” (CW-J)
	Psychological Support for System Use	Support to reduce stigma and resistance	“To reduce the psychological burden associated with receiving public assistance, we create a consultation environment in which individuals feel at ease and promote an accurate understanding of the system.” (CW-C)
[Promotion of Community Participation and Social Relationships]	Creation of Opportunities for Community Activities and Interaction	Providing opportunities for social participation tailored to disability characteristics	“We organize wheelchair-accessible groups for persons with physical disabilities and small-group gatherings for those with mental disabilities to expand their social networks.” (CW-D)
	Building Relationships with Family and Neighbors	Providing family support and bridging relationships with local residents	“We engage in activities to improve and strengthen relationships with family members and neighbors in order to reduce the risk of isolation.” (CW-A)
[Long-Term and Continuous Support]	Regular and Continuous Engagement	Ongoing support for preventing isolation through visits and telephone contact	“By adjusting the intervals between visits and providing regular check-ins and information, we prevent the progression of isolation.” (CW-K)
	Enhancement of Professional Competence of Support Providers	Strengthening understanding and response capabilities according to disability characteristics	“Through training and case discussions, we enhance support skills tailored to different types of disabilities, such as physical, mental, and developmental disabilities.” (CW-J)

Furthermore, within **[Promotion of Community Participation and Social Relationships]**, narratives described efforts to restore and maintain connections with the community and close social relationships. Within *«Creation of Opportunities for Community Activities and Interaction»*, the focused code *『Providing opportunities for social participation tailored to disability characteristics』* was identified, as illustrated

by the following narrative: *「We organize wheelchair-accessible groups for persons with physical disabilities and small-group gatherings for those with mental disabilities to expand their social networks.」* (CW-D).

In addition, within *«Building Relationships with Family and Neighbors»*, the focused code *『Providing family support and bridging relationships with local residents』* was identified, as illustrated by

the following narrative: 「We engage in activities to improve and strengthen relationships with family members and neighbors in order to reduce the risk of isolation.」 (CW-A). These narratives suggest an emphasis on relationships within everyday living environments.

Finally, within 【Long-Term and Continuous Support】, it was recognized that preventing the progression of isolation requires not one-time interventions, but the continuation of relationships themselves. Within 《Regular and Continuous Engagement》, the focused code 『Ongoing support for preventing isolation through visits and telephone contact』 was identified, as illustrated by the following narrative: 「By adjusting the intervals between visits and providing regular check-ins and information, we prevent the progression of isolation.」 (CW-K).

In addition, within 《Enhancement of Professional Competence of Support Providers》, the focused code 『Strengthening understanding and response capabilities according to disability characteristics』 was identified, as illustrated by the following narrative: 「Through training and case discussions, we enhance support skills tailored to different types of disabilities, such as physical, mental, and developmental disabilities.」 (CW-J). These are recognized as foundational approaches for sustaining support.

These findings suggest that caseworkers provide support for social isolation among persons with disabilities receiving public assistance by considering multiple directions, including attention to individual needs, coordination with systems and resources,

promotion of connections with the community, and the development of continuous relationships.

VI. Discussion and Implications of This Study

1. Positioning of the Findings and Their Relationship to Previous Research

The findings of this study illustrate how caseworkers perceive and conceptualize social isolation among persons with disabilities receiving public assistance within their support practices. This section situates the findings presented in Chapter V in relation to previous research and clarifies how the contributions of this study can be positioned.

First, a notable feature of the caseworkers' understanding of social isolation identified in this study is that it is not judged solely by the frequency of interpersonal contact or the presence of outings, but rather assessed in terms of whether emotional and instrumental support are substantively functioning. This perspective is consistent with previous research that defines social isolation as “a state in which meaningful social networks are lacking” (Meeuwesen, 2006), and can be interpreted as providing complementary insight, from a practical perspective, into the limitations of understanding isolation solely through quantitative indicators.

Next, when the narratives regarding the background of isolation are analyzed across cases, the findings suggest that multiple factors—including constraints arising from disability characteristics, the operation of the public assistance system, psychological burdens and stigma associated with its use, and weak connections with the community—interact in the process leading to isolation. These findings are consistent with the

perspective of the social model (Oliver, 2013), which understands the difficulties faced by persons with disabilities not as issues attributable to individual attributes or choices, but as arising from interactions with social structures and institutional environments. However, it should be noted that this study does not empirically verify the effects or impacts of the system itself, but rather presents perceptions as understood through caseworkers' narratives.

When these findings are interpreted in light of the theoretical framework presented in Chapter II, the process of social isolation identified in this study can be understood as a three-layered structure consisting of individual, institutional, and social/community factors. Specifically, aspects such as disability characteristics and psychological burdens can be positioned as individual factors, while the operation of the public assistance system and stigma associated with its use can be understood as institutional factors. Furthermore, factors such as weak ties with the community and fragmentation of support networks correspond to social and community-level factors.

Although this study did not initially separate these three layers as distinct units of analysis, the process of isolation identified through caseworkers' narratives can be understood as a structure in which individual, institution-derived, and social/community factors interact with one another. In this respect, the theoretical framework presented in Chapter II functions as an interpretive framework for understanding and positioning the findings. Accordingly, the three-layered structure is used not as an analytical framework for generating the results, but

rather as an interpretive framework for situating them.

In addition, the findings suggest that social isolation does not necessarily align with individuals' own awareness, and that situations may exist in which relationships appear to be maintained on the surface while support is not substantively reaching the individual. These aspects overlap with previous research that characterizes isolation as a "less visible phenomenon," and highlight the practical approach by which caseworkers assess situations through observation and relationship-building. For example, interpersonal anxiety and mobility constraints identified in this study under **【 The Relationship between Disability Characteristics and Isolation 】** can be categorized as individual factors; stigma associated with system use and constraints in system administration as institution-derived factors; and fragmentation of support systems and weak community ties as social and community-level factors.

Taken together, the findings of this study can be positioned as suggesting that the conceptual frameworks and problem awareness identified in previous research on social isolation among persons with disabilities receiving public assistance are also shared within caseworkers' practical understandings. At the same time, these findings are exploratory in nature, based on the narratives of 11 participants, and are not intended to establish generalizability or causal relationships. The following section builds on these findings to organize key perspectives on support as suggested by caseworkers' narratives.

2 . Perspectives on Support Suggested by Caseworkers' Narratives

The findings of this study provide insight into the perspectives that caseworkers emphasize when providing support to address social isolation among persons with disabilities receiving public assistance. This section organizes key perspectives on support derived from caseworkers' narratives, based on the findings presented in Chapter V and within the scope of what this study can reasonably suggest.

First, the findings highlight the importance of individualized engagement tailored to disability characteristics and living conditions. The analysis indicated that difficulties related to going out, interpersonal interaction, and understanding institutional systems vary depending on the type of disability, such as physical, mental, or developmental disabilities. Rather than applying uniform support, caseworkers seek approaches that take into account individuals' conditions and perceived burdens, and this stance can be considered an important perspective for avoiding the treatment of isolation as a uniform condition. However, this does not indicate empirically validated support methods, but should be understood as reflecting the characteristics of approaches recognized in practice.

Second, attention to the psychological burden and stigma associated with system use emerges as an important perspective in support. The findings in Chapter V described situations in which receiving public assistance itself became a trigger for avoiding social interaction or increased resistance to receiving support. Caseworkers appeared to provide support while being mindful that the

use of the system may deepen isolation, taking into account individuals' perceptions and anxieties. This perspective suggests that institutional support does not necessarily lead to the restoration of social connections.

Third, attention is drawn to the fact that isolation may progress as a "less visible condition." The analysis revealed that there are cases in which individuals do not recognize their isolation as a problem, or where relationships appear to be maintained on the surface, yet substantive support is not reaching them. Caseworkers reported that they assess such situations through continuous engagement and observation, suggesting the difficulty of capturing isolation using a single indicator.

Fourth, an emphasis on continuity of support and the maintenance of relationships is highlighted. Chapter V identified challenges such as constraints on visit frequency and shortages of human resources, while also describing efforts to maintain relationships to the extent possible. These findings indicate that, while recognizing the difficulty of resolving isolation in the short term, maintaining relationships itself is considered meaningful in support. However, this study does not allow for an evaluation of the extent to which such approaches mitigate isolation.

In summary, the findings of this study suggest that, when addressing social isolation among persons with disabilities receiving public assistance, caseworkers emphasize perspectives such as attention to individual needs, consideration of psychological aspects associated with system use, recognition of the less visible nature of isolation, and the continuity of relationships. Although these

cannot be presented as general conclusions or policy recommendations regarding support, they can be positioned as perspectives for understanding practice in the field. The next section outlines the limitations of this study and directions for future research.

3 . Limitations of This Study and Future Research Directions

This study is an exploratory investigation of social isolation among persons with disabilities receiving public assistance based on interviews with caseworkers, and it has several limitations.

First, the participants in this study were limited to 11 caseworkers, and the findings are based on their specific practical experiences and perceptions. Therefore, the results cannot be generalized to all persons with disabilities receiving public assistance. In addition, differences in system implementation and support structures across municipalities and regions may not be fully reflected.

Second, this study captures social isolation through the narratives of caseworkers and does not directly reflect the subjective experiences or perceptions of the individuals themselves. As a result, there may be discrepancies between the situations perceived by caseworkers and the isolation or support needs experienced by the individuals. This issue should be addressed in future research through comparisons with studies involving the individuals themselves.

Furthermore, this study does not aim to evaluate the effectiveness or outcomes of support for social isolation. Therefore, it remains unclear to what extent the support perspectives presented in Chapters V and VI contribute to the prevention or mitigation of

isolation. These issues remain as tasks for future empirical and practice-based research.

In light of these limitations, this study can be positioned as a foundational resource that organizes how caseworkers perceive social isolation among persons with disabilities receiving public assistance and the issues they recognize in their support practices.

Future research should build on the findings of this study by incorporating the perspectives of the individuals themselves and by conducting studies across different regions and professions, in order to achieve a more comprehensive understanding of social isolation among persons with disabilities.

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Social Isolation and Support Needs among Persons with Disabilities Receiving Public Assistance

— Insights from Interviews with Caseworkers —

HAYASHI Shingo

This study examines how persons with disabilities receiving public assistance in Japan experience social isolation, based on qualitative interviews with caseworkers. Social isolation is defined as a lack of meaningful social networks, including limited interactions and insufficient emotional and instrumental support.

Although persons with disabilities are at high risk of isolation, little research has examined how it is shaped within welfare systems. This study conceptualizes isolation as influenced by disability characteristics, institutional structures, and community environments.

Interviews with 11 caseworkers revealed that isolation appears in diverse and often less visible forms. Even when contact exists, support may not reach individuals. Disability characteristics significantly influence isolation: mobility constraints affect those with physical disabilities; psychological symptoms and interpersonal anxiety hinder engagement among those with mental disabilities; and communication difficulties affect those with developmental disabilities. These findings suggest that isolation should be assessed not only by the frequency of contact but also by the quality of relationships.

Structural factors within the public assistance system also reinforce isolation. Welfare stigma, rigid procedures, insufficient coordination among services, and fragmented outreach weaken social connections. Caseworkers reported constraints such as limited time and personnel, difficulties in providing individualized support, and barriers to collaboration.

This study identifies key directions for support: strengthening individualized approaches, enhancing coordination, creating opportunities for social participation, and ensuring continuous support.

These findings indicate that social isolation is not only an individual issue but also a structural condition shaped by institutional and social contexts. Strengthening collaboration and expanding community-based support are essential for reducing isolation.