

社会福祉学 専攻 _____ 領域（博士前期/修士・博士後期・前後期共通）

試験科目：第 外国語（英語） / 専門科目（ ）

試験時間：（ 90 ）分

英語の問題は、問1と問2がある。問1、問2の解答はいずれも横書き罫線の解答用紙を用いなさい。

問1 以下の英文のうち、***で挟まれた部分を日本語に訳しなさい。

Social work plays an important role in eliminating racism and addressing anti-Asian hate crimes because of its commitment to equity, inclusion, and social justice as well as its focus on understanding complex systems from micro, meso, and macro perspectives. *** As professionals, social workers wield the tools to empower diverse individuals and communities, to advocate on social and political issues, and to engage in coalition building. A 2017 analysis by the Council on Social Work Education demonstrated a paucity of Asian American representation in the social work field, with Asian Americans comprising only 3% of graduates with a master of social work degree, and 1.9% of graduates with a bachelor's degree in social work that year. Such disproportionate minority representation remains prominent within the field today—in 2023, only 3.3% of licensed social workers nationwide identified as Asian, compared to the majority (58.5%) identifying as non-Hispanic White. Despite a lower number of Asian American social workers, Asian diaspora professionals involved in community activism and clinical social work have been instrumental in building community resilience and leading culturally informed healthcare efforts. These initiatives have led to various culturally competent and diverse solutions resulting in transformative changes bettering the lives of Black, Indigenous, and People of Color (BIPOC) and Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities to date.

Hate and discrimination impact a myriad of issues extending beyond physical and verbal attacks. Systemic issues—some examples include stigmatization of help-seeking, mental health stigma, and Westernized healthcare policies—often prevent Asian Americans from receiving culturally relevant care and prohibit conversations around mental health. Indeed, AANHPI individuals are known to access healthcare services at significantly lower rates compared to their non-Hispanic White counterparts. Microaggressions and racial discrimination act as deterrents for those with language barriers and a mistrust of the medical system. The homogenization of racial and ethnic groupings within AANHPI communities, both in research and in education, further lends to an incomplete picture of existing health disparities and unique community needs. Consistently, we see that Western policies act as barriers, perpetuating anti-Asian racism, discrimination, and hate. *** Given and in spite of these persisting challenges, through education, curriculum, and research, as well as through uplifting and centering the stories of AANHPI communities, social workers can play a vital and invaluable role in mitigating these effects and incidences.

出典：Aaron, Sofie Hana, et al. (2024) 'The Role of Social Work and Storytelling in Eliminating Anti-Asian Racism and Hate Crimes', in Meirong Liu, and Keith Chan (eds.), *Addressing Anti-Asian Racism with Social Work Advocacy and Action*, Oxford University Press, 227-251.

問2 以下の英文は、社会的ニーズ (social needs) について説明したものである。これを読み、社会的ニーズとはどのようなものか述べなさい。ただしその際、関連する概念との違いやニーズの分類についても言及すること (字数制限なし)。

While I have suggested that there were mixed motives for organising social welfare institutions, the meeting of social needs remains their central concern. We must therefore review the definition of this crucial concept. A useful starting point is to distinguish needs from two related notions: wants and preferences. There are two important senses in which wants and needs differ. First, wants are more inclusive: we may want things that we do not need; indeed, marketing experts make great efforts to persuade us to do so. Second, we may need things that we do not want, either through ignorance or through our dislike of them. Medical intervention can often be of this type. Both these distinctions from want suggest that needs are more basic or essential to us than wants.

Preferences, a concept frequently used in economic analyses, differ from needs and wants in the sense that they are revealed only when we make choices, usually in the act of buying goods or services as consumers. The argument here is that it is difficult to really know what people need or want unless they act in some way to try to secure for themselves the things in question. This action component, however, has its limits, for of course wants cannot be revealed in the market if we do not have the money to pay for things, and needs cannot be revealed by individuals where they are not aware of them or there are no services to meet them. Needs, then, may well have to be discovered by those other than the individual concerned.

We should also make a distinction between needs and social needs. Needs (and problems and welfare) are 'social' in the sense that they are concerned not only with, for example, individual causes and experiences of illness and poverty, but also with the amount and distribution of illness and poverty in different social groups; the reasons for this that arise out of the shared conditions of life for those social groups; and the social structures and processes through which they might be ameliorated. For example, it is only necessary to vaccinate a proportion of the population to stop the spread of infectious disease. In this case, the population can be seen to have a need, but any specific individual may not necessarily feel, or be defined by others as, in need. Waiting in line for an injection, we may have all felt this way as children!

These considerations enable us to make some simple classification of types of need. First are those needs which we are aware of ourselves, felt needs. These are obvious when we feel ill or have an accident. The second type of needs is those defined for us by others, usually experts or professionals, such as doctors or teachers, but also importantly by family and friends. The third type of need is partly an extension of the second, to focus on needs as revealed, perhaps in surveys, in comparison with other people in the same social group. Here an individual can be said to be in comparative need because others have something that they do not.

An important aspect of needs, shared by all three types, has given rise to many debates in social policy. This is the question of how needs can be measured, particularly when we move away from the obvious examples such as major medical emergencies. The classic case is that of poverty. How much income do we need? One approach, drawing on the second type of need as defined by experts, is to think about the basic essentials, such as food, clothing and shelter, and to work out the amount of money needed to buy the cheapest minimal provision of these, and to define anyone with less money as poor or in need.

However, any close study of the way in which poor people live reveals that the notion of 'basic essentials' or 'cheapest minimal provision' varies with the way of life of the particular family and community in which an individual lives. Is television or internet access an essential? Is meat eating essential? What cultural prescriptions about dress codes are essential?

An alternative approach is to use the first type of need, and merely to ask poor people what they feel they

need. However, where this has been done, it seems that poor people often adjust to their circumstances and feel less in need than they 'ought' to, especially if they are older people, while others can feel poor where they 'ought' not to. Finally, we could merely define as poor those people with less than others as in the third type of need, comparative need, for example, by ranking incomes and identifying, say, the bottom 10 per cent as poor.

This problem of measurement has resulted in an oscillation in social policy debates between those who favour an objective interpretation of what is 'basic' or 'essential', for example, in terms of the ability of an individual to remain alive, and to retain the capacity to act as a 'person' in society; and those who argue that needs are really more subjectively defined by individuals themselves, experts, and government agencies and others who provide services designed to meet needs.

出典 : Manning, Nick, (2016) 'Social Needs, Social Problems, Social Welfare and Well-Being' in Pete Alcock et al. (eds.), *The Student's Companion to Social Policy (5th Edition)*, Wiley Blackwell (Kindle Ver.).

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以下の設問から3問を選択し、論述しなさい。なお、1つの設問につき1枚の解答用紙を用い、解答用紙の右上に選んだ設問の番号を記載すること。

1. 社会保険と民間保険の違いについて説明しなさい。ただし、給付・反対給付金等の原則、収支相当の原則の意味を説明しながら、文中で必ず用いること。
2. 「ジニ係数」の定義とその指標の意味について説明しなさい。
3. 「地域共生社会の実現」は、近年の社会福祉政策における中心的な理念の1つである。この理念に基づく具体的な制度や政策を挙げ、その特徴と課題を分析しなさい。
4. 福祉政策の形成には、行政、政治家、専門職、研究者、市民などさまざまなアクターが関与する。あなたが関心を持つ福祉制度を1つ選び、それが形成・改正された過程を政策過程論の観点から説明しなさい。あわせて、今後の政策形成における住民参加のあり方について、述べなさい。
5. 批判的理論を用いて、社会福祉制度が再生産する格差について分析し、ソーシャルワークの介入可能性について論じなさい。
6. ソーシャルワーカーの倫理的ジレンマの例を一つ挙げ、その背景と対応のあり方について、関連する倫理綱領や理論に言及しつつ述べなさい。
7. ケースワーク発展の歴史における診断主義学派と機能主義学派の関係について述べなさい。
8. 「病院完結型医療から地域完結型医療への転換」の意義と課題について、医療法改正の変遷をふまえたうえで、説明しなさい。