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# Workshop

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## **Sustainable Ageing Societies: Indicators for Effective Policy-Making**

### **Thematic session 1b**

Population ageing, economic growth,  
wealth and well-being

Madrid, Spain, 14-16 April 2004

## **Social Indicators for the Quality of Life**

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# SOCIAL INDICATORS FOR THE QUALITY OF LIFE

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## 1. Introduction

Due to declining birth rates and increasing life expectancy the share of the elderly within the populations of many societies have been growing considerably in recent decades and will continue in the years to come. Placing particular emphasis on quality of life of the elderly reflects the fact that more and more people spend longer time in this period of the life cycle. Compared to 1970 the further life expectancy of the 60 year olds has increased for example in West-Germany by five additional years to 24 years in case of females and 20 years in case of males (Noll/Weick 2004: 7). Thus, the quality of additional years of life of this growing part of the population moves to the centre of interest<sup>1</sup>. Accordingly in more and more countries special reports on the quality of life of the elderly are being published on a regular basis, as for example in the U.S. (*Older Americans 2000: Key Indicators of Well-Being*), Germany (the 4th report on the elderly - *Altenbericht 2002*), or Sweden (*Äldres Levnadsföihållanden*)<sup>2</sup>. In close relation to this kind of reporting and research initiatives on living conditions and quality of life of the elderly<sup>3</sup> also particular ‘old-aged-surveys’ have been conducted in several countries (e.g. Sweden and Germany) in recent years.

## 2. Concepts<sup>4</sup>

Compared to other - data or policy driven - approaches, science based approaches of developing quality of life indicators are supposed to be concept driven: “In order to measure quality of life, one must have a theory of what makes up a good life” (Cobb, 2000: 6). There are different notions available of what constitutes a ‘good life’ or a ‘good society’ and correspondingly different concepts of welfare have been developed. Only a few decades ago, the notion of welfare still used to be synonymous with material wealth, and rates of economic growth turned out to be the main criteria for assessing social progress. Later on a broader conception of welfare emerged, which also included non-material and qualitative components of development, and thus quality of life became the leading welfare goal and perspective of societal development (see below).

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<sup>1</sup> See e.g. Veenhoven and Ogma-Keulen (1999): "Life-expectancy has increased considerably over the last century and will probably continue to rise in the next decades. This raises questions about benefits of life-time extension. Are the extra years worth living?" or Diener/Suh (1997: 304) "As the populations of many nations age, concerns about the quality of life of senior citizens has heightened".

<sup>2</sup> See also the article by Tesch-Römer et al (2002) on social reporting for the elderly.

<sup>3</sup> See e.g. the "Growing Older"-Programme of the British Economic and Social Research Council.

<sup>4</sup> The following text draws from Berger-Schmitt/Noll 2000, Noll 2000, Noll 2002a and Noll 2002b and Noll-Schöb 2002.

The following conceptual considerations will reflect on quality of life and two other – closely related - notions of welfare. These reflections are considered as a kind of framework to be used for identifying and selecting measurement dimensions and indicators of the quality of life of the elderly.

### **Quality of Life**

Among the different notions of welfare currently discussed, the concept of quality of life is probably the most widely recognised and the most frequently used framework for measurement and analysis. The concept of quality of life arose at the end of the 1960s as an alternative to the by that time dominant societal goal of an increasing material level of living. Besides material dimensions of welfare, the concept encompasses immaterial aspects of the living situation like health and social relations. Moreover, quality of life is supposed to include objective features - the actual living conditions - as well as the subjective well-being of the individual citizens (Argyle 1996)<sup>5</sup>. Among the various efforts to operationalise the quality of life concept, two rather contrary approaches are to be distinguished (Noll/Zapf 1994): the Scandinavian level of living approach (Erikson 1993; Uusitalo 1994) and the American quality of life approach (Campbell/Converse/Rodgers 1976).

The level of living approach as it has been developed by Scandinavian welfare researchers following the tradition set by Jan Drewnowski and Richard Titmus bases welfare measurement exclusively on objective indicators. Within this tradition, welfare is understood as the “individuals command over, under given determinants mobilizable resources, with whose help he/she can control and consciously direct his/her living conditions” (Erikson, 1974: 275; Erikson, 1993: 72 ff.). This notion of welfare departs from the perception of the individual citizen “as an active, creative being, and the autonomous definer of his own end. The resources are mere means to the latter” (Thålin, 1988: 166). Resources are defined for examples in terms of money, property, knowledge, psychic and physical energy, social relations and security (Erikson/Uusitalo, 1987: 189). The focus is on the objective living conditions, life chances and their determinants: “We ... try to assess the individual’s level of living in a way which makes it as little influenced as possible by the individual's evaluation of his own situation” (Erikson, 1993: 77).

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<sup>5</sup> For a more extensive review of the rise, meaning and operational definition of the concept of quality of life see Noll 2000.

A more recent and to some respect similar concept of welfare and quality of life is that of ‘capabilities’, which has been developed by Amartya Sen, the Nobel laureate in economics. This approach is “based on a view of living as a combination of various ‘doings and beings’, with quality of life to be assessed in terms of the capability to achieve valuable functionings” (Sen, 1993: 31).

The American quality of life approach bases welfare measurement contrary to the level of living approach primarily on subjective indicators. In the tradition of utilitarian philosophy, ‘mental health research’ and strongly influenced by social psychologists like W.I. Thomas known by his dictum that “if men define situations as real, they are real in their consequences” (Thomas 1928: 571-572), this approach ultimately defines welfare as subjective well-being. The representatives of this approach underline that welfare and quality of life are supposed to be subjectively perceived and experienced by the individual citizen. Thus, from this point of view, the subjective well-being of the individual citizen is considered to be the ultimate goal of societal development and the yardstick to be used for measuring the quality of life: “The quality of life must be in the eye of the beholder” (Campbell, 1972: 442)<sup>7</sup>. Accordingly, the “common man himself” is considered to be the best expert to evaluate his quality of life in terms of subjective well-being. The most important indicators of subjective well-being used actually are measures of satisfaction and happiness.

There are also broader quality of life concepts, combining elements of both of these approaches. Such a comprehensive notion of quality of life was taken already as the basis of Erik Allardt’s “Comparative Scandinavian Welfare Study” as early as in 1972. This approach distinguishes between three basic needs of human beings - Having, Loving and Being (Allardt 1973; 1993). Within each category, objective as well as subjective dimensions of need satisfaction are included. Another approach combining objective as well as subjective dimensions is based on the German notion of quality of life focussing on the constellation of objective living conditions and subjective well-being across different life domains (Zapf 1984). Objective living conditions include the ascertainable living circumstances, such as living standards, working conditions or the state of health. Subjective well-being concerns general as well as domain-specific perceptions, assessments and evaluations of living conditions and includes cognitive as well as affective components. The following typology of welfare positions distinguishes between four constellations of objective living conditions and subjective well-being:

**Figure 1: Typology of Welfare Positions**

Objective Living Conditions	Subjective Well-Being	
	+	-
+	Well-Being	Dissonance
-	Adaptation	Deprivation

Source: Zapf 1984, p. 25

The combination of good living conditions and positive subjective well-being is considered as the most desirable constellation. The combination of good living conditions and negative subjective well-being is denoted as dissonance. Poor living conditions coinciding with low subjective well-being represents a situation of deprivation. And finally, poor living conditions but nevertheless high subjective well-being is described as adaptation (Zapf 1984, p. 25-26).

More recently Lane (1996) has defined quality of life not only as a state, but as a process which includes subjective and objective elements. In this approach, Lane particularly emphasizes the active role of personal experience and the competence of the individual citizen - in his terms the ‘quality of persons’ - to add quality to his or her life: “Quality of life is properly defined by the relation between two subjective or person-based elements and a set of objective circumstances. The subjective elements of a high quality of life comprise: (1) a sense of well-being and (2) personal development, learning growth. ... The objective element is conceived as quality of conditions representing opportunities for exploitation by the person living a life” (Lane, 1996: 259).

### **Notions of the “good society” or societal qualities**

A common feature of almost all quality of life approaches is the more or less implicit or explicit conceptualisation of quality of life as concerning *individual* characteristics. Dimensions of welfare related to *societal* characteristics and qualities such as equality, equity, freedom, or solidarity – which affect the welfare situation of individuals at least indirectly - have been rather neglected, at least as far as empirical measurement and research is concerned, although they have been part of the early notions of the concept of quality of life. In contrast to this, more recent conceptualisations of welfare put the focus more explicitly on aspects concerning the quality of societies, as for example the distribution of welfare and

social relations within societies or a specific path of societal development, taking into account the well-being of future generations.

Concepts referring to welfare related characteristics of societies, such as distributional and relational aspects, have become popular mainly during the second half of the 1980s and during the 1990s. For the purposes of developing a conceptual framework for a “European System of Social Indicators” two concepts of societal quality - the concepts of “social cohesion” and “sustainability” - have been considered as particularly useful to complement “quality of life” as a concept focussing on individual welfare<sup>6</sup>.

### **Social Cohesion**

The conceptual framework of the European System of Social Indicators (Berger-Schmitt/Noll 2000) distinguishes two major dimensions of social cohesion: (1) the dimension of disparities and inequalities, including social exclusion, and (2) the dimension of inter-relations, bonds, and social ties including the enhancement of social capital and social inclusion. For each of the two major dimensions of the social cohesion / social capital perspective various subdimensions are to be distinguished, such as the reduction of regional disparities and the promotion of equal opportunities, the promotion of social and political participation and voluntary activities in networks and associations; the formation and strengthening of social relations among population groups or the improvement of the quality of relations including issues such as shared values, a common identity, trust, and solidarity.

It is rather obvious, that the idea of social cohesion with the two perspectives and dimensions distinguished needs to be accounted for by developing indicators to be used to monitor the “good life” and “good society” from the perspective of the elderly. Both – the dimension of inequality and social exclusion as well as the dimension of interrelations, bonding and inclusion – turn out to be particularly important from an old age point of view.

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<sup>6</sup> The theoretical framework as well as the systems-architecture of a European System of Social Indicators (EUSI) has been developed within the EuReporting-Project, funded by the European Commission under its 4<sup>th</sup> Framework Programme. Current work within [ZUMA's Social Indicators department](http://www.gesis.org/Sozialindikatoren/) (<http://www.gesis.org/Sozialindikatoren/>) focusses on the subsequent implementation of the indicators system, which by now covers 22 countries (15 current EU member states, Norway, Switzerland, Czech Republic, Hungary, Poland, as well as Japan and the U.S. as major reference societies) at the moment. In its final stage the European System of Social Indicators is supposed to provide data for 13 life domains (see [Berger-Schmitt/Noll 2000](#); Noll 2002). Up to now time series data are available for six out of the projected 13 life domains at the following website: [http://www.gesis.org/en/social\\_monitoring/social\\_indicators/EU\\_Reporting/eusi.htm](http://www.gesis.org/en/social_monitoring/social_indicators/EU_Reporting/eusi.htm)

## **Sustainability**

Within the conceptual framework of the European System of Social Indicators sustainability has been conceptualised with reference to the World Bank's four capital approach. Thus, there are four major goal dimensions: the enhancement or preservation of social, human, produced, and natural capital. For each type of capital two aspects ought to be distinguished<sup>7</sup>: (1) the preservation or enhancement of the societal capital of current generations and (2) the provision for future generations. The first refers to the goal of promoting living conditions of the present generations, while the latter focuses on the means to preserve the societal capital for future generations, that is on the processes and measures necessary to secure equivalent living conditions for the future. This latter aspect actually represents the primary idea of sustainability which has to be conceived as a general principle shaping societal developments.

As it is the case with social cohesion, also the two complementary sustainability dimensions are of particular importance for measuring and monitoring the 'good' life and society of the elderly. Thus, indicators to be developed need to address the sustainability dimensions distinguished, emphasizing particularly the issue of inter-generational equity. Needless to underline that this perspective deserves special attention from the point of view of the quality of life of the elderly in "sustainable ageing societies".

## **Summary view on the conceptual framework used for the European System of Social Indicators**

The European System of Social Indicators is not only supposed to be used as a tool for measuring welfare and goal achievement, but also to monitor more general trends of social change, particularly trends concerning major elements of the socio-economic and socio-demographic structure as well as trends concerning individual values and attitudes. Thus, the conceptual framework of the European System of Social Indicators overall results in two perspectives and two levels of measurement (Figure 3). The two perspectives of measurement are the measurement of welfare on the one hand and monitoring general social change on the other. For both of them an individual level and a societal level is being distinguished. Welfare measurement at the individual level addresses objective living conditions and subjective well-being as the two principal dimensions of the individual quality of life. Welfare measurement at the societal level covers several dimensions of the quality of a society as they have been

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<sup>7</sup> The category of produced/physical capital has not been included since the main objective of the European System of Social Indicators is the measurement of *social* developments.

derived from the concepts of sustainability and social cohesion. Monitoring social change at the individual level puts the emphasis on measuring changes in individual values and attitudes whereas monitoring of social change at the societal level will focus on the observation of socio-structural trends.

**Figure 2: Conceptual Framework of European System of Social Indicators: Levels, Perspectives and Dimensions**

	Welfare Measurement	Monitoring Social Change
Individual Level	<p><i>Quality of Life</i></p> <ul style="list-style-type: none"> <li>- living conditions</li> <li>-well being</li> </ul>	<p><i>Values and Attitudes</i></p> <ul style="list-style-type: none"> <li>- postmaterialism</li> <li>- gender roles</li> <li>- party preferences etc.</li> </ul>
Societal Level	<p><i>Societal Quality</i></p> <p><i>Sustainability</i></p> <ul style="list-style-type: none"> <li>- preservation of natural capital</li> <li>- preservation of human capital</li> </ul> <p><i>Social Cohesion</i></p> <ul style="list-style-type: none"> <li>- disparities, inequalities, exclusion</li> <li>- social bonds, relations, inclusion</li> </ul>	<p><i>Social Structure</i></p> <ul style="list-style-type: none"> <li>- demographic</li> <li>- social class</li> <li>- employment etc.</li> </ul>

**2. Domains, Dimensions and Indicators**

**Domains**

The task of developing quality of life indicators for the elderly is not only closely related to the choice of an appropriate conceptual framework, but raises also the question, whether components and characteristics of life quality are supposed to be identical across age groups or if life-cycle specific particularities are to be expected and to be taken into consideration. Evidence from available research suggests to assume, that the components as well as preconditions and determining factors of quality of life may at least to some extend vary

across age groups or stages of the life cycle respectively. Apparently the quality of life in later stages of the life cycle seems to be affected by the peculiarities of social, psychological and physiological conditions, particularly the state of health as well as age specific transitions and life events such as the transition to retirement and the loss of partners and friends. In addition, life cycle specific changes in the ways of living and life styles as well as related shifts in value orientations and rank orders of personal priorities may play a crucial role. To some extent these processes and differences between age groups are reflected in answers to survey questions concerning the importance of various life domains for the individual well-being<sup>8</sup>. Although differences between age groups are far from being dramatic, we do observe some significant patterns: older respondents tend to rate some of the domains as more and some as less important compared to younger respondents. Among the domains perceived as less important are employment, occupational success, influence in politics, environmental protection, leisure, as well as income and the family. Among the domains being rated as more important by the elderly are first of all health, but also religious belief and public safety (Noll/Schöb 2002: 243ff).

These and similar findings ought to be taken into consideration by selecting the life domains to be covered by indicators of life quality for the elderly. Some aspects of life may be regarded as less important if not to be neglected while others should be given more emphasis. Life domains like labour market opportunities and working conditions, which are of central importance for younger age groups are obviously less important for the elderly. On the other hand there are other life domains and aspects of living conditions and opportunities which move to the centre and deserve special attention by developing quality of life indicators for the elderly, as for example health and health care, social relations and support networks, individual mobility, but not least also dimensions of religion and spirituality.

The domains suggested to be covered by quality of life indicators are the following:

- health and health care
- support and contact networks
- social participation and integration
- individual mobility and transportation
- accessibility and quality of services
- public safety

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<sup>8</sup> See for example a respective question in the German Welfare Survey: “The domains of life which we have talked about so far might be of different importance for the well-being and satisfaction of people. Please tell me for the following domains ...whether they are very important, important, not very important, unimportant for your well-being and satisfaction”.

- religion and spirituality
- total life situation

Other domains, which need to be covered as well, but will – for pragmatic reasons - not be dealt with in this paper are various domains of material well-being, in particular income, wealth, consumption and housing. Also indicators related to pensions and other aspects of social security and safety will not be included here<sup>9</sup>. Domains, which do not seem to be of highest priority from the perspective of measuring and monitoring the quality of life of the elderly - as for example leisure, environmental quality and education – may be included at a later stage if requested.

### **Dimensions and Indicators**

The following list (figure 3) of dimensions/indicators allocated to the selected life domains is a very preliminary one. It is neither comprehensive, complete and strictly related to the concepts discussed before, nor are the dimensions and/or indicators fully elaborated. At the present stage there is not even a clear distinction made between dimensions and indicators in a strict sense. At this stage the suggested list of dimensions/indicators is supposed to provide only a flavour of how such a list may look like and what kind of dimensions and indicators should be taken into consideration. In any case it needs to be extended, completed and fully elaborated in future steps of work. However, for the time being it may even in its preliminary version be useful to initiate and encourage forthcoming discussions on the dimensions and indicators to be adopted for the future measurement and monitoring of the quality of life of the elderly in sustainable ageing societies.

Figure 3 lists the life domains selected as well as a varying number of objective and subjective dimensions and/or indicators allocated to each of them. The distinction made between objective and subjective dimensions and indicators and the respective inclusion of the “subjective” notion of quality of life is supposed to be crucial from the perspective of the current state of the art of quality of life measurement and thus highly recommended. Additional work is not only needed to complete and fully elaborate a suggested list of measurement dimensions and indicators, but also to define the procedures of measurement (e.g. definition of age groups within the elderly and the rest of the population, definition of socio-economic breakdowns, time frame etc.), to identify the best data sources available and to empirically implement the concept suggested.

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<sup>9</sup> See the paper by Förster/Fuchs/Makovec on „Internationally comparative indicators of material well-being in an age-specific optique“

**Figure 3: Domains, Dimensions and Indicators of the Quality of Life of the Elderly**

Domain	Dimensions / Indicators	
	Objective	Subjective
<b>Health and Health Care</b>	- restrictions in daily life due to health impairments (list of restrictions)	- subjective state of health
	- days spent in hospital last 12 months	- satisfaction with ones own sate of health
	- no. of doctor visits last 12 months  - in need of daily care	- satisfaction with health care services (list of services)
<b>Support and Contact Networks</b>	- living with partner - son or daughter living within distance of ... - other family member living within distance of ... - frequency of contacts with relatives - availability of a person in case of need for help (different types such as financial, daily errands, talk about personal concerns and worries etc.) - number of close friends - frequency of contacts with friends - social contacts in the neighbourhood	- feeling of loneliness - satisfaction with quantity of personal relations - satisfaction with quality of personal relations with ....  - perceived personal conflicts
<b>Social Participation and Integration</b>	- membership in associations - participation in voluntary work - participation in activities of public life	

<b>Individual Mobility and Transportation</b>	<ul style="list-style-type: none"> <li>- access to private car</li> <li>- access to local public transportation</li> <li>- access to long distance public transportation</li> </ul>	<ul style="list-style-type: none"> <li>- satisfaction with one's own access to means of transportation and mobility</li> </ul>
<b>Accessibility and Quality of Services</b>	<ul style="list-style-type: none"> <li>- super market in walking distance</li> <li>- pharmacy in walking distance</li> <li>- medical services in walking distance</li> <li>- access to daily care services</li> <li>- access to home lunch service</li> </ul>	<ul style="list-style-type: none"> <li>- satisfaction with accessibility of various services</li> <li>- satisfaction with quality of various services</li> </ul>
<b>Public Safety</b>	<ul style="list-style-type: none"> <li>- risk of victimization (different kinds of crime)</li> </ul>	<ul style="list-style-type: none"> <li>- fear of crime in neighbourhood</li> <li>- perceived risk of victimization in neighbourhood</li> <li>- satisfaction with public safety in neighbourhood</li> </ul>
<b>Religion, Spirituality</b>	<ul style="list-style-type: none"> <li>- church membership</li> <li>- church attendance</li> </ul>	<ul style="list-style-type: none"> <li>- belief in god</li> </ul>
<b>Total Life Situation</b>	<ul style="list-style-type: none"> <li>- index of quality of life based on objective Indicators</li> </ul>	<ul style="list-style-type: none"> <li>- life satisfaction</li> <li>- happiness</li> <li>- anomia</li> <li>- major concerns</li> </ul>

### III. Next Steps

- to fully elaborate the underlying conceptual framework and a proposal of domains, dimensions and indicators for the measurement and monitoring of the quality of life of the elderly
- to discuss and agree on the proposal
- to define procedures of measurement
- to empirically implement the proposal

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