

Disability and poverty in later life

Appendices

Appendix 1: The current system of disability benefits

The only condition for eligibility of Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP) is that the claimant should be assessed as having significant care needs caused by mental or physical disability. Guidance for AA specifies that eligibility for the standard rate requires that the claimant needs ‘frequent help or constant supervision during the day, or supervision at night’. To be eligible for the higher rate, the claimant must need ‘help or supervision throughout both day and night, or you’re terminally ill’ (see gov.uk/attendance-allowance/what-youll-get (accessed 5 Oct 2015)). The eligibility condition for the care/daily living component of DLA/PIP is essentially the same, but DLA also has a third rate applicable to claimants who need ‘help for some of the day or with preparing cooked meals’. This low rate is being phased out with the introduction of PIPs. The standard mobility component of DLA/PIP is for those who need ‘guidance or supervision outdoors’ and a higher rate is available for claimants with ‘any other, more severe, walking difficulty’ (see gov.uk/dla-disability-living-allowance-benefit/what-youll-get (accessed 5 Oct 2015)). As well as the withdrawal of the lowest rate of the care component, the capacity assessments for PIP are proving in practice to be more rigorous than the assessment procedure for DLA. The current (2015/16) rates for AA, DLA and PIPs are shown in Table A1.1.

Table A1.1 Weekly rates for Attendance Allowance (AA), Disability Living Allowance (DLA) and Personal Independence Payments (PIP) in 2015/16

	AA	DLA		PIP	
		Care component	Mobility component	Daily Living component	Mobility component
Low rate	-	£21.80	-	-	-
Standard rate	£55.10	£55.10	£21.80	£55.10	£21.80
Enhanced rate	£82.30	£82.30	£57.45	£82.30	£57.45

The application process for AA involves a 31-page form which must be completed, signed and submitted by post. The form asks for a great deal of detail on the nature of the health condition(s) involved; their duration; treatment or medication; reports and test results; past or future scheduled spells in hospital or care homes; and any aids or adaptations that are used. The applicant is asked to give contact details for their GP, any other medical staff consulted, and any carers or other relevant social or family contacts, who are normally contacted by the DWP. The form has questions on the nature of the dwelling and location of sleeping/toilet facilities, followed by a very detailed 15-page section on the exact nature and timing of care needs. A supporting statement is invited from a person who is ‘most involved with your treatment or care’.

The AA and DLA programmes have a formal system for challenging entitlement decisions made by the DWP. There are two stages in the process of challenge. Claimants can ask the DWP for a mandatory reconsideration which, if successful, may replace or supersede the initial decision. If reconsideration is unsuccessful, claimants can then appeal to a tribunal, which operates independently of the DWP under the auspices of HM Courts and Tribunals Service.

Table A1.2 gives a quantitative indication of the way these work in practice, for the most recent year for which we have complete data, 2011/12. All claims for DLA are made before the age of 65 and it is perhaps unsurprising that the rejection rate on new DLA claims is considerably higher than that on new claims to AA. There is a much higher rate of challenge to DLA decisions than to AA decisions, but the success rate in those challenges is only slightly higher than the AA success rate. The evidence suggests a tougher regime by the DWP for mandatory reconsideration of DLA, with that difference being reversed by tribunals at appeal.

Table A1.2 Rates of challenge to decisions on new AA and DLA claims, 2011/12¹

	AA	DLA (all ages)
Rejection rate for new claims	20%	56%
<i>Proportion of new claims sent for reconsideration</i>	6%	32%
Success rate in reconsiderations	50%	43%
<i>Proportion of unsuccessful reconsiderations referred to appeal tribunal</i>	39%	86%
Success rate on appeals	26%	39%
Overall success rate on challenges ²	55%	62%
Successful challenges / new claims rejected ³	16%	35%

¹ Source: Hansard written answer HC Deb, 17 January 2012, c644W. ² Successful reconsiderations and appeals as % of number of reconsiderations. ³ This ratio is an upper bound on the success rate in challenges to rejections of initial claims, since some challenges are to the award of a lower rate of benefit rather than the rejection of a claim.

The three means-tested benefits that are affected by AA/DLA/PIP receipt are: Pension Credit (PC) which is a general income supplement; and Housing Benefit (HB) and Council Tax Support (CTS) which provide help with the costs of rent and Council Tax. PC is made up of Guarantee Credit (GC) and Savings Credit (SC). Benefit units with assessable income below their GC level are entitled to a GC payment which brings their income up to that level. The applicable GC level depends on various characteristics of the claimant, particularly whether the benefit unit consists of a single pensioner or a couple. To be eligible for the SDA, a claimant must be receiving AA or the middle or higher rate of the DLA/PIP care component, and meet other 'living alone' conditions which effectively restrict eligibility to those who do not have someone who could provide care for them (Age UK, 2015). These conditions particularly affect couples.¹ Currently (2015-16), the standard weekly GC levels for are £151.20 and £230.85 for single people and couples respectively. The SDA is £61.85 for a single person or a couple where one partner qualifies, and twice this if two partners qualify.

The SC is an addition related to the amount of income that the claimant has above a threshold, slightly above the value of the basic state pension, and subject to a weekly maximum of £18.54 for a single pensioner and £23.73 for a couple. The threshold is below the GC level so it is possible to be entitled to the GC or the SC or both. In calculating assessable income for both the GC and SC, actual income from capital or savings is ignored but capital above a lower threshold is assumed to generate a weekly income of £1 for every £500 of capital above that threshold. The means tests for HB and CTS are such that most older people entitled to GC are entitled to receive HB and CTS equivalent to 100 per cent of these costs.² People with higher incomes are entitled to lower amounts which decline as incomes rise. HB and CTS embody an SDA on the same basis as PC. There is no upper capital limit for PC but for anyone not receiving the GC, an upper capital limit applies such that, if capital exceeds this limit, entitlement to HB and CTS is zero.

Appendix 2: The social care means test and appeals procedure in England and Wales

The national principles governing local authority means-testing of social care require that: (i) social care charges do not reduce the disposable income that individuals are left with after meeting those charges to below 125 per cent of the ordinary Guarantee Credit level; (ii) if disability benefits are included in assessable income they must be net of an allowance for ‘disability-related expenditure’³; and (iii) that any capital test must exclude housing wealth, and other forms of wealth must be treated no less generously than they would be in the nationally prescribed means test for care in an institutional setting. Currently, this means that capital below a lower limit of £23,250 has to be disregarded completely and additional capital up to a limit of (at least) £14,250 can be assumed to generate an income of no more than £1 a week for every £250 of capital between the lower and upper limits. An individual with capital above the upper limit has to meet the cost of their care in full, irrespective of their income.

The system for problem resolution and redress relating to local authority social care has several stages and parallel strands. The main complaints procedure works as follows.

1. Informal request to the local authority’s adult social care professionals to review the decision. If that fails to resolve the problem:
2. Formal complaint under the Social Services Complaints Procedure, which every local authority is required to provide. The complaint is investigated and assessed by the local authority itself. The way this happens can vary and may be negotiated between the complainant and the local authority.
3. If the complaint is not upheld:
 - **either** complaint to the Local Government Ombudsman (LGO), who has powers to facilitate agreement and make recommendations. The LGO has no power to order the local authority to make changes, but recommendations are usually complied with;
 - **or** legal challenge by judicial review – very much a last resort.

In parallel to this system is the possibility of registering a concern with the Care Quality Commission, which is concerned with the appropriateness and standards of care received, rather than other aspects of local authority decisions.

Although each local authority is required to publish an annual complaints review, there are no harmonised national summary data comparable to that in Table A1.2 relating to AA/DLA/PIP. However, the LGO does now publish statistics on complaints relating to adult social care. The most recent figures show a success rate of 22 per cent among the 2,056 complete valid cases taken up by the LGO in 2013 (see www.lgo.org.uk/news/2014/may/lgo-publishes-complaints-statistics-english-adult-social-care-providers-first-time). Note that these figures relate to all adult ages).

Appendix 3: Data sources

The Family Resources Survey (FRS)

The Family Resource Surveys (FRS) is a continuous cross-sectional survey, designed to be representative of UK private households. Covering a large national population sample of around 25,000 households each year, FRS collects detailed information on the personal characteristics, incomes and living circumstances of all adults in the sampled households, together with detailed information on their receipt of public support. The survey also includes questions covering functional difficulties with domains of life and a series of questions aimed at measuring material deprivation. It includes questions on hours of help received from various sources which we use in estimating the value of local authority support received. Administered by the Department for Work and Pensions, FRS is used as the basis for most official income and poverty statistics (DWP, 2013) and on welfare and disability programme targeting (Kasparova *et al.*, 2007).

Each cross-sectional FRS uses the Postcode Address File (PAF) as a sampling frame, and data is collected mainly in face-to-face interviews done by trained interviewers. The overall response rate was on average around 60 per cent. Detailed information on the study can be found in the user documentation and at: www.gov.uk/government/collections/family-resources-survey--2.

The English Longitudinal Survey of Ageing (ELSA)

The English Longitudinal Study of Ageing (ELSA) is a nationally representative panel collecting data on health and disability and the financial circumstances of people aged 50 and over and their partners living in private households in England. Resulting from a collaboration between the University College London, the Institute of Fiscal Studies (IFS) and the National Centre for Social Research (NatCen), the original ELSA sample consists of around 11,500 men and women aged 50 and over and approximately 600 partners aged below 50, selected from three separate years of the Health Survey for England (HSE) (1998, 1999 and 2001). The wave 1 ELSA data is thus potentially affected by non-response in the HSE and a further round of attrition; HSE response rates were 74 per cent (1998), 76 per cent (1999) and 74 per cent (2001) and, of those selected for the ELSA, around 70 per cent responded to its first wave (Taylor *et al.*, 2003). Surviving sample members living in residential addresses in England, were re-contacted every two years, tracking changes in their health and economic circumstances over time through face-to-face interviews, self-completion questionnaires and nurse visits (available in waves 2,4 and 6). At waves 3, 4, 6 the sample was refreshed with new study participants from HSE to maintain the size and representativeness of the panel.

Wave 6 of ELSA (carried out in 2012–13) includes a new module on social care, including information on the type of care and its funding. The (cross-sectional) wave 6 response rate conditional on response at wave 1 was 66.2 per cent. For a fuller description of ELSA we refer to the ELSA user documentation and technical report available at www.elsa-project.ac.uk/.

The FRS and ELSA have been shown to give very similar pictures of the relationship between disability, income and receipt of disability benefit, despite the large differences in the design of the two surveys (Hancock *et al.*, 2015). This gives some reassurance that the analysis presented in our report is statistically robust.

Administrative data: the Health and Social Care Information Centre (HSCIC)

Sponsored by the Department of Health, the Health and Social care Information Centre (HSCIC) collects and publishes a wide range of administrative data for England, including data on adult social care activity and expenditure. Used to derive the official statistics on social care activity of local authorities with adult social services responsibilities (CASSRs) in England, the new short and long term support (SALT)⁴ has replaced the previous annual referrals, assessments and packages of care (RAP) data collection activity in providing figures relating to the number of clients on the local authority books on 31 March at the end of the given financial year. These figures are used to represent the stock of adult social care recipients helped by local authority social care departments at a single point in the year.

For a fuller list of administrative data made available through HSCIC, we refer to: www.hscic.gov.uk/supportandguidance.

Department for Work and Pensions (DWP) administrative data on benefit caseloads

The Department for Work and Pensions (DWP) makes available a wide range of social security benefits statistics which also includes Disability Living Allowance (DLA), Personal Independence Payment (PIP) and Attendance Allowance (AA). Benefit caseload (number of claimants) statistics are derived from the Work and Pensions Longitudinal Study (WPLS) data. The WPLS is a database which contains longitudinal (spell-based) information on individual's work, benefit, and pension histories, and its data is sourced from administrative data shared by DWP and Her Majesty's Revenue & Customs (HMRC). This is a key information source for many of the department's statistical outputs. WPLS is based on 100 per cent of claimants and it provides a breakdown of the benefit caseload series by age groups and gender of claimant, duration of their spell on benefit and geographical locations of claimants. See <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> for details.

Appendix 4: Disability cost estimates

Table A4.1 compares some of the available UK estimates of disability costs.

Table A4.1 Estimates of the average weekly level of disability costs

Study	Method	Estimated mean disability cost (£p.w. uprated to 2015 prices)
Martin and White (1988)	Analysis of questions in the 1985 OPCS Disability Survey on the amount of disability-related expenditure	£16 (average over all ages)
		£31 (average for highly disabled)
Thompson <i>et al</i> (1990)	Interviews with 87 disabled people (16 pensioners) interviewed in Nov 1989; sample skewed towards severely disabled. Measured actual disability-induced expenditure rather than expenditure that would have been needed to fully overcome limitations.	£134 (average for pensioners)
		£153 (overall average)
Berthoud (1991)	Review based on small-scale qualitative inquiries	£102 (working-age wheelchair users in London); £61 (mental health disabilities)
Berthoud <i>et al</i> (1993)	Re-analysis of questions in the 1985 OPCS Disability Survey on the amount of disability-related expenditure	£78 (average for highly disabled)
Jones and O'Donnell (1995)	Compensating/equivalent variation approach to estimate a disability equivalence scale through analysis of expenditure patterns in the Family Expenditure Survey.	Additional expenditures, primarily 64% on fuel and 45% on transport
Smith <i>et al</i> (2004)	Consensual budget standard methodology, based on 78 focus group participants, evaluating five case studies of working-age single people with varying types of disability, living alone in rented accommodation. Estimates were of needs to put these individuals 'on a level playing field'. Estimates exclude capital cost of housing adaptations.	Excluding personal assistance costs: £393 (low-medium needs) £658 (high-medium needs)
		Including personal assistance costs: £548 (low-medium needs) £2,131 (high-medium needs)
Zaidi and Burchardt (2005)	Compensating/equivalent variation approach using a material deprivation measure of welfare. Based on General Household Survey data.	£153–£238 for pensioners with severe disabilities
Morciano <i>et al</i> (2015)	Uses a compensating income variation approach using a material deprivation measure of welfare. Based on 2003–8 FRS data on over-65s	£124 (all with disabilities)
		£226 (top decile of disability)

Appendix 5: Measures of poverty and targeting efficiency

Poverty measurement

Suppose there is a level of equivalised income (Y^*) below which a benefit unit unaffected by disability is judged to be poor. Consider another benefit unit that is affected by disability and suppose it faces additional disability costs C . Then define the disability-adjusted poverty threshold for that benefit unit as $T = Y^* + C$. Define y_i to be the equivalised income of the benefit unit to which person i belongs, in a population of N individuals.

Define the indicator function $I(y_i < T_i)$ such that:

$$I(y_i < T_i) = 1 \text{ if } y_i < T_i, 0 \text{ otherwise}$$

The *Headcount* poverty measure (the proportion of people with incomes below T_i) is given by:

$$H = \frac{\sum_{i=1}^N I(y_i < T_i)}{N}$$

The *FGT(2)* measure of poverty is a member of the class of measures developed by Foster *et al.* (1984).

$$FGT(2) = \frac{\sum_{i=1}^N I(y_i < T_i)(1 - y_i / T_i)^2}{N}$$

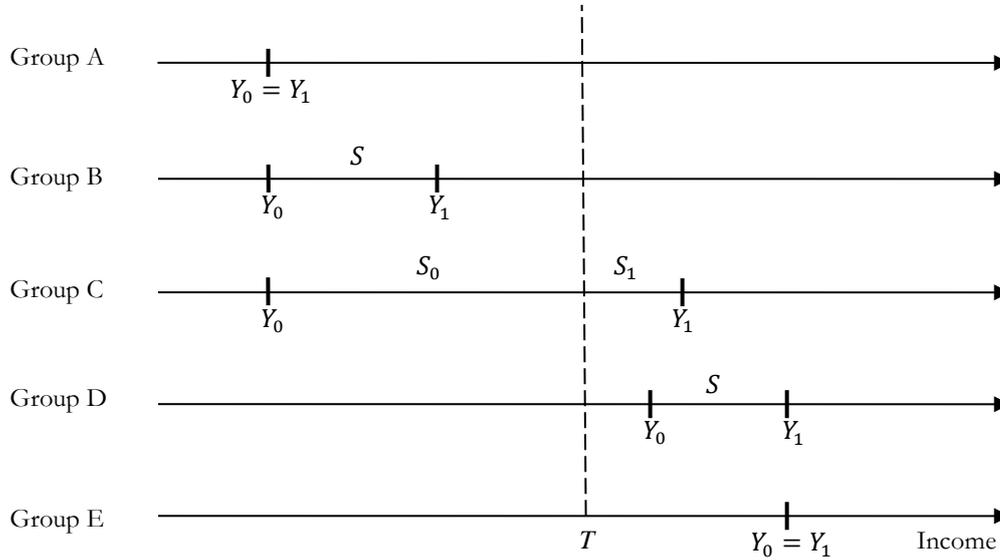
In practice, these measures are estimated from survey data, using sums over all respondents in a randomly selected sample of households, rather than over the whole population. Provided the sample is sufficiently large and there are no systematic distortions in the selection of the sample, such estimates are likely to be very close to the true population measures. In practice, weighted sums are used to adjust for the effects of non-response and bring the sample composition in line with what is known about the demographic profile of the population.

Measures of targeting errors

Figure A5.1 shows a typology of individuals constructed in relation to *ex ante* income Y_0 (exclusive of any public disability support), *ex post* income Y_1 (inclusive of the value of public disability support) and a poverty line T , adjusted to allow for the extra costs of disability. Define $S = Y_1 - Y_0$ as the value of public disability support received. We define six groups. Group A contains people in poverty who receive nothing; group B receives support but not sufficient to lift them out of poverty; group C would be in poverty without support, but receive enough to raise them above the poverty line; group D receive support but would not be classed as poor without it; group E are non-poor and receive no support.

Figure A5.1 Classification of groups by *ex ante* and *ex post* poverty status

(Y_0 = *ex ante* income before disability support; Y_1 = *ex post* income after support; T = disability-adjusted poverty line; S = value of support received)



Now define the following variables

$$R = 1 \text{ if } S > 0; 0 \text{ otherwise}$$

$$Z_0 = 1 \text{ if } Y_0 < T; 0 \text{ otherwise (ex ante poverty)}$$

$$Z_1 = 1 \text{ if } Y_0 + S < T; 0 \text{ otherwise (ex post poverty)}$$

$$D = 1 \text{ if disabled; 0 otherwise}$$

Two measures describe the pattern of unmet need:

(1) Proportion of pre-support need among the disabled that remains unmet because of non-receipt of support:

$$\frac{E[(1 - R)Z_0Z_1(T - Y_0) | D = 1]}{E[Z_0(T - Y_0) | D = 1]}$$

(2) Proportion of pre-support need among the disabled that remains unmet because of partial support:

$$\frac{E[RZ_0Z_1(T - [Y_0 + S]) | D = 1]}{E[Z_0(T - Y_0) | D = 1]}$$

Five further measures describe the targeting of public resources:

(3) The share of total support going to disabled recipients who remain poor:

$$\frac{E[Z_0Z_1S | D = 1]E[D]}{E[S]}$$

(4) The share of total support that takes disabled recipients up to the poverty line

$$\frac{E[Z_0(1 - Z_1)(T - Y_0) | D = 1]E[D]}{E[S]}$$

(5) The share of total support that takes disabled recipients beyond the poverty line

$$\frac{E[Z_0(1 - Z_1)(Y_0 + S - T) | D = 1]E[D]}{E[S]}$$

(6) The share of total support going to disabled people who would not be poor without public support

$$\frac{E[(1 - Z_0)S | D = 1]E[D]}{E[S]}$$

(7) The share of total support going to people with no disability

$$\frac{E[S | D = 0](1 - E[D])}{E[S]}$$

Appendix 6: Reform simulation

The analysis in this paper of FRS data and of reforms to the disability benefits system uses a simulation model known as CARESIM. For this paper we use CARESIM for people aged 65+ living in private households to simulate income tax liabilities, entitlement to means-tested social security benefits and entitlement to public support for any hours of help that respondents report receiving from a local authority, for the a single time point – 2015. We allow for non-take-up of means-tested benefits drawing on Department for Work and Pensions estimates of the pensioner caseload take-up rates for each benefit and evidence on the pattern of multiple benefit take-up (Hancock *et al.*, 2004). The approach is similar to that used in Sutherland *et al.* (2008). Take-up of each benefit is randomly assigned to an appropriate proportion of those entitled. For Pension Credit, we assume that the take-up rate by those entitled to Guarantee Credit is higher than for those entitled only to the Savings Credit rate and that take-up of Housing Benefit and Council Tax Support is 100 per cent for those taking up any entitlement to Pension Credit. Take-up of Council Tax Support by those not receiving Pension Credit is assumed to be lower among owner-occupiers than among renters.⁵ This method allows indirectly for the known relationship between take-up and size of entitlement and assumes that take-up probabilities are not changed by a policy reform. We do not allow explicitly for any change in take-up behaviour which could be induced by the reforms we consider except in so far as they may change entitlement to, and thus receipt of, Pension Credit and therefore affect the assumed take-up rate of Housing and Council Tax Support.

Entitlement to AA and DLA is not simulated directly since we do not have sufficient information in the FRS to mimic the decisions of officials who assess and award claims for these benefits. Our approach is to simulate changes in the levels of the various components of these benefits for people who report their receipt and to consider the implications of these benefits reaching disabled older people who do not report receipt. Since we do not simulate entitlement, we cannot model take-up or allow for a change in take-up in response to changes in entitlement to AA and DLA. However, we examine the effect of alternative assumptions on proportions of older disabled people who receive AA/DLA under the various reforms. This is implemented by first estimating a logistic regression for older disabled individuals, of receipt of either benefit on disability level, income measured before all disability and means-tested benefits and characteristics which include age, housing tenure and region of residence. The estimated model is then manipulated to achieve either a general increase in the proportion of older disabled people who receive AA/DLA or an increase which is greater among the more disabled (by increasing the constant term in the logistic regression or increasing the coefficient on disability level).

Having simulated net income, we calculate entitlement to local authority help with the cost of any care received given the recipient's income and assets. Simplified examples of the calculation are described in Box 1 of the main text. If the recipient receives AA or the care component of DLA at the middle or higher rate, local authorities can include this income in assessable income when determining entitlement to local authority help, but they must then also make an allowance for 'disability-related expenses' (DRE). We assume that local authorities take account of such income after deducting an allowance for DRE which we set at 25 per cent of estimated disability costs. Care from a nurse is assumed to be provided under the NHS without cost to the recipient.

Notes

1. For a couple to be eligible for at least one SDA, both partners must receive AA or the care component of DLA at the middle or higher rate, or the one not meeting this condition must be registered blind, and at least one of them must not have anyone receiving carers allowance for them.
2. Subject to maximum eligible costs and any deductions which may apply if there are people other than the claimant and partner living in the home.
3. Local authorities vary in how they make this allowance for disability-related expenditure, a set amount which can be increased if the disabled person can make a case for that seems to be quite common.
4. The SALT stakeholder group (which includes representatives from the HSCIC, the Department for Health and local authorities in England) tracks customer journeys through the social care system, starting with an initial request for support.
5. The assumed take-up rates are: entitled to GC (with or without SC): 76.5 per cent; entitled to SC only: 55 per cent; entitled to HB/CTS and receiving PC: 100 per cent; entitled to HB and not receiving PC: 87 per cent; entitled to CTS and not receiving PC: 85.9 per cent (renters) and 37.5 per cent (owner-occupiers).

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