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Cooperation between Academia and Social Practices in Human Services

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Forward

On Saturday January 25th, 2014, the Institute of Human Sciences(IHS) held the "Translational studies for inclusive society" ("TransIS") Project Kick-Off-Conference, which was also the 2014 annual conference of the Institute. The TransIS project is being conducted from 2013 to 2015 to construct a basis for the study of practical applied support (translational support studies) for an inclusive society. It is supported by the Ministry of Education, Culture, Sports, Science & Technology with its program for the Strategic Research Foundation at Private Universities. This report, recording the presentations at the conference, aims to make the ideas and the ambitions there available to the public.

The conference had three purposes. First, it was held to mark the TransIS. It is an institute-wide project of the IHS, which has emphasized cross-disciplinary research on topics related to human beings and their environment.

The second purpose was to further develop our research activities by sharing within the institute, and among participating researchers in particular, the future direction of our strategic research and by facilitating an exchange of ideas. With this kind of development in mind, we invited Professor Haluk Soydan, an internationally renowned scholar at the School of Social Work, University of Southern California, to give a keynote address on evidence based social work practice.

The third purpose of the conference was to share the results of new research in the field of human sciences being conducted by the Institute of Human Sciences and link them to the development of research in the future. In addition to participants in the institute-wide project mentioned above, recipients of the Exploratory Research Program, which was newly implemented in 2013, also gave their preliminary findings at the poster session. It is hoped that the new ideas and the challenging initiatives shown there will develop further going forward.

In light of the above the conference was conducted with a three-part structure. In the first part, the poster session, fourteen papers were given by researchers

taking part in the TransIS project and researchers awarded grants of the 2013 Exploratory Research Program, and lively discussions were held.

In the second part, Professor Haluk Soydan delivered a keynote address entitled “Evidence-based Practice in Human Services”. The content presented by Professor Haluk Soydan, who has spent many years studying the issue of evidence in the field of human services, was of great significance to our TransIS project, which concerns translational research, linking scientific research to practical results, and its methodology.

In the third part, a panel discussion, “Creating the New Vision of Translational Studies for Inclusive Society”, was held with the project leader and team leaders. The content of these second and third parts is included in this report. While this content is for the most part taken directly from the conference, a few minor additions and corrections have been made. Regarding other points, please see the notes on the individual texts.

We hope the discussions presented here will be of use to everyone with an interest in translational studies on human support and inclusive societies.

In closing, I would like to take this opportunity to express my deep gratitude to everyone who participated in the conference. I would particularly acknowledge Professor Haluk Soydan, coming all the way from California, for his stimulating keynote address. I would like to appreciate the effort of Professor Mitsuyuki Inaba, the leader of the TransIS project, to successfully moderate the panel discussion. I would also like to thank Shinobu Namba, Shiro Katayama, and Junko Ogino from the Institute of Human Sciences Administrative Office for their hard work in running the conference and editing this report.

Ryozo Matsuda
Director
Institute of Human Sciences

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Evidence-Based Practice in Human Services

Haluk Soydan
(University of Southern California)

Good afternoon, everyone. Thank you so much, Professor Matsuda, for this very generous introduction. I am truly delighted to be here this afternoon. As Professor Matsuda mentioned, we've been in touch for a year now. Last year I wasn't able to accept his generous invitation. I was able this year, so I'm very happy for that. The reward for coming from such a faraway place as Los Angeles is to know that there is a core group of colleagues and students here in Japan who are interested in evidence-based practice. I travel to different countries as a promoter of evidence-based practice in social work, and in human services in general, but it is the first time that I have visited Japan for this purpose. Again, thank you so much, Professor Matsuda, for this invitation. I'm impressed by the organization of this conference. I will be speaking about recent developments—and when I say recent, I mean during the past 15 years—in social work and human services. I'm not exaggerating when I say that there is a small revolution going on in terms of how we integrate high-quality scientific evidence within social services for the benefit of our clients. I will start with a definition. I apologize if I'm sometimes too simplistic in my presentation, but this is due very much to my personal ignorance about the conditions here in Japan, so I will try to balance my presentation to position myself on an appropriate and adequate level in our communications, and I will be happy to answer your questions following my presentation.

Human Services

Just to make sure that we're on the same page, what are human services? Human services are services delivered in professional institutions. They are provided by professionals with special education and training within

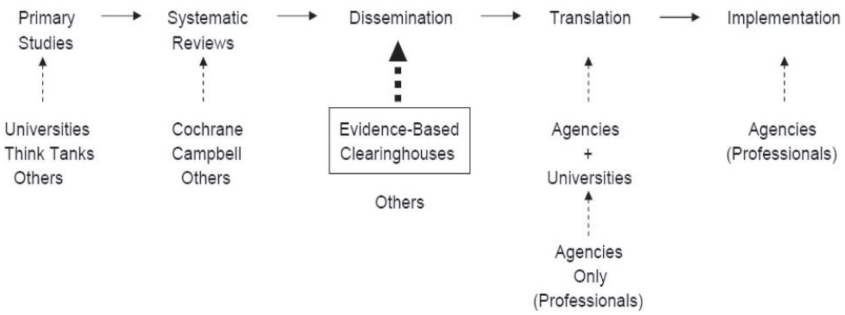
organizational settings. Further, they are based on scientific evidence. They are delivered to individuals, families, groups, communities, and even large populations to prevent or treat health, behavioral, and social problems. Familiar examples of human services are social services and health services—a hospital is a human service agency or organization, and even government agencies deliver human services.

Evidence-Based Practice

What is evidence-based practice? I will explain this concept and its different dimensions in detail later, but a formal definition of evidence-based practice is more or less the following. Evidence-based practice is the integration of the best scientific evidence with the skills of professionals and the values, traditions, and preferences of individual clients, or even groups and communities, in specific organizational and cultural settings. Today, I will be using three different words, or concepts, interchangeably. One is evidence-based practice, another is evidence-based medicine, and the third is evidence-based policy.

Let me start with this simple flowchart (Figure 1) to give ourselves a frame of reference.

Figure 1. Research Dissemination: From Bench to Trench



From Bench to Trench or From Research to Implementation

What we are discussing here today is really a process: the process of producing scientific evidence and bringing it to settings in which it can be used. This

flowchart perhaps looks simplistic, but I think it's important to remind ourselves that this is what we're talking about, because it's often not very self-evident. It's not self-evident because in our profession, especially social and behavioral sciences, there are paradigms that stipulate conducting research for the sake of research. The type of research that I'm talking about is the kind of research that has a purpose. The purpose of this research is the betterment of human beings and human societies. Therefore, we are not producing research for its own sake but for a specific, given purpose, and that's what this flowchart is designed to illustrate. On the left-hand side, the most familiar step for all of us as professors and students is, of course, the production of primary studies. That's what we are trained for, and that's what we viewed earlier in the conference posters displayed in the conference venue. We learn methods and techniques and we use those methods to extract information in a systematic way about individuals as social beings and about human societies as networks and structures. This step is traditionally accomplished by university-based researchers, but in the contemporary world it is also performed by other institutions—for instance, by think tanks, which are advanced knowledge-generating institutions. Many other large-scale companies, especially in the industrial sector, have their own research and development units. We live in a much more complex world today in terms of primary research and primary evidence production.

Systematic Research Reviews

The next step in this process, what we call systematic research reviews, is really an innovation. The history of the systematic research review in its current form is no more than 20 years long. Production of systematic research reviews has become a science and technology in itself. This innovation was originally developed by the international Cochrane Collaboration and the international Campbell Collaboration, but nowadays there are many other agencies, especially government agencies, around the world that produce systematic research reviews. I will describe this form of research in detail later, but for now we can observe that reviews are the systematic synthesis of primary research outcomes.

Dissemination

Now, once information is obtained in the form of primary studies and systematic reviews, it has to be disseminated in a more organized way to reach the end users. Today, this is achieved mostly by electronic means. Although we publish books and read print copies of books, most of the information that we disseminate globally is electronic. Today, I don't have to go to the library. I can sit in my office and pull up all the information in articles and other documents that I need for my specific study. Dissemination is a very crucial and important step in this flowchart, and it is conducted by many databases and agencies. One specific type of dissemination occurs via evidence-based clearinghouses.

Translation

The next step in this flowchart is translation. I don't think that this concept even existed in the scientific world 15 years ago. It's a new construct that involves translating generalized (or abstracted) knowledge from primary research and systematic research reviews to specific contexts. As scientists and students of science, you know that scientific process is the study of the particulars and the generalization of information extracted from particular contexts to a wider setting. This means we examine particular phenomena and generalize our findings to an abstract level. These abstractions become our hypotheses and theories about human beings and their behavior and human societies. Now, in the context of application or implementation, this abstracted information has to be translated back to a particular setting. That's what translation is about. An additional meaning of translation is the transport of scientific evidence from the setting in which it was generated to a new setting where it was not previously tested for implementation. An example is transporting an evidence-based intervention from the United States to Japan. I will return to this concept. Of course, as I mentioned, the ultimate purpose of all these activities is to implement scientific evidence; implementation is the act of applying this information in real-life settings for the purpose of the betterment of human beings and human societies. That is the general frame of reference that we should have in mind.

Evidence-Based Medicine, Practice, and Policy

I was asked by Professor Matsuda to comment on the relationship between evidence-based medicine and evidence-based practice (as well as evidence-based policy). I would say these concepts are twin siblings. There is a chronological order in the birth of these twins. First came the medical sciences and medical practices. Scholars in these fields established the concept of evidence-based medicine. It took another 5 to 8 years before social scientists transported the concept to social, behavioral, and educational professions, and the term evidence-based practice was coined. Later, evidence-based policy was developed as governments became increasingly interested in using high-quality evidence in government decision making. In fact, last year I worked on behalf of the Swedish government together with a scientist in Australia (Head, 2013) to explore how governments use high-quality evidence in decision making. All these concepts are interconnected. They are very similar to one another; they just apply to different sectors of human life.

Research and Practice Gap

Figure 2. Research and Policy/Practice Gap

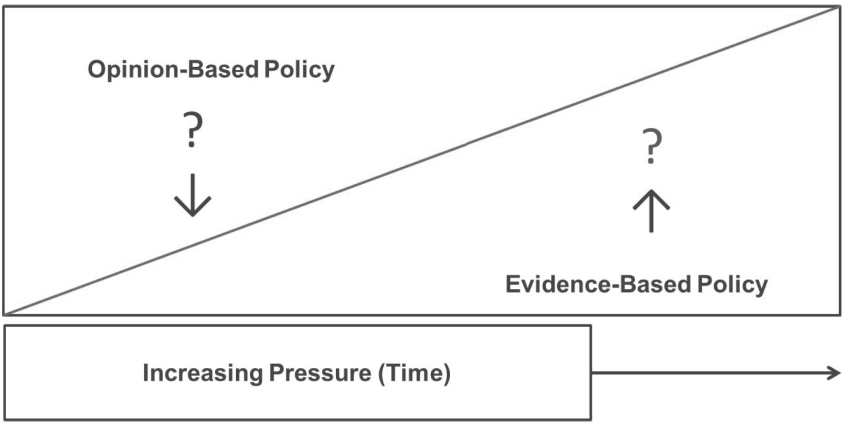


Figure 2 (Davies, Newcomer, & Soydan, 2006) illustrates on a time axis that

modern societies are moving from decision making based on opinions to a state of decision making based on scientific evidence. Opinion-based policy or practice means professionals use their own opinions when they make decisions and take action. Evidence-based practice or policy means when they make decisions and take action, they rely on high-quality evidence. If you imagine cutting this picture into different vertical sections, each cut will show how much evidence-based policy versus opinion-based policy is dominant in a certain country or a society at a given time. In my view, and fortunately for us especially as citizens, we are moving from opinion-based policy to evidence-based policy. Some governments and certain societies have been leading this movement. For instance, there was a very strong movement within the Blair government in the United Kingdom in terms of shifting from making decisions based on opinion to evidence, as compared to other countries at that time.

Pace and Style of Diffusion and Uptake

Again, as Professor Matsuda and I communicated, another important question came to me: How can we explain the fact that evidence-based practice, medicine, and policy have been accepted at a different pace in different countries, and why has evidence-based medicine been more sustainable, more durable, and had a longer life compared to evidence-based practice in human services? This is a really good question, and I searched for an answer in terms of three main groups of factors.

The Experimental Mind

One is what I call the experimental mind as a scientific approach. This represents a specific way of approaching a problem. I was chatting with some students earlier about one specific project involving narrative archives, and there is, as I understood, three different information packages. Three students who are involved in the project have used different methods. One is planning an experimental study in terms of understanding outcomes of a specific intervention as expressed in the narratives. The question raised is: How do the narrative archives influence betterment? This is a specific mindset. It's not self-evident that

we all have that mindset. It's not self-evident that every university has that mindset. It's not self-evident that every society has that mindset. Therefore, the pace and sustainability of evidence-based practice, medicine, and policy is very much contingent on the degree of the experimental mind in a given context.

Paradigmatic Differences

The second group of factors is pertinent to the dominant methodology of science in a specific society. As you know as social scientists, there are different and competing scientific paradigms. Scientific paradigms are basically assumptions about human nature and societies, as well as assumptions about what is knowable and how it is knowable. Depending on the assumptions that we learn as students, that we teach our students, and that are passed down from generation after generation of scientists, our minds are heavily influenced and sometimes limited by these paradigms. The paradigm that positively affects the pace and sustainability of evidence-based practice is the kind of paradigm that promotes human betterment based on high-quality scientific information. Simply put, these paradigms are different in different countries.

Cultural History

A third group of factors is related to the cultural history of a country; some cultures historically have favored the role of scientific knowledge in policy, practice, and governance more than other cultures. I will give an example later on as I return to this issue. For now, let me reiterate that I think these factors affect the diffusion, uptake, pace, and sustainability of evidence-based practice in diverse cultures.

Examples

There seems to exist a difference between the medical sciences and social and behavioral sciences. I wanted to give a couple of examples. The experimental mind in medical sciences, from what we know, can be traced back for many, many years. Here is a citation that I borrowed from a forthcoming book (Palinkas & Soydan, in press) I authored with a colleague. The passage, a biblical anecdote,

reads as follows: "Then Daniel said to the guards whom the master of the eunuchs had put in charge of Hananiah, Mishael, and Azariah and himself, 'Submit us to this test for 10 days. Give us only vegetables to eat and water to drink. Then compare our looks with those of the young men who have lived on the food assigned by the king and be guided in your treatment of us by what you see.'" This is a 2,000-year-old example of the experimental mind.

The second example I have chosen is the case of James Lind, a British surgeon who worked for the British navy. He is considered the pioneer of the first controlled clinical trial, which was conducted in 1747. This was a controlled study of the relationship between vitamin C deficiency and scurvy, an illness. Members of the navy and nobleman were on sailing trips for months, maybe even years. Their nutritional base was very limited. They had hardly any access to fresh vegetables and fresh fruits, so vitamin C did not really exist in their daily diet. James Lind thought perhaps scurvy had an association with nutrition, and specifically with vitamin C. He designed a controlled experimental study that he conducted under controlled conditions. It is the first systematic experimental study known to us in the field of medicine, and James Lind was able to show evidence on vitamin C deficiency and scurvy.

Most recently, a British physician from Wales by the name of Archie Cochrane, whose name was adopted by the Cochrane Collaboration, became very much concerned and engaged in the health of mineworkers. He wrote a short book I have on my bookshelf titled *Effectiveness and Efficiency: Random Selections on Health Services* (Cochrane, 1972). In this book, Cochrane advocated for basing medical treatment on high-quality evidence. Amazingly, this book was incredibly explicit has been tremendously influential in our thinking today. I refer to colleagues in the area of medicine as innovators and early adopters because they adopted this method at a very early stage.

Next, let's look at social scientists. I label them as followers and late adopters. This is not as good as colleagues in medical sciences, but it's not bad either. It's better late than never, right? Social scientists at one point embraced the idea of evidence-based practice. There are many examples, but I prefer one specific milestone. Donald Campbell, whose name was given to the international

Campbell Collaboration, was an American psychologist and methodologist. The famous methodological pair of concepts of internal validity versus external validity was developed and coined by Campbell. As some of you might remember, he prepared a list of threats, or risks, to internal validity. Factors that threaten internal validity and prevent us from properly measuring what we are intending to measure—that's what internal validity is about. He listed all those factors. Depending on whether or not you made any of these mistakes—if you did, you created a lot of biases—you might think that you measured what you intended to measure but you actually measured something else. This means that the information that you claim to be about something specific is not really true. Campbell also advocated exactly what Archie Cochrane did, that societal and especially social policy issues should be based on high-quality evidence, and his work is titled *The Experimenting Society* (Campbell, 1988).

I mentioned methodology and cultural history. Medical sciences are based on natural sciences and the science of surgery, which has always been very experimental. Some of you might remember Isaac Newton, the scientist and philosopher who came up with the theory of gravitation. According to the famous anecdote, one afternoon he was taking a nap under an apple tree and an apple fell to the ground. All of a sudden he came up with the idea that there is a force pressing down on the Earth, which is gravitation, so that items fall when they are free in the air. He started conducting experiments and came up with this theory. It has been very natural to medical sciences to be experimental and use that kind of methodology.

Methodological Split

In social sciences, we have a split between qualitative and quantitative methods of data collection and data analysis. This is reflected in the philosophy of our science. In German, scholars differentiate between *Verstehen*, or trying to understand the nature of things in a narrative way, and *Erklären*, or explaining things. With this theoretical background of understanding versus explaining, we have developed that methodological split. It has led us to different types of scientific strategies over the years, and has become a controversy. The split

became further complicated during the mid-1800s and culminated during the 1960s and 1970s, at least in the Western world, with the emergence of Marxist theory. So we have this very turbulent history of making science. That is a problem in terms of evidence-based practice because social and behavioral scientists tend to split, to understand things differently, which is different than the medical sciences. That's another group of factors.

Our varied cultural history is very often instrumental; in other words, Western rationality is contrasted or compared to non-Western rationalities. That also plays a role in terms of accepting and diffusing evidence-based practice in different societies because national cultures and our histories make a difference in terms of what we accept, how quickly we accept it, and whether or not we want to implement a specific innovation, in this case evidence-based practice.

Contemporary and Powerful Trends in Science

Because we have a scholarly gathering this afternoon, I wanted to share with you several of my recent observations that directly connect to evidence-based practice on one specific point. First of all, what we are seeing today is that among social scientists across the globe, there is a reclamation, a taking back of ownership, of the experimental mind. Social scientists today are increasingly embracing the experimental mind in social sciences, and I'm sure the next generation will be even more accepting of this concept. That's directly related to the evidence-based practice movement, I must say. Without the evidence-based movement, I don't think that we would be as aware of the importance and potential of the experimental mind in social sciences.

My second observation concerns very recent developments in biology and the neurosciences. Today, our colleagues are producing completely new information that will affect our understanding of individual and collective human behavior—so much different than sociologists and psychologists today. I see it as a challenge. Some social scientists might see it as a trap because it will shake the foundations of social sciences in some quarters, but you cannot stop evolution. You cannot stop development, so I see it as a challenge, but most of all I see it as an opportunity for us as a scientific community to examine human behavior and

try to understand human behavior from new perspectives.

The second observation is related to a third, which has quite recently developed in the United States and is known as big data. Big data refers to systematic information collected from huge populations and containing multiple variables. Let's say we gathered information for the entire population of the country of Japan covering areas such health, urban environment, heritage, etc. That would include information on more than 100 million individuals. Then imagine that for each individual you collected biological, neuroscientific, behavioral, social, and cultural variables. Then imagine compiling and analyzing this information using advanced computer technology. That's where we're headed today and it's very much related to the previous developments I have discussed because there are colleagues out there who believe that by integrating this information, new horizons will open for us. That's the kind of context that I see today and that's where evidence-based practice has its place.

Scientific Evidence

Let's return to some basics. What is scientific evidence? Evidence in the broadest sense refers to anything that is used to determine and demonstrate the truth of an assertion or a proposition. When I say all swans are white, what is the truth? Is it true or not? Show me the evidence. The information that you obtain represents the truth, that all swans are white. Now, if you find one swan that is not white, then that specific truth is not the truth anymore, so we need a new hypothesis about the color of swans. Generally, it's assumed—and I repeat, assumed—that randomized controlled trials generate the best possible estimations when it comes to health, behavioral, and social interventions. I'm not saying perfect estimations, but the best possible. A consequence of this is the following: all scientific knowledge referring to causal relationships is estimated. It is not 100% truth. It is probabilities and percentages about the truth of associations between real-life phenomena. In the area of evidence-based medicine, one of our Canadian colleagues, David Sackett, formulated the following observation: "Because the randomised trial, and especially the systematic review of several randomised trials, is so much more likely to inform

us and so much less likely to mislead us, it has become the 'gold standard' for judging whether a treatment does more good than harm" (Sackett, Rosenberg, Muir Gray, Haynes, & Richardson, 1996, para. 8). I truly believe in that sentiment. I know colleagues who will not embrace that concept as strongly, but that is the position that I have taken.

Scientific Estimates

What does estimate mean? A scientific estimate is the probability of a causal relationship. The concept of estimate implies uncertainty of knowing and uncertainty in knowing. A Greek American colleague, John Ioannidis (2005), concluded the following: "A major problem in science is that it is impossible to know with 100% certainty what the truth is in any research question" ("How Can We Improve," para. 1). In that sense, the gold standard is unattainable, so I agree we probably can never truly reach the level of the gold standard. But we can try to eliminate and control various biases so that we can come closer to that standard. I think at least now, in the current state of science in general, we have to live with the fact that there is a scientific uncertainty. In the same article, Ioannidis (2005) concluded that stronger evidence is obtained from larger studies larger samples, as well as low-bias meta-analyses: "It is misleading to emphasize the statistically significant findings of any single research team. What matters is the totality of the evidence" ("How Can We Improve," para. 3). As individual researchers and research teams, we want to believe that what we have found and what we observe is the real truth, but perhaps it is not. Perhaps together, as a scientific collective or community, we might get closer to a stronger level of evidence than as individuals. In that perspective, the globalization of evidence today is a really positive outcome.

Evidence-Based Practice

I'm returning now to evidence-based practice. As I said earlier, evidence-based practice is the integration of the best possible scientific evidence with the skills of professionals who implement that evidence and the conditions under which it is implemented. When this integration takes place, we have evidence-based

practice.

Professional Skills

So what is a professional skill? This concept refers to a profession's collective wisdom as reflected in the actions of individual professionals, e.g., social workers. It refers to an individual professional's ability to conscientiously (i.e., honestly) and judiciously (i.e., wisely) use the best possible instruments, methods, and interventions of the profession to the benefit of the client. Don't forget the client. It's always about the client. As professionals, we all are servants in one sense because without clients and patients, there wouldn't be a profession.

Settings of Evidence-Based Practice

What are the settings, the circumstance that I'm talking about? Clinical, social, and cultural settings refer to the human space in which two individuals or groups of individuals representing diverse cultural systems (for instance, ethnic, professional, organizational, national) interact and engage in a process of debate and compromise and exchange knowledge, attitudes, and practices. Treatment in a hospital setting involves information produced by scientists, but it also involves the skills of the doctor or nurse who is providing the treatment, as well as the condition of the health care organization and the infrastructural conditions that frame the situation. The world's best intervention program is worthless if the patient or client is not willing to accept and comply with it. You cannot force that acceptance. You can prescribe medication for a client, but the client may go home and not take the pills. If the client is not compliant, so there's not much you can do about it. You cannot be with the client at all times, so you must have positive interaction and develop a common understanding.

Evidence-Based Practice as a Process and Interventions Based on Evidence

I'd like to point out a very simple differentiation. Historically, evidence-based practice or medicine came to represent two different but interconnected components. One is a process. The other is interventions. I will take a few minutes and I will talk about this dual meaning. When we say evidence-based

practice, we think of a specific process, but we also think about specific interventions or professional practices that are supported by high-quality evidence.

First, what is the process? It is actually very simple. As a professional, you have to understand the problem that the client or patient exhibits. When a client comes to you in a social service agency or a hospital setting, they might not speak the same professional language and they can't reach the same diagnosis as you. They will tell you their story in their own language—plain language, not professional language. The first step is to convert this information into an answerable question that makes sense to you as a professional and can be solved. The next step involves tracking down the best possible evidence that can deliver a good answer or a solution to this problem that you just formulated. You're expected to appraise or assess of the quality of this evidence. Is it solid evidence or not? Then you have to put this information in the context of this specific client in your office. That's your job as a professional social worker. As the last step, you should learn from your mistakes and successes; that is, you have to evaluate what you've done and how you have done it, and improve your professional approach for the next client. This is essentially the evidence-based practice process.

Examples

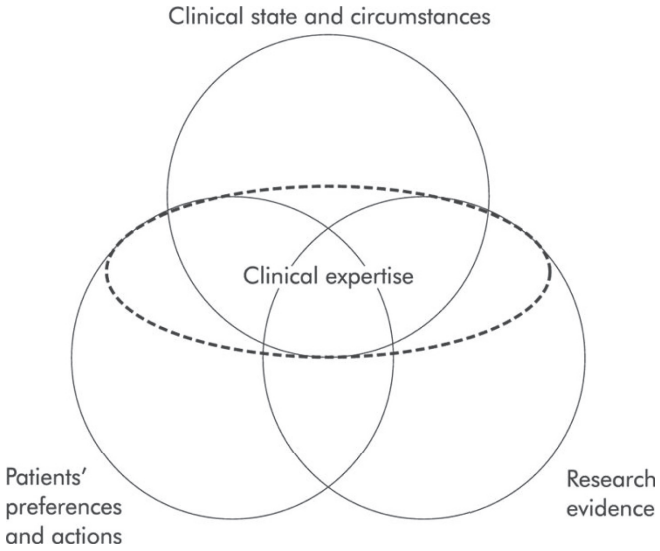
Evidence-based practice also refers to interventions or programs that are supported by high-quality information or evidence. I have developed two examples to illustrate this aspect of evidence-based medicine and evidence-based practice. One is borrowed from the Cochrane Library, which was developed and is maintained by the international Cochrane Collaboration, and concerns high-volume hemofiltration (HVHF) to treat sepsis, or blood poisoning (Borthwick et al., 2013). In such cases, the collected and synthesized evidence shows that there is insufficient evidence to recommend the use of HVHF, or filtration of the blood, in critically ill patients with severe sepsis or who are septic. This method is used in hospitals in different places, but Borthwick et al.'s (2013) review points out that the evidence is not strong enough to conclude that applying this kind of

treatment to a patient in this condition is appropriate. However, we know is that there are no adverse effects of this specific intervention, which is fortunate. It means a specific patient will not be harmed because of this specific intervention. That's very important information from the medical sciences.

I have also chosen one example from the Campbell Library by Strang, Sherman, Mayo-Wilson, Woods, and Ariel (2013). I selected this specific case because I understand Japan has developed a project on something called restorative justice conferencing, which involves using face-to-face meetings between offenders and victims. This standardized, tested, manual-based intervention has a modest impact but is highly cost-effective in reduction of repeat offending, which is positive and has substantial benefits for victims. Strang et al. (2013) estimated the cost effectiveness of restorative justice conferences in the United Kingdom and found a ratio of eight times more benefit in terms of the cost of crimes prevented compared to the cost of delivering the intervention. By intervening with one client, you will save eight times the amount of money you invested.

Let me mention some other examples of evidence-based interventions. I borrowed this from the California Evidence-based Clearinghouse for Child Welfare (http://www.cebc4cw.org). These examples are in the child welfare area: one is called Incredible Years and the other is the Oregon Model. These are both examples of evidence-based practices or interventions, and there are so many more.

Figure 3. Updated Model for Evidence-Based Clinical Decisions



Finally, Figure 3 illustrates a classic model that has been used widely by many colleagues (Haynes, Devereaux, & Guyatt, 2002). It was developed in Canada and represents the integration of research evidence with patient preferences and actions, as well as clinical circumstances. Professionals and scientists might think that research evidence is what counts, but this model indicates that although research evidence has a role, it is not the only factor that affects decisions about treating a patient, caring for a client, or intervening in a community neighborhood.

The Cochrane and Campbell Collaborations

I want to talk a little bit more about the Cochrane and Campbell collaborations, two worldwide networks. The Cochrane Collaboration, the first of the two to be developed, has grown especially large. It currently features more than 6,000 systematic research reviews in its library, which is an important database for the medical sciences. Medical guidelines that many countries use today are based on these systematic research reviews prepared by the Cochrane Collaboration.

Some of these guidelines are legally mandatory, others are recommendations. These guidelines resemble the checklist that pilots use before takeoff that you've probably seen in movies and documentaries. The guidelines that are used today in human services and specific health care settings are based on the information that these two collaborations produce.

Because I have been engaged in the Campbell Collaboration myself, let me say a few words about it as well. This network has the aim of preparing, maintaining, and promoting the accessibility of systematic reviews (or the synthesis) of outcomes of social, behavioral, and educational policies and practices to help people make sound decisions.

Publication Explosion

Why were the Cochrane and Campbell collaborations developed and established? Let me mention some of the important components of their background. First, beginning after World War II, the number of scientific publications exploded in number. Can you guess how many scientific journals exist in the larger area of social and behavioral sciences? Ten, 100, or 200? In fact, it's more than 1,700. Do the math—if each journal has four issues a year and each issue has eight articles, the number of social scientific articles produced each year would be 54,400 (Soydan, 2008). The production is simply enormous and there is no way of really keeping up or reading everything, because we don't have that kind of time. That has been a big problem and remains a big problem. How do you access all of these publications? Do you have all these 1,700 journals in your library or online? No, we don't have it, so access is a problem.

Problem of Access

Issues of access are a problem in another way as well, a problem that has been studied scientifically. As you know, scientific journal articles are indexed in different databases. You access different databases and use keywords to search for scientific articles. It turns out that these databases fail to index many articles for one reason or another. It has been established that if you take the entire volume set of one specific journal and perform what is called a hand search, you

discover many more articles than those listed in these databases. There's a gap. Databases tend to lose information. This is a publication bias. There is another serious problem. Assume you have time to read all those articles. Are you going to be able to assess the quality of all that information? No, it's a painstaking job. We want to read articles and try to assess them with a critical eye to determine the quality of the work. It's time consuming. There is no way of doing it on a large scale, so quality assessment is another problem.

Issue of Transparency

Transparency is an even worse problem because, especially in the past years, authors who submit manuscripts often do not disclose all the pertinent methodological information related to their studies, and scientific journals have not demanded that information. Especially in the past, if you search for articles, you won't be able to obtain the information necessary to assess the quality of the work. For example, information is often missing about the subjects, the sample, attrition, and other methodological issues. In an attempt to address this problem, there are now standards that authors must meet to publish in high-ranking journals.

Given all these problems I've described, people came together in the Cochrane and Campbell collaborations and acknowledged something had to be done. Their solution was to develop the science of systematic research reviews and its corresponding methodology. In essence, if you perform research in a proper way, you raise the quality of your scientific product so the information you are disseminating and publishing has less bias.

Disseminating the Evidence in Plain Language

If you access the Cochrane and Campbell libraries to look for information, you will see that the reports are technical; they can be challenging to read by laypeople. However, the first page of each specific entry or review is in plain language, so you don't have to be an expert in the subject matter to read and comprehend a review. You don't have to be a social worker to read and understand plain-language summaries of systematic research reviews. I think

that is a revolution in itself. Not many people read scientific articles. These plain-language summaries expand the reach of this evidence-based information.

Wikipedia

People read things that they understand, and that's how you reach people and ensure the information gets through. Only recently, the Cochrane Collaboration and Wikipedia agreed that the free online encyclopedia can use information provided by the collaboration. This is a very strange marriage, you might think, because Cochrane is the source of the highest quality information on health-related issues and Wikipedia can be edited and altered by anybody. The strength of Cochrane is the quality of its information and the strength of Wikipedia is the amount of people it reaches. Its readership is huge. When that partnership emerged, I thought it was genius because it takes the best sides of two different networks and puts them together for a new purpose. That is what I call innovation.

Meta-Analysis

Systematic research reviews have one specific statistical technique that they may or may not employ. In systematic research reviews, when enough qualifying effectiveness studies provide effect sizes, a meta-analysis can be conducted. A meta-analysis involves a set of statistical methods for synthesizing the results of effectiveness studies of interventions.

Figure 4. Scared Straight Funnel Plot

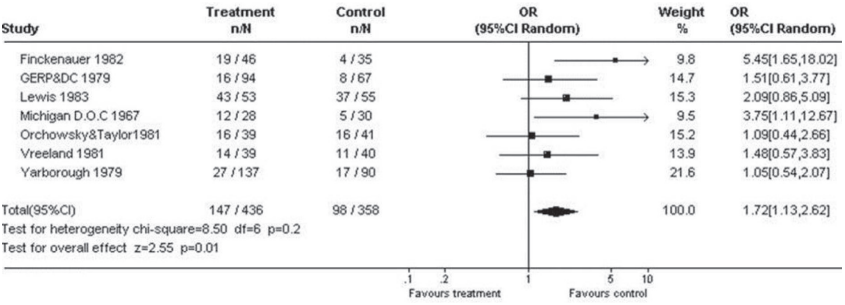


Figure 4 is an example how results of a meta-analysis are reported. This funnel plot features information about a very popular program in the United States called Scared Straight, which is designed to prevent crime among youths (Petrosino, Turpin-Petrosino, Hollis-Peel, & Lavenberg, 2013). In plain language, it involves exposing young people who are petty criminals or at risk of becoming petty criminals to prison environments. The youths are taken to a prison and interact with prisoners, and they see the horrible nature of the prison environment. As they enter the prison, all the doors are locked. The underlying assumption is that the youths will see this environment and learn about the negative consequences of being incarcerated, and they will become scared "straight." At the time when this systematic research review and meta-analysis was conducted, there were 32 studies. Only seven of them qualified for inclusion in the meta-analysis. All other studies were excluded because they were flawed or biased. The vertical axis along which the effect sizes of included studies are aligned shows the zero point—that is, any study on the vertical line has zero effect. Studies to the left of the vertical line indicate a positive effect (the program did good to the youth) and studies on the right hand side indicate a negative effect (the program was harmful).The bold diamond at the bottom of the plot is the average effect size. One study of the seven indicated a null effect and one other is very close to zero, but the remaining studies are on the negative side. When researchers compared adolescents who were treated with this program with youths who were not, it turned out that adolescents receiving this treatment had poorer outcomes. They were more likely to engage in criminal or delinquent activities, so the program actually had a harmful effect. This is very important information for professionals to understand—that Scared Straight programs are not only ineffective but they can also be harmful. You don't want to expose these kids, your own kids or my kids, to a program that's harmful to them. That's not ethical.

Transportability of Evidence-Based Interventions

I'm from California in the United States and we're in Japan, so the question emerges: Are evidence-based practice interventions that were developed and

tested outside of Japan also applicable here in Japan? This is a very legitimate question.

My answer is that it's not automatic; you can't use foreign interventions automatically, assuming that they will work smoothly, but it's not impossible. It is possible. We know that many interventions work globally, especially in the health arena but also in behavioral health. The best way of knowing whether an intervention developed outside of Japan can be successfully used in Japan is to test it in Japan. This is not always feasible. It takes time. It takes effort. There are legal issues. There are cultural issues. Let me give you one example: multisystemic therapy. This is an American intervention widely used in the United States, but it was also tested in other countries—Canada, Taiwan, Sweden, and Norway. It turns out that replications studies showed the intervention works equally well in other countries (except for Canada). That's the best way to ensure an intervention can be transported across borders.

Today, there exists a new scientific area known as translational science. Scientists in this emerging field explore factors that promote or impede the transportation of evidence-based practices between countries. There is a similar version of this science that has been around for many years, before the label translational science was even coined. Many researchers, especially in multicultural societies such as the United States, examined interventions that were originally tested with mainstream populations to see whether or not those interventions would also work among minority populations such ethnic and cultural minority populations. In one meta-analysis that I helped develop (Wilson, Lipsey, & Soydan, 2003), we examined more than 300 intervention studies of crime prevention programs. It turned out that interventions that worked among mainstream populations also worked among ethnic minorities. In this case, ethnic minorities were African Americans and Latinos—two major ethnic groups in the United States. Translational science assesses the translation of information or evidence between cultures or nations, but also within nations but between different ethnic groups.

Here is a selective list of barriers to the translation and implementation of evidence-based interventions:

- Limited time and resources of practitioners
- Insufficient training
- Lack of access to peer-reviewed research journals
- Lack of feedback and incentives for use of evidence-based practices
- Logic and assumptions behind the design of efficacy and effectiveness research trials
- Lack of relevance to specific client or patient populations
- Concerns about practitioner lack of control and disruption of therapeutic process
- Inadequate infrastructure and systems organization to support translation

Globalization

One specific factor I want to mention is globalization. Nations are different. National cultures are different. Thanks to technological advancement, there are hypercommunication tools that enhance global communications, among other advancements that have led cultures to globally converge. Cultures become increasingly like one another. For instance, you don't have to be an American to drink Coca-Cola. It's a common behavior. People may think it's cool to drink Coca-Cola. If drinking Coca-Cola becomes a worldwide behavior, one specific negative outcome for public health will be increasingly prevalent: the risk of obesity. Populations are increasingly consuming large amounts of so-called empty calories, placing individuals at risk of becoming obese. This is not a one-society problem anymore. It is a multisociety problem. It's global. A consequence of the fact that our behaviors are becoming increasingly similar is that they generate similar types of health, behavioral, and societal problems. Another example is the fact there is a causal relationship between streetlights and criminality. It's established that when streets are well lit, crime rates go down. That applies in the Unites States as it applies in many other countries. If installing more streetlights is an intervention, it should work in any country.

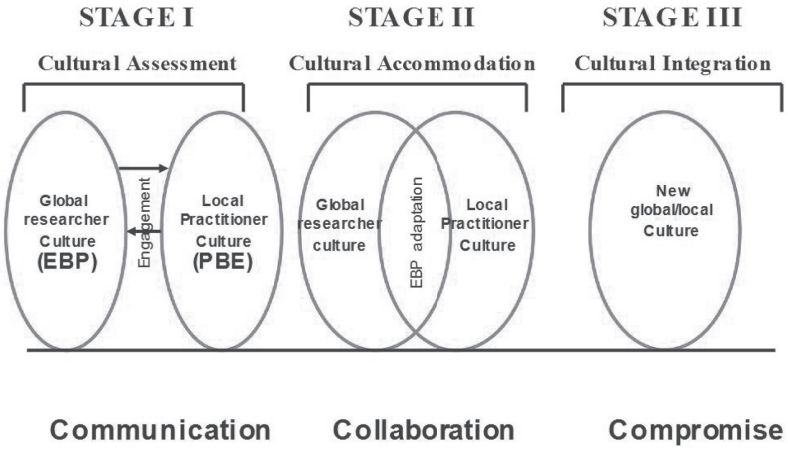
Organizational Cultures

Amazingly, not only national and regional cultures in a general sense but also

organizational cultures of professional organizations are becoming increasingly similar. The fact that I'm here today, and I was invited because some of my colleagues are curious about how we solve those problems in the Unites States, is an indication of that kind of globalization. When I leave, you might choose to reorganize as we have reorganized in the United States, which will also make our organizational cultures more and more like each other. This means it would be easier to transport or import evidence-based interventions thanks to organizational similarities.

Finally, let me conclude with this diagram (Figure 5).

Figure 5. Cultural Exchange in Research Translation



This is a visual illustration of the relationships in one type of translation. This translation is pertinent to universities and social work agencies. How do we transport the information that you as scientists produce to a neighborhood-based social work agency here in Kyoto? The assumption is that university researchers have their own culture and social work agencies have their own culture, and in many ways they are different. There has to be engagement between these two cultures and recognition and assessment of each other. This is the first step. As the next step, you have to accommodate each other despite any differences

between these two cultural settings—the cultural setting of the university environment and the cultural setting of the social work service delivery environment. We call this accommodation between these two cultures. Hopefully, if this translation is to work, these two cultures melt together and act as if they were the same cultural environment, which we call cultural integration. As my colleague and I described in our recent book (Palinkas & Soydan, 2012), these steps are a precondition of successful translation between a university agency and a social service delivery agency.

With this, I would like thank you very much for your attention, and I say *arigato*.

Questions and Comments

Matsuda: Thank you very much, Professor Soydan. We've passed the scheduled time, but this is a great opportunity, so if the audience has any questions, we'd like to entertain some questions from the floor.

Questioner 1: Thank you very much for your presentation. I'm a social scientist. I have one clarification and one question. According to your talk, in social science, there are things that cannot be experimented on, but whenever you can experiment, we should do experiments. Is that what you think? The second thing—you said that there are some cases when you cannot do experiments, and there are things in between, or challenges and issues. How can we consider the risks and also the ethical issues when we cannot do experiments?

Soydan: Thank you very much for this question. This is a legitimate point. It's accurate. I do apologize if I did not emphasize this point, but let me say a few words about it. I agree—you are completely right. There are ethical, practical, and other types of barriers in terms of applying experimental studies to human and societal phenomena. One of them is just behind you as illustrated by one of the posters. This project concerns natural disasters. It's a typical example of an event that is a natural event, but has enormous social and behavioral consequences, and we cannot experiment with that with a randomized controlled study. I certainly agree that we cannot always do that and we cannot have a high level of certainty in our knowledge. It's a part of our reality. Science has its

limitations, and this is one example. Thank you.

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Keynote speech delivered by Haluk Soydan, PhD, at the 2014 annual conference of the Institute of Human Sciences, Ritsumeikan University, Kyoto, Japan, January 25, 2014.

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II Panel Discussion

"Creating the New Vision of Translational Studies for Inclusive Society"

The Outline of Panel Discussion "Creating the New Vision of Translational Studies for Inclusive Society"

Mitsuyuki Inaba
(College of Policy Science, Professor)

Now it's time to start the 3rd section of the conference. We'll start the panel discussion. I'm going to serve as moderator. My name is Inaba from the College of Policy Science of Ritsumeikan University. The keynote speech was about human services. This 3rd section will be a kick-off meeting of "Translational Studies for Inclusive Society" project. The panelists are the researchers who are serving as the team leaders in the project. Before our discussion, I'll explain the framework of this panel, and also this project, followed by the presentations of five researchers. This is a kickoff meeting, so they're not going to talk about the research results, but they're going to talk about the prospect of their research. After their presentations, we will take some questions from the floor. I'd like to ask for your active participation. Finally we are going to have comments from Dr. Soydan.

Now, let me explain the outline of the panel discussion and the brief overview of the project. Translational Studies for Inclusive Society, that's the title of this project. The professors here are the leaders of various projects, and we all agreed on this title. My expertise lies in information technology, and we also have experts in social science, social welfare, and sociology. We had a discussion to find something that we have in common. We concluded that what we have in common is the motivation for establishing inclusive society. We thought that that's a great idea and a great keyword. That's how we started this project. When I did some research on the title, inclusive society, using the database, CiNii—it's a Japanese database—I did some searches and I couldn't get a lot of hits with the

keyword. I actually found only four papers that have “inclusive society” in their titles. Most of them were about disabled people. Then, I did a search of the papers that have “inclusive society” in their contents, not in the title, but most of them again were about disabled people. When I did a search on the words, “social inclusion” I got a hit of 189. That has a broader meaning, but again it was mainly about disabled people. Of course, we work for disabled people in our research, but we all agreed that we should give a broader definition to inclusive society.

Therefore, we came up with a new definition or new vision for the phrase inclusive society. We came up with three categories. The first one is proactive support. Dr. Tsuchida is going to talk about this later. This is to proactively prepare for the potential problems so that we can prevent them. As we get older, we may have problems with our cognition. In order to prevent those problems, we should act proactively. Other problems might include driving by elderly people. What kinds of accidents those elderly people may face, and how we can prevent such accidents. Those are the things that we study in this area. That’s one category that we have in inclusive society.

The second category is escorted support. This is support for isolated people, excluded people, or people who have difficulty being involved in society because of social withdrawal or disability. What we want to do is to solve those problems with them, not just by giving them or teaching them an easiest answer. That’s what we call escorted support.

The third category is so-called restorative support, like criminal offenders. Of course, criminal offenders are considered bad people in our society. However, on the other hand, those people may be forced to do something wrong because of their problems, like poverty. What we want to do with them is rehabilitate them so they can recover a normal social life with jobs. Also, when they were accused for wrong reasons, sometimes they were sentenced to death for what they didn’t do. For those people, we have to create a society in which we can prevent such things as false charges. That’s the third category that we want to deal with in

inclusive society.

I think some of those studies may go beyond the conservative sense of inclusive society, but this is our definition under this project. As the basis of those categories, we have to do primary studies to come up with methodology, so there is a group to deal with the methodology study, and the other groups deal with the primary study related to social inclusiveness and social support. So we have five groups under inclusive society and today we have invited the leaders of those projects.

The other main keyword of our project is the translation. It is about the relationship between academia and real world. It is also about the connection between practice and research. What we want is not researchers only reading books in their office. Instead we want to be connected with practitioners such as lawyers, or prisoners, or those people who are working at prisons. We want to cooperate with those people, those practitioners, so that we can really include those people, the excluded people in society, so that they can be legitimate and relevant members of society. This is the basic approach that we take in inclusive society. We deal with the problems of social withdrawal, false charges, and criminal offenses. We shouldn't consider those problems as someone else's problems or the government's problems, or other practitioners' problems. We have to consider those problems as our own problems. Therefore, we have to cooperate with each other. We have to share and exchange information so that we can create an ideal society in which nobody is excluded. We want to create a society in which anyone can have opportunity. So, that was about the basic idea of our project.

Now, I'd like to introduce the leaders of each project. All the presentations will be translated into English, so please have your receiver on when necessary.

Now, I'd like to introduce the first speaker, the methodology of translational studies, Dr. Matsuda.

Report 1.
Methodological Studies for Translational Research in Human Support

Ryozo Matsuda
(College of Social Sciences, Professor /
Institute of Human Sciences, Director)

I am currently the Director of the Institute of Human Sciences and served as moderator for the second part. The role of director involves the management of the institute, including the establishment of new projects. On the occasion of launching this project, I think I made a contribution to the establishment of the project's idea to utilize the concept of translational research, which has been previously done in the field of medicine, and also the classification of restorative support, anticipating support, and escorted support. These words had been used in various settings, but classifying emerging human services into them is a new idea. The close collaboration between academia and practical fields is increasingly critical. When inclusive society is pursued in diversifying society with low birthrate, aging population, diverse families and increasingly complex and social relationships, the task of providing human services becomes more complicated. There is, therefore, a need for rapid progress in the development of new methods to be employed with the increasing awareness of the mission of academia to develop research for the practice of human support.

To tackle the challenges of the complex issues, it is critical that researchers from psychology, sociology, social work, social welfare and other various fields within the humanities and social sciences work together. It is also important with increasing awareness of the mission of academia to make practical use of the wide-ranging research on human support being conducted by various disciplines within the humanities and social sciences have become increasingly important.

The aim of research of the Methodological Study Group is to comprehensively explore the methodology of consciously and systematically translating results of those disciplines into human services practices, or in other words, to examine

the state of translational research in the field of human services. Actually, in our research, we do not directly support anyone. Rather, we analyze research in human services, and explore how we can connect practice to the evidence, and how we can disseminate the new evidence to practices in society. That's what we are going to explore in this project.

I, myself, and also Prof. Tatsuya Sato who is well-versed in methodology and psychology, and other leaders of other teams, participate in this project. Together with post-doctoral fellows and graduate students, we are going to promote this project.

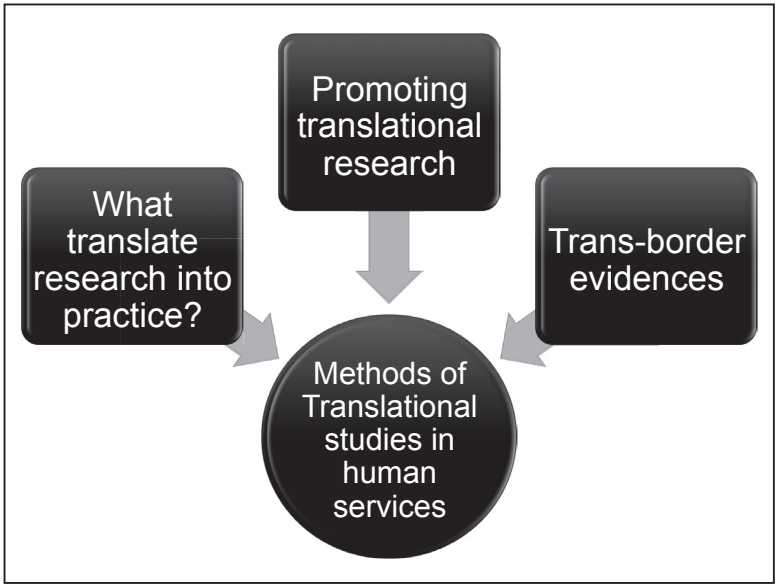

Fig.1

As you can see, we have three major areas(Fig.1). First, in the field of human services, we intend to explore what is the process that connects fundamental research and practice, and how chains of research link the results of fundamental research and actual human services. In other words, we are interested in the process of how new scientific findings have been connected to the development of the actual services. It is important to work with individual studies on human

services. We would like to analyze how innovative methods and new concepts has been developed and disseminated in research on supporting activities for, eg., *hikikomori* (adolescent or adults who withdraw from social life) or students with special needs. Also, how outcomes of biological or medical brain research, which has been recently developed, are connected to human support will be reviewed.

The second theme is, on the basis of the actual state of the chains of research in human services, we will examine methodologies intended to make it more organized, systematic, and effective to promote or to contain the chains of research. We will also examine what activities, organizations, and systems can promote them. What kind of chains and, what containments exist in translating scientific evidences into practice in human services? We would like to consider how to synthesize evidences for practice and how to disseminate them, which were touched upon in today's keynote. We would like to consider it in terms of human services. The Campbell Collaboration joint projects have been done, but we'd like to think what more we can do in Japan, especially about the dissemination of actual or practical information. We'd like to think about utilization of new media, including ICT.

Thirdly, we will tackle the issue of whether evidences of human services can become trans-boundary or not, and trans-cultural or not. In today's world, many countries face the same kind of human service issues, so can one support method that is tried in one cultural background be applied in others? If so, what points do we have to pay attention to? This is a very huge theme, however, we'd like to study the issues of dissemination of new methods of support beyond boundaries in Japan and Asian countries.

Today, listening to the keynote speech by Prof. Soydan, I thought that we turn our eyes also to North America and other cultural backgrounds. I think the situation is different in Asia and North America, and the points we have to pay attention to may be different from region to region. Our team is now actually working on the topic of transnational evidence in the Asian region. When teams conducting research on direct supports have a TV meeting with colleagues in

other countries, our group will participate in that meeting to observe and analyze how researchers from different countries interact from methodological perspectives.

I just talked about the ideas we now have, but these are the themes we'd like to work on this year, and also start full-fledged research from next year.

In medical science, translational research has very much progressed, especially in terms of the development of new pharmaceuticals. We'd like to pay attention to much discussion in that field with a critical eye to think about what kind of translational method we can have in the field of human services. That's all from me. Thank you.

Inaba: Thank you very much, Prof. Matsuda. Next...concerning the research on proactive support for inclusive society, we would like to invite Prof. Tsuchida from the College of Letters.

Report 2.
Research on Proactive Support for Inclusive Society

Noriaki Tsuchida
(College of Letters, Professor)

Let me report on the research on proactive support for inclusive society. My name is Tsuchida from the College of Letters of Ritsumeikan University. We implement the elderly people's well-being targeted to practical and fundamental research focusing on demonstrativeness for inclusive society. Research for proactive support has two pillars. One is the elderly people support. Another one is the change of high-level mental function with aging. As for the first, research on elderly people support is on what support can be delivered using this university as a local resource. The second pillar is that we set up an environment for the elderly. What is important to set up an environment for the elderly? To get the fundamental materials for that purpose, we consider what sort of change aging will bring about in mental function.

Research results in this fiscal year, for instance, as for the elderly people support, we verified whether a program to prevent depression affects cognitive function. As for the second pillar, change in high-level mental function as we age, we implemented fundamental research on motor control in the elderly. To some extent, we have achieved some outcomes and results. Let me briefly report on the outcomes. First pillar, the research report, is the influence of the depression prevention program to cognitive function. There is a Life Goal Pursuit Program conducted jointly by Doshisha Women's University, Kyoto Prefectural University of Medicine, and Ritsumeikan University. Our group focused or measured the change in cognitive function, mainly, and the content of the program is very free. There are 10 sessions in total for 2–3 months, centering on group discussions that were conducted. As for the effect verification of the program, one group was around 15 people. There was that limitation, also the staff and a limitation on the

venue. We set up only three groups this year. Those applicants were randomly divided into three groups. One group was considered to be the control group. For the actual assessment method, we implemented the Five Cog, cognitive behavior group therapy, and determined their effect. First, those 5 aspects of cognitive functions—divided attention, episodic memory, visual/spatial skills, language fluency, and abstract reasoning—were determined. In fact, in the results shown here, only in episodic memory we find a significant effect from the intervention. In the control group, we conducted the measurement two times. However, there was no significant difference. However, for the intervention groups, of the 5 aspects we found significant difference only in episodic memory. A big effect was confirmed.

It's only still on the way, but as a summary of the first study, we found effectiveness in improvement of episodic memory that uses language. The Life Goal Pursuit Program is an initiative that frequently uses language, and the Life Goal Pursuit Program promotes a social relationship. These two points might have caused improvement in episodic memory. We are considering that at this point. We are still continuing this study.

The second study report, the second major pillar, is as I mentioned earlier, the change in mental function with aging. Here, I put some charts and photographs. The background of this study is the stepping error between the accelerator and brake, which led to accidents. In case of the elderly, it's said that elderly drivers tend to end up with major accidents. This stepping error is not intrinsic. It's not found only in the elderly. We found stepping error accidents among young people as well. Why do elderly drivers end up with major accidents? That is the point of the examination. So, when people receive information, they make a decision. They usually have a reaction or response. In terms of inhibition, aging may have an impact. From that viewpoint, we conducted research. This is some data from that research. I have already reported in detail in the poster session. For the university student groups, the younger ones, although we set up various conditions there was no impact, but in the case of the older people's group, the

visual stimulus was controlled, but the big impact was given to the happening of the errors. These kinds of experiments have been repeated—we are still continuing, changing the variables or the environment. The research is still ongoing, but at this stage we can say the following things. More nervous excitement may strongly affect the inhibition of behavior for the elderly. So far, the cognitive aspect research were found many, but after making a decision, at the stage of implementation, we find various impacts or influences, and we got various data on that aspect. It suggests the necessity of fundamental research on this motor-level aspect. Including the future plan, there is a summary, in order to prevent dementia, depression, or accidents, elderly people support and also we continuously implement initiatives emphasizing the demonstrativeness as to the changes in high-level mental function with aging, and we will continue this research. Thank you very much for your attention.

Inaba: Thank you. The next theme is the escorted support for social inclusiveness. Dr. Tani will make a presentation.

Report 3.
Research on Escorted Support for Inclusive Society

Shinji Tani
(College of Letters, Professor)

Thank you for your introduction. My name is Tani. As a team leader, I'm in charge of escort support. Escort support is like an escorter who is escorting a runner in a long marathon. That's what we want to achieve. The goal of the marathon is decided by the clients. They have to decide on their own as to where they go. It's up to them whether to take a break or whether or not they continue to run. What we want to do is accompany them so that we can provide support in the marathon. Today, I'm going to talk about the details of the activities of research. There are 3 main categories in our group. The first one is direct support. This includes the development of the support programs. The second support is the study of the support for caregivers. The third is about the methodology of the dissemination of information, or the application of information that we acquire. In the escort support group, there are three sub-projects. I'm going to explain all three of them.

First is the direct support group. This group includes the researchers focus on the male caregivers. They are making programs to support male caregivers. There are also researchers who are interested in the development of a program for children with autism and the issues focusing on a foster home also attends to this group. Some researchers deal with the development of programs to support male caregivers, others develop diagnostic methods for the autism problem, and there are also researchers to provide support for the study of foreign citizens. The second one is the peer outreach support program for people who have problems with social struggles. The third group is dealing with information dissemination. What this group does is to provide information so that our clients can develop their careers in society. It also provides information to find ways to

have collaboration so that we can provide jobs for disabled people. Those three groups are under the group of the escort support group. People with disabilities, male caregivers, and children living in foster homes—those are our clients. For those people we develop programs and we also conduct studies to support those caregivers, then we share that information and disseminate information. That's what we do.

Many researchers have been involved in those programs. They are mainly explorative studies. It's about finding new ideas or developing new programs. That's the main focus of our team. What I want to do as a project leader is that I want to acquire high-quality evidence. I want to create a project that can produce high-quality evidence. Of course, a randomized controlled study is one thing we want to do, but not only that, we want to do case studies—well-planned or well-organized case studies. That's all. Thank you very much.

Inaba: Thank you very much, Prof. Tani. Next speaker is Prof. Nakamura, the leader of the team. He is now attending another meeting, so he prepared a video clip to show you today. In place of a speech by Prof. Nakamura, we'd like to see the video clip of Prof. Nakamura now.

Report 4.
Research on Restorative Support for Inclusive Society

Tadashi Nakamura
(College of Social Sciences, Professor)

Good afternoon. I am the leader of "the restorative support team". The theme of this team is to pursue a theoretical model that seeks to reconstitute the connection between the problems and society through translational collaboration-centered around restorative justice. In relation to the general theme, this theme is to have interests of translational research in the field of human service. There are many new fields—law and psychology, welfare, education, nursing and mental health. These sometimes are integrated and collaborated. Without collaboration, they cannot work well in current society. In the practical field, we'd like to propose issues. Only with the academic field we cannot solve the issues in the real world.

With the keyword of restoration, first we'd like to see the proposals from the actual side of issues, such as the abuse of elderly, domestic violence, corporal punishment, harassment, stalking, mental health in workplaces, or issues of disabled people being violated by those, traumatic accidents, and drug cases. There are many kinds of issues that have to be solved. These issues are proposed to us as issues to be solved. Against this kind of situation, the traditional way of doing research cannot deal with all of these issues. We should not be satisfied with a situation where we deal with only a part of the issues. So, as for the tangible issues, we have to first redefine these tangible issues. Or, from another viewpoint, we have to clarify the literal issues, so that we can treat them. For example, infertility treatments, or devastation of families caused by divorce, or family issues, or parent-child relationships after divorce, or parent-child relationships in families where the child was born as a result of infertility treatments. At the same time, some social issues become unsocial. For example,

suicide is sometimes caused by social issues—as a background, but individually, depression is the direct cause of suicide, so measures against depression are important. We also have to pay attention to the social background behind suicide, but in clinical social science, first we have to work on individual cases. The integration of the macro and micro is a very important theme for us. How will be put the literal issues? That's a good subject of research. Also, we have to look into, or explore, the ways of solutions, so that they can be applied. Not only so that they're specific to one issue, but in general terms.

Next, I'll consider the reconstitution of issues, focusing on restoration. So, various new issues are now clear concerning restoration. Translation between academia and practical fields is necessary. I talked about the drug issue. But in the case of the drug issue, sometimes punishment comes up as the first issue to be solved. Of course, it involves the issue of recovery from dependency. Accumulation, linkage, and integration of various factors are necessary to solve one issue. Literally, the restoration phase has to be established through the collaboration of various actors from various fields. That is important in establishing an inclusive society. I think the role to be played by our team is very important.

The restoration and social clinicality is the purpose of our research. We tend to pay attention to the micro, or individual case matters. I also focus on the relationship among families. But, if anything I have to pay attention to law and psychology, law and society, so law is a new field to be added into our views. The law itself has to go through a kind of transformation, so the macro viewpoint is necessary to restore society, so I take out restoration and social clinicality as our theme. Through restoration, I will look into translation. I'll try to confirm the direction of issue solving, judiciary, and justice. For this first I have clarify or identify these issues and define them. Secondly, I have to agree on what a solution is. I have to have a theory that can be approved by everybody. Thirdly, I need resources and management, and also the social technology to be involved, or the service technology. How I integrate these will be the third point of our

research. The more detailed theme we have is trans-professionality. The researchers who are involved in these have actual practical cases to work on, so I think at a real clinic or one-stop service, they can conduct the actual service. Based on these viewpoints, I can work on inclusive society and restoration to explore the themes explained.

I have three viewpoints. First, I'll try to comprehend social exclusiveness through the reconstitution and definition of the issues. Secondly, paying attention to the excessively inclusive society by Jock Young, we will explore the latent issues. Thirdly, I'll pursue the actual research center for intellectual support by Center for Forensic Clinical Psycology, I will have the translation to achieve restoration. Thank you very much.

Inaba: During the video, Prof. Nakamura himself arrived. Any additional comments from Prof. Nakamura? We'll have a Q&A session later, so if you have any questions or comments, we'd like to ask Prof. Nakamura later to have his say. Now, we'd like to move on to the leader of the fifth group.

Report 5.

Fundamental Research on Social Inclusion and Human Support

Yoshiyuki Koizumi
(Graduate School of Core Ethics and Frontier Sciences, Professor)

Originally, my expertise is philosophy and ethics. Recently, I have been studying the history of social welfare and the history of ideas of psychiatry and psychology. Those are my main fields of study, so I'd like to interact with you.

In regard to this project, our team is called the fundamental research team. I'd like to briefly report on the challenges of our team. The main phrase of this project is "inclusion," that is, inclusive society and the cooperation among university research institute, community and citizens. I'd like to raise the four major macro-trends that enable this kind of project. First is the trend after the nursing care insurance system was introduced in 2000 in Japan. This mainly targets the elderly, people with rare diseases and people with disabilities. Under such circumstances, among medical services, public health, welfare-related various institutions and professionals, new corporations were created. In that process, the functions of various institutions and facilities have been newly divided and reorganized, and the new participation of families and citizens were promoted.

Against this background, of course, there was an increase in benefits by the nursing care insurance system. The benefits amounted to approximately 7 trillion yen in 2010. For your information, the home electric appliance source amounts to about 7 trillion yen per year, so that's the size. In Japan this trend was triggered by the introduction of nursing care insurance, but this can be said to be very similar to the trends of other advanced nations. In that regard, there are plenty of research and practices. Here, I'd like to enumerate those words that were

introduced and used in Japan. They are integration, coordination, collaboration, inter-sector, linkage, network, and transition, so translation as well. If you hear these words, probably the outline of this trend will come to mind.

The second trend is the arguments on social exclusion and social inclusion. Mainly this targets the various minorities, minority ethnicity, immigrants, the poor, and people with disabilities. In this regard, there is a huge amount of research and practices. The third trend relates greatly to our project. The relations of psychiatry, mental health, clinical psychology and judiciary have changed historically. Concerning this point, there is plenty of research and practices, however as far as I know, a sufficient analysis has not yet been done. The fourth is the trend of collaborated research between industry and university. This includes collaboration among industry, military and universities. And cooperation among industry, government, universities, and the private sector is greatly promoted. This is closely related to us and this project. In recent years, university research and education might have changed significantly.

In general, there are these recent four trends. But how can we express or grasp them politically? They were expressed as the third way, new public, or new civil society—by these kinds of slogans. This is the point where we need to deepen our discussion. Based on this macro background, our project has become possible, or can be positioned.

Our fundamental research team has a mission to pursue the fundamental theory of the project of each team. For that purpose, of course, it's a premise for us to precisely study those four trends that I explained, but they are beyond our capacities. Also, they are not something requested of us. Therefore, our fundamental team escorts the project of each team, and will observe what it's done, what is going on. That should be our primary challenge. If I generalize it, it would be the following.

The relations among the various organizations, facilities, professions, families

and citizens, can be expressed by the word, cooperation. What I'd like to ask about cooperation is the following. There are three points. First, what the cooperation is aiming at as a whole. On further reflection, under cooperation, what is aimed at by each actor? This may sound like a very simple question, but now we should ask it once again explicitly. Secondly, how the cooperation functions as a whole. Of course, this relates to the discussion of the evaluation method, like evidence-based one, but should be somewhat separated from it—how it functions. Thirdly, under the cooperation, those various actors who participate in—how have they been transformed? As far as I know, the various organizations or professions, or the contents of their professions, or their ethical code, have changed obviously in recent years. Those three questions are raised. They are all related to the facts. What is being said, what is being actually conducted or functioning, and what is going on should be observed accurately. That is our challenge.

Finally, these three questions must be rephrased into ethical ones. That means, if I rephrase only the first question, it is: What should we aim at through cooperation? What should we aim at? How should we function? How should we change? I have briefly explained about our team, some of our issues in this project against the background of macro trends. Thank you very much.

Q&A, Discussion

Inaba: We had explanations of all five projects. Thank you very much. After this, we'd like to take some questions from the floor. Anybody, if you have any questions, please raise your hand. Or if you have any comments, please raise your hand as well.

Matsuda: I have a question for the panelists. As to the methodology, you talked about going beyond borders. If you have international projects, please introduce them briefly.

Tani: On the escorted support team, we provide support for family members of children who have disabilities. We have developed programs for three years and we have acquired some evidence. That program was applied in Taiwan last year. We made a preliminary research result presentation last year, and that was very highly received. They actually asked us to apply our program in Taiwan. We have just started the program in Taiwan.

Matsuda: Our team is very much interested in transboundary transfer of evidences. If other teams have any international collaborative research projects, please explain for future investigation.

Inaba: What about international research on the proactive support team?

Tsuchida: We have a program to deal with depression. This program was originally from Canada. We've made presentations at international conferences. We are going to make comments from the Japanese side so that we can further improve the program in Canada.

Nakamura:. As to the restorative program, I have a wide range of programs such as ranging from macro to micro. Together with Nanjing University we were

studying the trauma of war. I have an annual workshop with Nanjing University in China. That's the program that I've been doing. That's a workshop style program dealing with macro problems. This kind of theme, trauma by war, has not been well studied in Japan yet. In the area of restorative studies, I started a program around aborigines and Maori people. When I was in Sydney we researched those people, aborigines or indigenous people. I would like to continue our exchange with them in Australia. As to domestic violence, Japan is lagging far behind in this area. Therefore, I am learning a lot from other countries. In research and also in practice I'd like to have further exchange with foreign countries.

Matsuda: Thank you very much. Your comments are very informative. I hope we could collaborate on those research projects for methodological consideration.

Inaba: Are there any other questions from the floor? Any questions or comments?

Question: I am from School of Law of Ritsumeikan University. I belong to the research group to support victims. At the beginning, the concept of inclusive society was explained by Prof. Inaba. I think I understood it, but according to the paper, there are the words, "coexistence with society." I think with these words we can imagine a society where various kinds of people live together, but when I use the words "inclusive society," as was mentioned by Prof. Nakamura, sometimes I think too much or excessive inclusiveness should be pursued, so I feel that there is a kind of risk that we try to have a kind of framework for inclusiveness. So, why do you use the word "inclusiveness" instead of the "society of coexistence"? I think we should be careful with the kind of negative aspect of using the words of "inclusive society."

Inaba: From whom do you want to hear the answer or comment?

Question: Anybody can answer. So, first I'd like to ask Prof. Inaba to explain the

difference of the meaning of the words.

Inaba: I think each one of us has a different understanding or different feeling about the words, but I myself feel that "coexistent society" is an ideal one. My impression is that each group, or in a narrow sense, or cultural group, or group of people with a specific cultural background can exist in society through an equal existence. To realize that kind of ideal and fair society is the meaning of the coexistent society. Of course, we have to pursue the ideal of this coexistent society, but it is hard to realize in a short period of time. Especially, there are the people who need social support, so just by telling them to coexist together, coexistence can't be realized. As a first step, I think we have to provide the service or support to these people in need. The leaders of the projects and the researchers in these projects sometimes provide direct support to these people in need. Of course, there are people who have been providing services and support for these people, and we can communicate with these people. So, providing support to these people is the step to reach the ideal state of coexistence. That's why we use this word of "inclusive society." This is a kind of way to try to reach this idea of coexistence. This is my understanding about these two words. If any other researchers have any other ideas or definitions of these words, please share them with us.

Matsuda: I think as a kind of discipline or definition, "inclusive society" is easier to understand because it's antonym, "social exclusiveness," shows a situation that we have to avoid or something we have to work on. I think it's harder to find a word that opposes "coexistent society". Confrontation is not something we think of as an opposing word. So, I think "inclusiveness" is an easier word to understand when I think about the situation of society.

Inaba: How about Prof. Nakamura?

Nakamura: I think this is a very important discussion point. Maybe we cannot have a consensus here. From the minority study, "coexistence" or "symbiosis"

are words we don't want to use. Excessive inclusiveness, should also be looked at or paid attention to because if we excessively consider inclusion, it may relate to that exclusion. We would like to continue our research. To that direction, at the end of the fiscal year we may continue our discussion. This would be a good discussion point for the future.

Inaba: It would be a future challenge. Thank you very much for your comments.

Comment

Inaba: We would like to ask Prof. Soydan to comment on this panel discussion, or our presentations. Please prepare your receivers if you want to listen in Japanese.

Soydan: Thanks for giving me this opportunity. To me, it's a great privilege that I'm asked specifically to say a few words about the presentations. I hope I won't disappoint you. First of all, I think the entire enterprise that you presented on the behalf of the Institute of Human Sciences is very impressive. It is multifaceted. It has impressive empirical attempts, and it also has theoretical ambitions, so it's very promising. I have worked twice in my career in such a large enterprise, and it takes about 10 years, at least in my experience, to start, develop, and establish such an enterprise, so you have a number of years to go. One of the outcomes of this experience is that at the end of the period, you have a large amount of knowledge and wisdom about the things you have been doing. The challenge really comes at that point. It's about sustaining that kind of experience. Individuals come and go. Institutions have longer lives, so I think one thing to think about is how to really transfer this information to coming generations and how to include them in the work you're doing so that they will be the carriers of this collective wisdom. So, I challenge you to think about this aspect.

It was very interesting to see how you actually operationalized the research program, or the enterprise, as I call it, in terms of proactive, escortive, and restorative support—variations of guiding self-help. Prof. Inaba mentioned an Internet search in terms of the concept of inclusiveness. You briefly mentioned that what you found among these 100-plus titles really referred to the concept of immigration and ethnic diversity, things like that. However, you choose to translate it in a different way. I think that it's very wise. It's really contextual. It should be contextual because the program should respond to the needs of the larger populations as they are at this point in history and in this place, and not

really imported from somewhere else, because those problems will be foreign to what you are doing, so I really support that kind of operationalization of the larger project.

In Europe, truly, the concept of inclusiveness, as the question came from the professor in the audience, and as it was addressed by Prof. Matsuda, is the pair of concepts, inclusiveness and exclusiveness. It's an invention of the European Union. The question of newcomers has become a public issue so much more than it was during the 1980s, perhaps early 1990s in Europe. So, it's very much a European context. But in the end, the question also came up in terms of why not use the term "coexisting society." Well, in one sense, concepts come and go, and they change because over time they get this negative connotation. When they were launched they were positive in the minds and perceptions of people, but in time they get loaded with negative feelings, and we tend to change them. It's that kind of issue. For me personally, in terms of "coexistence of society" in the literature, it very much refers to anthropological studies of cultural adaptation, simulation, and integration. Coexistence of society, I think, denotes European integration policies, very much, which is about the functional adaptation of newcomers in terms of daily living, but really the cultural coexistence of different ethnic groups. That's just a brief comment on that.

In terms of what Prof. Matsuda mentioned here, and what I also did read in the paper that was handed out earlier, is the internationalization aspect. For some reason, Japan and other Asian countries have been selected as points of reference, points of comparison. The question came to my mind, what is the rationale of this specific strategy? What are the similarities, and the similarities between the countries that are involved here? Isn't it fair also to look beyond Asian countries? Perhaps at times similarities, if it is what you're looking for, will be even more pronounced, as compared to Asian countries. It's just a question. Really, I try to understand the rationale of it. The only thing that came to my mind is geographical proximity. But I'm not very sure. I travel extensively in China several times a year, as well as to Korea. Many times I'm struck by the

differences, so that's a question that came to my mind.

Let me see if I had something else. Well, I think I can stop there. Thank you very much for the opportunity this afternoon.

Inaba: Thank you very much, Dr. Soydan. Now we'd like to conclude the panel discussion. Thank you very much for the panelists, and thank you very much for your contributions from the floor. Thank you very much for Dr. Soydan.

Closing Speech

Mitsuyuki Inaba

So, we'd like to now close this kickoff meeting. Professors and panelists, please be seated. Thank you very much for your participation in this symposium, the annual meeting for the Institute of Human Sciences, and also the kickoff meeting for the new project for us. Thank you very much for your participation. Those who participated in this meeting, and the panelists on the stage, and especially to Prof. Soydan who delivered a very significant lecture, I'd like to express my deep feeling of gratitude. Also, for the exhibitors of the posters. Thank you very much for your impressive exhibits. I'd like to take this opportunity to express my gratitude for other staff, part-timers, and translators. Thank you very much for your good work.

Let me say a few remarks in conclusion now. Today, during the panel discussion, we discussed translational research toward inclusive society. We decided on this theme and title through discussion with other professors. This is a very big theme for us. When we guide our graduate school students, we tend to tell them not to use big words for themes, and we always advise them to focus on the theme. While we are guiding them in that way, we are having this kind of big theme for a conference, so I'm a bit confused by that, but listening to the keynote speech and looking at the poster sessions, and listening to the panel discussion, I've found this big theme with big keywords to be very significant for us. Through the discussion, I think we could have a discussion on inclusive society and could find that people have their own opinions on inclusive society, and researchers have different opinions on inclusive society or coexistent society. Not only the researchers related to this project, but participants in today's meetings have their own opinions. Each one of us has different collegiate backgrounds. It was very good to have this kind of opportunity to get together with all of you and have a discussion on the same theme of inclusive society. Through this discussion, or conversation, I think we can grow together. I think that's the

achievement we could gain through this meeting. As Prof. Soydan mentioned, I think through this kind of opportunity we can get together and find the way to compromise and can generate a new way of conversation and collaboration. Again, thank you very much for your participation to the end of the program. About this inclusive society, and what an inclusive society is, will continue to be our focus of research, so I'd like to ask for your kind cooperation and support in advance. Thank you very much.

This is all for today's kickoff meeting and symposium. Thank you very much. Please have a safe trip back to your home. Thank you.

From left : Professors Noriaki Tsuchida, Tadashi Nakamura, Mitsuyuki Inaba, Haluk Soydan, Ryozo Matsuda, Shinji Tani and Yoshiyuki Koizumi.

List of Poster Session Titles

1. TEA (Trajectory Equifinality Approach) for Grasping Process and Generation: Qualitative Research Method of Human Science Which Inquires Existence with Uncertainty
過程と発生を捉えるTEA（複線径路・等至性アプローチ）―不定とともにある実存を探究する、人間科学の質的研究法
   YASUDA Yuko (Kinugasa Research Organization, Senior researcher)
   SATO Tatsuya (College of Letters, Professor)
   FUKUDA Mari (Kinugasa Research Organization, Senior Researcher)
   KIDO Ayae (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
   ("Translational Studies for Inclusive Society" Project, Methodological Studies for Translational Research in Human Support Team)

2. Potential for a Visualization Solution of Group Discussion Processes by 3D Expression
三次元表現による集団討議プロセス可視化ソリューションの可能性
   UEMURA Akihiro (Ritsumeikan Global Innovation Research Organization, Assistant Researcher)
   SAITO Shinya (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
   WAKABAYASHI Kosuke (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
   YAMASAKI Yuko (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
   SATO Tatsuya (Graduate School of Letters, Professor)
   INABA Mitsuyuki (College of Policy Science, Professor)
   ("Translational Studies for Inclusive Society" Project, Methodological Studies for Translational Research in Human Support Team)

3. Motor Inhibition in Elderly: Impacts of Response Type and Auditory Stimulus
高齢者の運動抑制―反応タイプと音刺激の影響―
   TSUCHIDA Noriaki (College of Letters, Professor)
   YOSHIDA Hajime (College of Letters, Professor)
   OKAWA Ichiro (Graduate School of Comprehensive Human Science, University of Tsukuba, Professor)
   ("Translational Studies for Inclusive Society" Project, Research on Proactive Support for Inclusive Society Team)

4. Effects of the Depression Prevention Program on Changes in Cognitive Functions
うつ予防プログラムが認知機能に与える影響
TAKAHASHI Nobuko (Institute of Human Sciences, Visiting Researcher)
ISHIKAWA Mariko (Institute of Human Sciences, Visiting Researcher)
TSUCHIDA Noriaki (College of Letters, Professor)
("Translational Studies for Inclusive Society" Project, Research on Proactive Support for Inclusive Society Team)

5. A Escorted Support for Children with Autism Spectrum: Trying to Develop the Program of Education and Care
自閉症スペクトラム児・者の伴走的支援―10年間の治療教育プログラム開発の試み―
ARAKI Hozumi (College of Social Sciences, Professor)
TAKEUCHI Yoshiaki (College of Social Sciences, Professor)
("Translational Studies for Inclusive Society"Project, Research on Escorted Support for Inclusive Society Team)

6. Designing and Managing University's Simulation Shop for Job-Training by Persons with Disabilities; Making Portfolios for Successive Support
大学内模擬店舗のデザインと運営・障害者の継続的支援のためのポートフォリオ作成
NAKASHIKA Naoki (Institute of Human Sciences, Visiting Researcher)
MOCHIZUKI Akira (College of Letters, Professor)
NAMEDA Akinobu (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
ONISHI Youhei (Graduate School for Science for Human Services, Master's Program Student)
KOJIMA Ryo (Graduate School for Science for Human Services, Master's Program Student)
("Translational Studies for Inclusive Society"Project, Research on Escorted Support for Inclusive Society Team)

7. Action Research to Build a Transnational Volunteer Support Network for Foreign Students' Education: Possibility of Digital Book System as a Tool of Volunteer Linkage
トランスナショナルな外国人児童学習支援ネットワークの構築に向けたアクションリサーチ：デジタルブックによるボランティアネットワーク構築の可能性
OZAWA Wataru (College of Social Sciences, Professor)
YOMORI Ayumi (Graduate School of Sociology, Master's Program Student)
("Translational Studies for Inclusive Society" Project, Research on Escorted Support for Inclusive Society Team)

8. Domestic Violence and Restorative Justice
ドメスティック・バイオレンスと修復的司法
KIM Sungeun (Ritsumeikan Grobal Innovation Research Organization, Post Doctoral Researcher)
("Translational Studies for Inclusive Society" Project, Research on Restorative Support for Inclusive Society Team)

9. Inclusion and/or Exclusion Involving a History of "Ars Vivendi"
障老病異をめぐる包摂／排除
WATANABE Katsunori (Ritsumeikan University, Associate Professor)
ABE Akira (Ritsumeikan University, Associate Professor)
HOTTA Yoshitaro (Tokyo University of Science, Lecturer)
("Translational Studies for Inclusive Society"Project, Fundamental Research on Social Inclusion and Human Support Team)

10. Archiving Narratives of Victims: A Logic of / for Practice
「被害」の語りのアーカイビング――実践と、実践のための論理
YAMAGUCHI Maki (Graduate School of Core Ethics and Frontier Sciences, Doctoral Course Student)
("Translational Studies for Inclusive Society"Project, Fundamental Research on Social Inclusion and Human Support Team)

11. Alfred Schutz's Concept of "Relevance" in Nursing Research: a Methodological Study
シュッツのレリヴァンス概念の看護研究上の活用方法論
YAMANAKA Eriko (Department of Health Services, Aino University, Lecturer)
MATSUDA Ryozo (College of Social Sciences, Professor)
(Institute of Human Sciences, Exploratory Research Projects 2013 "Methods of Linking Evidence and Practice (MLEP)")

12. A Biodemographic Approach to Reproductive Aging
不妊の生物人口学的解明：パイロット調査の設計と実施
TAMAKI Emi (College of Social Sciences, Assistant Professor)
KONISHI Shoko (University of Tokyo, Graduate School of Medicine, Assistant Professor)
(Institute of Human Sciences, Exploratory Research Projects 2013 "Biodemography Project")

13. The Practice of the Welfare Worker to Support Survival and Life for Their Service User in the East Japan Great Earthquake Disaster
災害時における社会福祉労働者の生存・生活保障実践に関する研究―宮城県の社会福祉労働者へのインタビュー調査を通して―（中間報告）
ISHIKURA Yasuji (College of Social Sciences, Professor)

IKEDA Saori (Graduate School of Sociology, Doctoral Course Student)
KITAGAKI Tomoki (Graduate School of Sociology, Doctoral Course Student)
ARAKAWA Aki (Graduate School of Sociology)
ISHIKAWA Yumi (Graduate School of Sociology, Doctoral Course Student)
(Institute of Human Sciences, Exploratory Research Projects 2013 “A Study on the social care workers after East Japan great earthquake disaster”)

14. The Utility of Narrative Archives as Social Support
情報の有機的連関による社会的支援の可能性：コミュニケーション・ツールとしてのアーカイブ

FUKUDA Mari (Kinugasa Research Organization, Senior Researcher)
NAMEDA Akinobu (Ritsumeikan Global Innovation Research Organization, Senior Researcher)
YAMADA Saki (Graduate School of Letters, Doctoral Program Student)
(Institute of Human Sciences, Exploratory Research Projects 2013 “The Utility of Narrative Archives as Social Support”)

Poster presenter giving an explanation to Prof. Soydan.

Contributors

•Haluk Soydan

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In Sweden he was a professor at several universities including the University of Gothenburg, Stockholm University, and Orebro University, and served for many years as the research director of the Swedish National Board of Health and Welfare's Institute for Evidence-Based Social Work Practice, to which he still belongs a senior advisor.

He joined the University of Southern California School of Social Work in 2004 where he has continued his research on social work research methodology and evidence-based practice in particular. He was one of the founders of the "Campbell Collaboration", an international initiative for the compilation of evidence in the domain of human services. His many publications include *History of Ideas in Social Work* (Birmingham : Venture, 1999) and *Translation and implementation of evidence-based practice* (with Lawrence A. Palinkas) (New York : Oxford University Press, 2012).

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Afterword

This pamphlet, "Studies for Inclusive Society" Vol.4, compiles content from the keynote address and panel discussion held at the kickoff meeting for the MEXT-Supported Program for the Strategic Research Foundation at Private Universities "Translational Studies for Inclusive Society".

Since 2000, Ritsumeikan University has been developing a synthetic approach to research and practice in the field of human services in cooperation with regional communities. For example, the University's Institute of Human Sciences (IHS) has developed various projects funded by MEXT (the Ministry of Education, Culture, Sports, Science and Technology) focusing on "Human-centered Environment Design for Human Services" and "Construction of Human Services Science-Human Environment Research for Human Services." These initiatives are aimed at improving the well-being of various segments of society such as the elderly, people with mental or physical disabilities, and caregivers.

Based on these activities and research results accumulated at our University, we have also started a new project to create advanced frameworks for "Translational Studies for Inclusive Society" through cooperation among scholars, professionals, and other stakeholders. We hope that this pamphlet compiling discussions from this project's kickoff meeting will inspire new research and social practices aimed at the realization of an inclusive society in line with this country's historical and social context.

In conclusion, I would like to thank Shinobu Namba, Shiro Katayama, and Junko Ogino from the Ritsumeikan University Research Office at Kinugasa campus for their hard work as this project's administrative support team.

Mitsuyuki Inaba
Project Leader
MEXT-Supported Program for the Strategic Research Foundation at Private Universities
"Translational Studies for Inclusive Society"

インクルーシブ社会研究 4
Studies for Inclusive Society 4

Cooperation between Academia and Social Practices in Human Services

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文部科学省私立大学戦略的研究基盤形成支援事業
「インクルーシブ社会に向けた支援の＜学＝実＞連環型研究」

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