

1. "The features of East Asian welfare and institutional configuration offer us a framework to compare ageing policy in specific countries and to explain their similarity and difference. For example, the cultural account emphasizes the role of Confucianism and ascribes the significance of family and household to East Asian welfare states, thereby bringing to light the familialism inherent in the ageing policy (e.g. Jones 1990; 1993; Rieger and Leibfried 2003). A similar argument, though with different connotation, points to the productivistic nature of the East Asian countries preoccupied with economic growth rather than realisation of social citizenship (Holliday 2000, 2005; Holliday and Wilding 2003). Ageing policy is, accordingly, subject to the developmental strategy that tends to put family and individual ahead of public responsibility. The third account, which attaches causal importance to political democratization, can elucidate the phenomenon of welfare expansion because social policy has indeed become an effective means to strengthen political legitimacy of democratized states. Therefore, it can give a clue to the question why similarly democratized countries such as Korea and Taiwan have increased their expenditure for the ageing policy (e.g. Ku 1995, 1997; Kwon 1998; Tang 2000). The same explanatory potential is also present in the fourth account, which takes into consideration the constraint of global capitalist competition upon the state's capacity to bear more welfare responsibility. In this way, we can better figure out the external pressure exerted on the development of the ageing policy in Taiwan (e.g. Ku 2003, 2004)."

Please answer the following questions in Chinese, based on the above paragraph.

A. What is the main topic the author would like to discuss? Ageing policy or welfare in general? (10%)

B. How many accounts are mentioned? What are the differences in their arguments? (15%)

2. "Multi-dimensionality is key to the idea of 'deep exclusion'. This term was introduced into the conceptual field by David Miliband, who argued in March 2005 that 'social exclusion exists in wide, deep and concentrated forms, and it is important not to confuse them' (Miliband, 2006, p 3). 'Wide exclusion' refers to those deprived on a single indicator. 'Deep exclusion' refers to those who are excluded on multiple counts, while 'concentrated exclusion' refers to the

concentration of problems in particular geographical areas. The dominant model both in the EU and in the UK has been a social integrationist approach (SID), in which employment is central. Notably, access to employment precedes access to resources in the first Nice criterion. In this model, paid work is seen as important not just as the most effective route out of material poverty but as an integrating factor in its own right. Bhalla and Lapeyre (1997) suggest that there are three main categories of the social aspects of social exclusion: access to social services (such as health and education); access to the labour market (precariousness of employment, as distinct from low pay); and the opportunity for social participation. But they stress the importance of the precariousness of the labour market and unemployment in relation to economic and social respects. The third model identified by Levitas is a moral underclass discourse (MUD) that focuses on the behavioural and attitudinal characteristics of the excluded and their imputed deficiencies.”

Please answer the following questions in Chinese, based on the above paragraph.

A. Are there different forms of social exclusion? What do they mean? (10%)

B. Please describe the three models of combating social exclusion, and discuss which model can be best applied to Taiwan? (15%)

3. “Evidence-based practice (EBP) has been advocated in a number of human service professions, first in medicine, and more recently in psychiatry, clinical psychology, and social work. It has come to signify reaffirmation of a profession’s commitment to a scientific knowledge base in general, and more specifically, an expectation that practice decisions be based on evidence from scientific research. The emphasis on EBP was fueled, to a large extent, by a growing realization that practitioners do not routinely use the best available evidence for their practice decisions. But even in medicine, where scientific tradition and reliance on the products of research are much more firmly rooted than in social work, the advocated transition to evidence-based medicine is not without its challenges and entails profession-wide readjustment. Advocacy for EBP has had few tangible results in social work. Despite the growing recognition of EBP’s appropriateness, I am not aware of a practice effort in which EBP was systematically implemented and evaluated. Also, findings from studies of practitioners’ use of research in practice have been disappointing. I believe that factors inherent in practitioners and in the practice situation render much of EBP incompatible with its routine application in practice. Such incompatibility has rarely been recognized or

addressed constructively.” (Rosen, 2003)

Please answer the following questions in Chinese, based on the above paragraph.

A. What does “evidence-based practice (EBP)” means? You could use examples to define the term. (10%)

B. What kind of obstacles to implementation of EBP might be inherent in practitioners and in the practice situation in Taiwan? What suggestions you would give to enhance the implementation of EBP? (15%)

4. “The profession of social work is distinguished from anthropology, psychology, sociology, and other disciplines by its focused on induced change.” (Fraser, 2004)
Using the case example in the following paragraph, choose any appropriate theory of your area as the conceptual framework for family assessment and intervention design as an exercise.

Please answer the following questions in Chinese.

A. Choose a theory first. Please do name the theory first, and explain how appropriate the chosen theory would be as the conceptual framework for this case example in terms of its “basic assumptions” on problem analysis and intervention principles? (10%)

B. Based on the chosen theoretical approach, what kind of tools you would use to do family assessment? What kind of intervention planning you would suggest to induce family change? (15%)

案例說明：

在一個冬日的下午，案主帶著大陸籍妻子、三個孩子在一條偏僻的路旁引汽車廢棄自殺，正好經路人即時發現，通報警方介入搶救，送醫治療後全家人皆無生命危險，經轉介後由社工人員進行關懷和處遇。在社工人員一連串的家庭訪視後，獲致的資料大致如下。

案主今年 43 歲，國中肄業，一直以打零工為生，原在西餐廳做雜工，後因餐廳經營不善關閉，遭解聘而失業。接著，為了生活，案主舉債從大陸進口雕刻佛像擺攤做生意，卻生意清淡，遭到債主委託黑社會討債，由於不堪其騷擾，憤而攜帶三個幼齡子女一起自殺。在這次的自殺事件後兩年內，案主曾經仍有兩次的自殺企圖，都因家中的孩子發現而加以阻止，顯示情緒非常低落。

案主的妻子為大陸籍，今年 31 歲，九年前經友人介紹嫁給案主，由於需要全日照顧三個孩子，並未外出工作，目前已獲得身份證，取得中華民國的國民資格。在案主失業後，因為經濟窘困，經常吵著要外出工作，但未獲案主同意，雙

方感情因為爭吵而日益疏離，離婚經常掛在嘴上的訴求。在案主的第二次自殺企圖事件後，案主的妻子終於憤而離家出走，雖然偶而會回來探望三個孩子，但頻率已逐漸遞減，最後已經很少聯繫。

案主有三個稚齡的孩子，分別為大女兒8歲，二兒子6歲及小女兒3歲。在身心發展方面，大女兒乖巧聽話，成績優良，老二有氣喘的毛病，容易發脾氣，老么成長大致符合正常範圍，個性可愛，是父母的開心果。在第一次的自殺事件後，老么經常出現惡夢驚醒、不停哭泣的問題，老二的脾氣更加暴躁，會亂摔東西，老大則經常沈默不語，不太理人。而從妻子出走後，案主們的情緒更加低落，兩個小孩子的照顧就落在8歲的老大身上，當案主的情緒低落到想要自殺時，老大還要隨時阻止案主的自殺企圖，情緒的負擔更加頗重。

國立台灣大學社會工作系 101 學年度博士班入學考試
社會研究方法

1. 「自願參與」(voluntary participation) 及「充分告知後的同意」(informed consent) 是最常見的研究倫理要求，試分別討論 researching down及researching up 時，研究者與被研究者的權力互動會如何影響這些要求？(20分)

2. 請閱讀以下研究摘要後回答下述問題：

- 1) 此論文的研究目的、研究方法、及研究發現為何？(15分)

- 2) 此研究如何採用 triangulation 的原則？其目的為何？在此研究中還可如何擴大使用此原則？(15分)

This paper is based on an ethnographic study of the occupational culture of a social work team in the UK. It is a discussion of some key aspects of social workers' construction of women as clients. Data were collected from observation of routine case talk, reading of case files and in-depth interviews with social workers. The conclusion of the research is that three defining discourses can be identified in the culture of the social work office: women as oppressed, women as responsible for protection, and women as making choices.

3. 有一研究者想了解：影響罹患慢性疾病老人疾病適應狀況的相關因素。該研究者在閱讀相關文獻後發現：罹病老人的疾病適應狀況與其所感受到的疾病壓力(stress)、對疾病控制的自我效能(efficacy)、社會烙印(stigma)，以及該疾病對其與家人互動關係品質(family)等因素有關。為試圖檢視這些影響因素是否也能用於解釋國內有同樣疾病經驗的老人之疾病適應狀況，該研究者遂以國內 65 歲以上、經醫生診斷罹患慢性疾病達六個月以上之老人為研究母體，並從中抽取樣本來進行資料蒐集與分析的工作，最後採多元迴歸分析法來進行假設驗證(已針對迴歸假設進行檢測，結果大致符合迴歸假設之要求)，所得 SPSS 報表結果如附件(第 2 頁)，請回答下列問題：
 - 1) 根據附件資料結果，提出您的研究結論與實務建議；請以文字配搭符合學術要求之表格來呈現之。(15 分)
 - 2) 根據上述結果，若該研究者想進一步檢視這些自變項與依變項之間是否具有因果關係的話，他該如何設計一個可以進行因果關係檢測的研究呢？(10 分)
4. 以實證為基礎的社工實務(evidenced-based social work practice)為近年來社工界熱烈討論的議題，有一位社工希望能藉由研究來證明自己所提供的服務是有效的，若此社工的服務對象為受虐之新移民女性，處遇目標為提升其自尊心與自我保護能力。若你是這位社工，請問你要如何呈現你的服務成效？請說明你的研究設計與評估方式。(25 分)

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.553(a)	.306	.285	1.487

a Predictors: (Constant), FAMILY, EFFICACY, STIGMA, STRESS

ANOVA(b)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	128.916	4	32.229	14.572	.000(a)
	Residual	291.945	132	2.212		
	Total	420.861	136			

a Predictors: (Constant), FAMILY, EFFICACY, STIGMA, STRESS

b Dependent Variable: COPING

Coefficients(a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	Part
1	(Constant)	8.948	1.224		7.313	.000			
	STRESS	-.079	.029	-.246	-2.704	.008	-.452	-.229	-.196
	EFFICACY	.034	.017	.146	1.996	.048	.210	.171	.145
	STIGMA	-.072	.041	-.152	-1.779	.078	-.365	-.153	-.129
	FAMILY	.137	.043	.256	3.158	.002	.425	.265	.229

a Dependent Variable: COPING

變項說明：

coping：得分越高代表疾病適應狀況越好

stress：得分越高代表壓力越大

efficacy：得分越高代表自我效能越好

stigma：得分越高代表感受到的社會烙印越大

family：得分越高代表其與家人互動關係品質越好