# Modelling work, health, care and income in the older population: The IFS retirement simulator (RetSim) 

Andrew Hood
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## Motivation

- Increasing longevity and post-war baby boom means that the English population aged 65+ is growing quickly
- projected 22\% increase between 2012 and 2022, from $17 \%$ to $20 \%$ of overall population
- How will tomorrow's pensioners look different from today's?
- answer this question using a dynamic microsimulation model
- static microsimulation would ignore potentially important cohort effects eg. changing private pension entitlements
- Model mortality, health, care, labour supply, disability benefits
- interesting in themselves, and inputs to net income projections using IFS's static microsimulation model, TAXBEN


## Data and methodology

- English Longitudinal Study of Ageing (ELSA): 2002-03 to 2010-11
- representative panel of 52+ population (born 1958 or earlier)
- around 10,000 respondents per wave, in 7,000 households
- biennial survey, so we model two-year transitions
- Examine relationships between outcomes and characteristics over time
- formalise these relationships in regression models
- Simulate circumstances through to 2022-23
- start with people aged 52+ in 2010-11
- look at outputs for people aged 65+ through to 2022-23


## Example: mortality

- Run probit regression of probability of dying in next two years on large number of characteristics observed in ELSA data
- including age, sex, couple status, health, early diagnosis of certain diseases, smoker status, receipt of disability benefits
- Predict mortality probabilities for simulated individuals on the basis of the coefficients from this regression
- Calibrate probabilities to match age-sex averages from official mortality projections
- allows the model to account for improving life expectancy


## The structure of RetSim



## 3 headline results

1. Older people will be much more likely to live in couples in future

## Family type (85+)



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- $25 \%$ of people aged 85 + lived in couples in 2010-11, rising to $38 \%$ of people in 2022-23
- partly explained by increases in life expectancy, but also lower mortality rates in couples

2. Dramatic increase in employment among women in their 60s

## People in paid work: ELSA data



## People in paid work: ELSA data



## People in paid work: projections



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2. Dramatic increase in employment among women in their 60 s

- from 16\% in 2010-11 to $37 \%$ in 2022-23
- driven by improving health and rising state pension age (60 to 66)

3. Rising income inequality among the $65+$ population

## Equivalised family income projections: 65+ population



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2. Dramatic increase in employment among women in their 60s

- from 16\% in 2010-11 to 37\% in 2022-23
- driven by improving health and rising state pension age (60 to 66)

3. Rising income inequality among the $65+$ population

- over $3 \%$ per year real income growth at the $90^{\text {th }}$ percentile, less than $1 \%$ at the $10^{\text {th }}$ percentile
- earnings and private pensions growing faster than state support


## References

- Browne et. al. "Modelling work, health, care and income in the older population" provides description of our methodology
- http://www.ifs.org.uk/publications/7253
- Emmerson, Heald and Hood "The changing face of retirement" details our results for the English 65+ population through to 2022
- http://www.ifs.org.uk/publications/7251


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## HEALTH

Fiscal Studies

## Measuring health

- Objective health index
- Counts reported health problems
- mobility
- eyesight and hearing
- continence
- mental health
- Groups people into five health categories
- Not equally sized groups


## Modelling health

- Use ordered probit to model transitions between the five health categories
- Explanatory variables include:
- demographics (age, sex, couple status, region)
- lagged health, early diagnosis of certain diseases, smoker status, measure of childhood health
- care receipt, work status, education, socioeconomic class, income and wealth quintiles


## Trends in health (women)



Source: Figure 3.7

## Trends in health (men)



Source: Figure 3.6

## Health: results

- Health is poorer among older people
- The proportion of women in the best health increases by around $7 \%$ within each age group between 2010-11 and 2022-23
- The improving health of women drives a lot of our results
- Men report better health than women
- Improvements in health for men are more modest
- 5ppts for 75-84 year olds, 2ppts for 65-74 and 85+


## CARE RECEIPT AND PROVISION

## Modelling the receipt and provision of care

- Split care receipt between formal (from a professional) and informal (from a family member or friend)
- use multinomial probit with three outcomes
- Split care provision by intensity (whether fewer than or at least 35 hours per week)
- again use multinomial probit with three outcomes
- Explanatory variables include:
- lagged care provision and receipt, age, sex, couple status, whether has children, health, partner's health, wealth and income quintiles, receipt of disability benefits


## Care provision in 2010

- Likelihood of providing care decreases with age:
- about $20 \%$ of people aged $65+$ provide care in 2010
- $25 \%$ of $65-74$ year old men and $16 \%$ of $85+$ men
- $19 \%$ of 65 to 74 year old women and $4 \%$ of $85+$ women
- Most care is provided by people in couples:
- $32 \%$ of men in couples and $3 \%$ of single men
- $26 \%$ of women in couples and $6 \%$ of single women
- In couples, men report giving more care than women
- Among single people, women report giving more care than men


## Care projections: 2010 to 2022

- Improvements in life expectancy mean:
- Some less healthy men will live longer and need care from their wives
- Some less healthy women will live longer and need care from their husbands
- More people in couples in later life means a shift from formal to informal care for the oldest women

| Providing care: age $\mathbf{8 5 +}$ |  |  |  | Receiving care: women $85+$ |  |  |
| :--- | :---: | :---: | :--- | :--- | :--- | :--- |
|  | $\mathbf{2 0 1 0}$ | $\mathbf{2 0 2 2}$ |  | $\mathbf{2 0 1 0}$ | $\mathbf{2 0 2 2}$ |  |
| Men | $16 \%$ | $21 \%$ |  | Informal | $30 \%$ | $31 \%$ |
| Women | $4 \%$ | $7 \%$ |  | Formal | $35 \%$ | $32 \%$ |
|  |  |  |  | Any | $65 \%$ | $63 \%$ |

## Care projections: 2010 to 2022

- Improvements in female health mean:
- More women will be well enough to provide care
- Fewer women will need care, especially at younger ages

| Providing care: women |  |  |
| :--- | :---: | :---: |
|  | $\mathbf{2 0 1 0}$ | $\mathbf{2 0 2 2}$ |
| $\mathbf{6 5 - 7 4}$ | $19 \%$ | $21 \%$ |
| $\mathbf{7 5 - 8 4}$ | $15 \%$ | $17 \%$ |
| $85+$ | $4 \%$ | $7 \%$ |


| Receiving care: women |  |  |
| :--- | :---: | :---: |
|  | $\mathbf{2 0 1 0}$ | $\mathbf{2 0 2 2}$ |
| $\mathbf{6 5 - 7 4}$ | $29 \%$ | $24 \%$ |
| $\mathbf{7 5 - 8 4}$ | $43 \%$ | $40 \%$ |
| $85+$ | $65 \%$ | $63 \%$ |

## LABOUR SUPPLY

## Labour supply decisions flowchart



## Labour supply modelling

- 3 multinomial logits (one for each current working status)
- Explanatory variables include:
- Demographics (age polynomials, sex, couple status, region, below state pension and pension scheme retirement age)
- Socioeconomic indicators (deprivation, education, socioeconomic status, time since last worked, ever self employed in survey data)
- Financial indicators (baseline wealth and income quintiles, home ownership, has a mortgage, pension scheme membership, "potential" full time wages, disability benefit receipt)
- Health and care (diagnosis of conditions before age 50, health level, health change since last period, receipt or provision of care)
- Partner variables (partner's care receipt, health level, working status, "potential" full time wages, and whether partner below SPA)
- Sex-interacted versions of all variables


## Estimating "potential" wages

- As far as possible, use wages they reported in the data
- up to age 54 , apply $2 \%$ p.a. real wage growth
- Where necessary, convert between full and part time wages using sex and education specific factors estimated from the data
- Where no wages are reported, match wages from another person
- technical paper contains details of matching model
- Same process used to get actual wages for income projections

Institute for

## What factors affect movement out of work? (1)

- Age
- unsurprisingly older individuals are more likely to leave work
- Health
- those in the worst health up to 24ppts less likely to stay in full-time work than those in the best health
- Care giving
- providing high-intensity care (35+ hours a week) makes individuals over 15ppts less likely to stay in full-time work


## What factors affect movement out of work? (2)

- Earnings
- those with higher earnings significantly more likely to stay in work
- State Pension Age
- both sexes 12ppts less likely to leave work if below their SPA
- DB pension scheme membership
- men 12ppts more likely to leave work if part of a DB scheme (women 3ppts more likely), but effect only present for individuals over normal retirement age
- DC pension scheme membership
- men 6ppts more likely to stay in full-time work if in DC scheme (women 2ppts more likely)
- Having a mortgage
- both sexes 5ppts less likely to leave work if have outstanding mortgage


## Effect of increase in female SPA from 60 to 62



Source: Figure 2.1 from Cribb, Emmerson and Tetlow, Labour supply effects of increasing the female state pension in the UK from age 60 to 62

## Women in paid work by health status



## Work and care provision among women 65+



## DISABILITY BENEFIT RECEIPT

## Disability living allowance (and PIP)

- Women are more likely to receive DLA than men
- Older people are less likely to receive DLA than younger people
- DLA receipt falls:
- health improves
- more people in work
- effects of the reform to PIP


Source: Figures 3.14 \& 3.15

## Attendance allowance

- Again, more women than men claim
- Almost 60\% of $85+$ women and over $40 \%$ of $85+$ men claim in 2010
- About $50 \%$ of $85+$ people of both sexes claim in 2022
- Claimant rates for women fall as health improves


Source: Figure 3.16

## NET INCOMES AND POVERTY

## Calculating net incomes

- Given gross incomes, we can use the IFS tax and benefit model, TAXBEN, to calculate net incomes (after taxes and benefits)
- We incorporate all reforms announced up to and including Budget 2014
- eg. Universal Credit, transferable tax allowance for married couples
- Then use normal uprating rules to create future tax and benefit systems

Net family incomes by age: 65+ population


## Net family income projections: 65+ population

- Slow growth in median income from 2010-11 to 2014-15, then return to average of 2\% per year until 2022-23
- compared to $2.8 \%$ per year in the 2000 s
- Incomes rise by more than 3\% per year towards the top of the distribution, but by less than $1 \%$ towards the bottom
- leads to increase in income inequality among 65 and over population
- driven by growing importance of earnings
- 3\% per year income growth for 65-74s from 2014-15 to 2022-23
- compared to $1.6 \%$ per year for $75+$ population
- reversal of past trends - again explained by importance of earnings


## Calculating income poverty

- We project absolute income poverty among 65+ population
- absolute poverty compares incomes to poverty line fixed in real terms
- relative poverty would require projections for whole population median income
- We choose our poverty line to match official statistics
- 17.6\% poverty rate in 2010-11 among 65+ population
- in 2010-11, poverty line is $£ 280$ for couples ( $£ 190$ for single people)
- Adjust that poverty line for forecast changes in prices using CPI
- Official statistics currently use RPI, but now thought to overstate inflation


## Absolute income poverty: 65+ population



Source: Figure 5.4

Absolute income poverty by family type: $65+$ population


## Absolute income poverty projections: $65+$ population

- Absolute poverty projected to fall from 20.1\% in 2014-15 to $12.7 \%$ in 2022-23
- around a third of 2000-01 level
- Particularly sharp decline in absolute poverty among couples
- from over $15 \%$ in 2010-11 to less than $10 \%$ in 2022-23
- But poverty among single women projected to increase
- does not reflect women falling into poverty, rather increasing adverse selection into this group

