

考試科目	社會政策與社會工作	所別	社會工作研究所	考試時間	5月9日(六)第一節
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- 一、個人和社會問題及其成因，常有競爭性觀點存在(There are competing views of personal and social problems and their causes.)，社工員常成為問題定義的建構者，試問社工員建構問題受到那些因素的影響，又這些建構如何影響其後續之處遇方式?(25分)
- 二、Identify ethical dilemmas that you have encountered in your job or field placement in the human services, why are these ethical dilemmas? How are the dilemmas handled? Please at least name five ethical dilemmas and discuss. (25分)
- 三、自1990年代起，社會排除 (social exclusion) 成為討論社會政策時的重要概念，首先將社會排除的概念譯成中文(見次頁)。又以此概念分析臺灣老人社會排除的情形，並研提降低老人社會排除的對策。(25分)
- 四、社會福利輸送系統常招致破碎 (fragmentation)、不可近性(inaccessibility)的批判，試探究其原因；又為建立一套整合的服務系統，可採行的策略為何？試以臺灣一項福利服務為例，加以分析並說明之。(25分)



備註	<p>一、作答於試題上者，不予計分。</p> <p>二、試題請隨卷繳交。</p>
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Alan and Carol Walker (1997, p 8) define exclusion as being: 'the dynamic process of being shut out, fully or partially, from any of the social, economic, political and cultural systems which determine the social integration of a person in society'. Silver's (2007, p 15) approach refers to social exclusion as a 'multidimensional process of progressive social rupture, detaching groups and individuals from social relations and institutions and preventing them from full participation in the normal, normatively prescribed activities of the society in which they live'.

There are at least three key themes that cut across the different approaches (Atkinson, 1998, p 7f). First, exclusion is perceived to be a *relative* concept. In this sense, judging whether a person or group is excluded only makes sense if their situation is contrasted with the general (normative) context of the society and time in which they live. Second, the notion of *agency* features in many understandings of exclusion, as in the approach of Burchardt et al (1999) just cited. According to Atkinson (1998, p 7), 'exclusion implies an act, with an agent or agents'. In this context, individuals and groups may not only be excluded against their will, but may also opt to exclude themselves. Third, exclusion is seen as being *dynamic*, changing over time and potentially extending its reach from one generation to the next. In relation to both individuals and groups, there is the possibility that people will move in and out of exclusion as they progress through time. Ideally, assessments of social exclusion should, therefore, reach beyond individuals' or groups' current status to take in a life-course and generational perspective.

In addition to the three features of social exclusion definitions highlighted by Atkinson (1998), and in order to differentiate exclusion from a traditionally rather narrow, income-based view of poverty, many definitions also refer to the *multidimensional* nature of exclusion. While the dimensions highlighted in such definitions vary, they typically identify access to material resources and social relationships, as well as a range of cultural and civic activities, as being key determinants of inclusion or exclusion (eg Gordon et al, 2000; Burchardt et al, 2002). Drawing these ideas together, and recognising that the definition underplays the dynamic nature of exclusion, for the purposes of this book we follow Levitas et al (2007, p 25) in regarding exclusion as representing 'the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities available to the majority of people in a society'.

資料來源: Thomas Scharf and Norah C. Keating (2012) *From Exclusion to Inclusion in Old Age: A Global Challenge*. Bristol: The Policy Press.

備註	一、作答於試題上者，不予計分。 二、試題請隨卷繳交。
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考試科目	社會研究方法 (含統計)	所別	社工研	考試時間	5月9日(六)第二節
<p>一、客觀是社會科學的研究方法非常重要的指標之一，請問質性研究達到客觀性與量化研究有何不同？(25分)</p> <p>二、請問質性研究常見的取樣原則有哪些？(請舉兩個原則)與量化研究的隨機代表性取樣有何不同？(25分)</p> <p>三、請列舉說明四種測量尺度之內涵，並於各類中舉出兩個變項。再者，請分別說明在交叉分析、變異量分析、和迴歸分析中，所使用的自變項和依變項應屬於哪種測量尺度。(25分)</p> <p>四、研究設計之良莠的判準為內在效度和外在效度，請說明其各自的意涵。下面是一項針對思覺失調症(Schizophrenia)患者之研究，請指出此種研究設計之名稱，並就此種設計之內在效度和外在效度加以評論。(25分)</p> <p>Study Site</p> <p>This study was conducted in a nongovernmental Psychiatric Treatment Centre in Mumbai, India (licensed centre as per Indian Mental Health Act 1987). Ethics permission for this study was obtained from the local independent research ethics board. Appropriate consents were received from all patients.</p> <p>Sample and Study Design</p> <p>A total of 200 patients hospitalized for first-episode schizophrenia was recruited and provided consent. At the ten-year follow-up point, 101 patients were available and these comprised the participants in the present sample. The participants provided consent a second time at the time of the follow-up. The mean age of this sample at baseline was 28.8 years (standard deviation [SD]=8.2; range 17–47) and 74 patients (73.3%) were male. At the end point, the mean age was 39.2 years (SD=7.9; range 22–58). All participants had a minimum of grade 12 education, living in catchments with families, and belonging to the middle-class socioeconomic group. The mean duration of illness prior to treatment was 14.0 (SD=8.0) months. Additional details of the patients at intake and those lost to follow-up are reported elsewhere. Forty-nine percent of patients were lost to follow-up during the ten years; although high, this appears to be a general pattern in early psychosis research. Patients available (n=101) at the end point of ten years and showing good recovery (n=61) as per the Clinical Global Impression Scale (CGIS) were used in the present study to study social outcome. Forty-three of the 61 patients showing clinical recovery (73%) were male. Patients completed the CGIS at baseline and at follow-up, and 61 patients showed “improvement” or “much improvement” on the CGIS-Improvement subscale. This was a cross-sectional study in a naturalistic clinical setting, which examined the level of social outcome achieved in good outcome patients.</p>					
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