StepChange response to DWP consultation on Pathways to Work Green Paper

June 2025

Summary

- People with disabilities and/or long-term health conditions face higher average living costs. In the absence of a robust social security net and with low levels of financial resilience, they are more susceptible to financial difficulty and problem debt.
- Our national polling finds that UK adults receiving a working age disability payment are twice as likely to be in serious debt (15%) compared to the general population (8%). Our clients with disabilities or long-term health conditions are more likely to have negative budgets and be in arrears on their household and energy bills.
- Our research shows a two-way relationship between financial insecurity and poor health. This has been exacerbated by the Covid-19 pandemic and the cost-of-living crisis. Financial hardship and problem debt harm mental and physical health, and disabled people are more likely to experience problem debt.
- Personal Independence Payment (PIP) is vital for covering extra costs related to disability and long-term health conditions. Yet support through Universal Credit (UC) and PIP falls short, and further cuts risk exacerbating inequality and undermining wider Government objectives.
- In order to reduce the number of people claiming disability-related benefits, the root cause of increased ill-health must be addressed first, not simultaneously alongside damaging cuts that will exacerbate health problems for many.
- Equal access to employment opportunities alone is insufficient; there must be equitable access and support that acknowledges the real-world barriers to accessing and staying in work for people with specific, individual needs.
- Work is not a viable option for many who are disabled and/or have long-term health conditions. For this group a stronger social security system is essential to meet additional costs and provide a dignified quality of life.
- We support the principle of an effective unemployment insurance payment, and the aims of preventing people from falling out of the labour market and supporting them to adapt and adjust to health issues. However, we do not agree the Government's proposals to end ESA payments to the 'support' group should be taken forward in their current form, which will reduce support and increase risks for a vulnerable group with more serious health conditions unable to work.
- StepChange is calling for the benefit system to reflect the real costs of living with a disability and/or long-term health condition, one which guarantees that people can make ends meet, build financial resilience and lead a dignified life. To support that aim, StepChange has called for an independent Minimum Income Commission to make recommendations on the adequacy, design and funding of social security payments.

Introduction

StepChange Debt Charity is a specialist not-for-profit provider of debt advice and debt solutions supporting people across the UK. In 2024, over 660,000 people contacted StepChange seeking debt advice or guidance with their problem debt and over 170,000 people completed full debt advice through our online and telephone service.

We welcome this consultation on reforming the social security system for people with disabilities and/or long-term health conditions. Our research shows problem debt, poverty and ill-health and disability are deeply intertwined, with a two-way relationship between financial insecurity and poor health. Financial hardship and problem debt harm mental and physical health, and disabled people are more likely to experience problem debt.

While increases to some benefits are welcome alongside steps to minimise the risk of moving into work, we are concerned about many of the proposed changes laid out in the Green Paper. Cuts to disability-related benefits, if implemented, risk creating further financial hardship and undermining the Government's own objectives to foster an inclusive and thriving labour market, and drive up living standards.

It is concerning that substantial aspects of the proposals have not been consulted on and, crucially, do not take into account the experience or voices of disabled people and those with long-term health conditions.

Life costs more for disabled people and people with long-term health conditions, increasing risks of poverty and debt problems

Evidence consistently demonstrates a strong link between disability/long-term health conditions, benefit inadequacy and problem debt. Disabled people and people with long-term health conditions face higher living costs; for example, Scope estimates that on average disabled households[1] need an additional £1,067 a month to achieve parity in living standards as non-disabled households.[2]

Disabled people and/or people with long-term health conditions also face higher barriers of entry to stable, well-paid work.[3] This is because of issues including discrimination and a lack of accessibility in the job application process. They earn on average less than people without disabilities,[4] and the disability pay gap widens for people whose disabilities limit their day-to-day activities most significantly. All of these

[1] Households with at least one disabled adult or child.
[2] Scope (2024) Disability Price Tag 2024: Living with the extra cost of disability
[3] Scope (2023) Understanding the challenges of disabled jobseekers
[4] Office for National Statistics (2022) Disability pay gaps in the UK: 2021

factors increase the susceptibility of those with a disability or long-term health condition to financial hardship.

Yet, current levels of support through Universal Credit (UC) and the Personal Independence Payment (PIP) too often fall short of meeting essential needs. This shortfall can push households into arrears on essential bills, desperation borrowing and debt problems.

YouGov polling we commissioned found that UK adults receiving working age adult disability benefits are twice as likely to be in serious problem debt compared to the wider population in problem debt (15% compared to 8%).[5] We also found that:

- 22% of UK adults receiving working age adult disability benefits are in arrears on one or more household bill compared to 10% of UK adults; and
- 62% of UK adults receiving working age adult disability benefits find it difficult to keep up with household bills and credit commitments compared to 38% of UK adults.

Further, among StepChange clients not working due to illness or disability:[6]

- 38% have a negative budget vs 30% of all clients
- 57% are in energy arrears vs 40% of all clients
- 67% have household bill arrears vs 47% of all clients

These figures illustrate how disability-related expenses, coupled with low incomes, are a major contributor to problem debt and financial difficulty.

We support the Government's stated ambition to improve living standards and increase labour market participation among those with a long-term health condition or disability. However, proposals to reduce disability benefits and tighten eligibility criteria risk undermining these aims. The Green Paper sets out the aim of "equal chances and choices to work"[7], but this is not sufficient unless equity is effectively built into policy, with proposals that recognise the greater barriers faced by disabled people when seeking and retaining employment, and feeling welcomed, included and accommodated.

The proposed changes undermine the Government's wider objectives to tackle child poverty and increase living standards. CPAG states that the proposed cuts represent the biggest cut to sickness and disability benefits in a generation, and will push 50,000

[5] YouGov Plc. Total sample size was 4,163 adults. These figures are based on a sub-set of 353 respondents receiving PIP/DLA. Fieldwork was undertaken between 19 – 21 January 2025. The survey was carried out online. The figures have been weighted and are representative of all UK adults.
[6] StepChange client data (2024) The statistics presented are based on clients who completed a full debt advice session, for the first time, between January and December 2024
[7] Department for Work and Pensions (2025) Pathways to Work: Reforming Benefits and Support to Get Britain Working, p.5

children into poverty, and reduce living stands for many more.[8] Scope, meanwhile, highlights that the £5 billion worth of cuts by 2030 "will completely undermine" the investment in tailored, non-compulsory employment support.[9]

Financial resilience is essential for improving public health and employment readiness. Research from the Joseph Rowntree Foundation[10] and Resolution Foundation[11] has demonstrated the link between low benefit adequacy and rising poverty and debt. Recent policies, including the benefit cap, two-child limit, and abolition of the Limited Capability for Work element in UC, have worsened outcomes for many households.[12]

The Government has identified the UK as an "international outlier" when it comes to post-pandemic employment and rising disability benefit uptake. But the UK is also an international outlier among other wealthy nations in terms of employment protections and welfare support. Tackling the root of the issue would mean recognising the drivers of long-term sickness, including demographic change, poverty and low-quality work and the lasting impact of the Covid-19 pandemic. The latter in particular has had a lasting impact on health and exacerbated pre-existing issues within the NHS leading to long waiting lists for treatment and deepening and health inequalities.[13]

A narrow focus on reducing the number of benefit claimants risks missing, and even worsening, the broader structural challenges at play. Viewing the welfare system through the lens of efficiency and minimisation is the wrong approach. It puts short-term savings ahead of vulnerable people. It is also likely to be counter-productive in the long-term, exacerbating pressures on already stretched public services.

The Government has focused on how work is a route to good health yet, for people with disabilities and/or long-term health conditions, poor-quality work exacerbates ill-health. Analysis by the Commission for Healthier Working Lives finds that 1.7 million people in Great Britain have health conditions caused or made worse by work.[14]

The answer to stemming the rising need for disability and sickness benefits is not to restrict the eligibility criteria for these benefits or reduce payments even further below an adequate level. In their current form, the proposals rely on the assumption that rising take-up of health and disability benefits has been driven primarily by financial incentives rather than the real circumstances of those affected. The Government is

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[8] CPAG (2025) CPAG's response to proposed changes to sickness and disability benefits
[9] Scope (2025) Our response to the Disability Benefits Green Paper
[10] Joseph Rowntree Foundation (2024) UK Poverty Report 2024
[11] Resolution Foundation (2024) Low Pay Britain 2024: Examining the Government's proposed employment reforms
[12] See, for example: CPAG (2024) CPAG's 2024 pre-Budget briefing for MPs and Resolution Foundation (2024) UK Poverty Report 2024
[13] See, for example: British Medical Association (2024) The impact of the pandemic on population health and health inequalities and New Economics Foundation (2025) What's behind the rise in disability benefit claims?
[14] The Health Foundation (2025) Action for healthier working lives: Final report of the Commission for Healthier Working Lives

right to view change as vital, but to be successful that change must entail a holistic and structural approach to prevention and support.

The Government's plans to reform the NHS are welcome, but the rewards of investment will not be reaped in the short-term. In fact, there is a genuine risk that encouraging people into work when they're not ready will make people sicker, putting greater strain on the NHS.

There is also a fundamental role employers must play in making the right adjustments to ensure people with disabilities and/or long-term health conditions are supported to stay in work, and that they do not become sicker because of their work. This means ensuring that work pays well enough, is not unnecessarily stressful, offers flexible working arrangements, and is designed with disabled people in mind.

A strategy to prevent ill-health and disability where possible and support those affected to thrive should be built on a benefit system that reflects the real cost of living with a disability and/or long-term health condition to help support financial resilience, independence and dignity. This requires investment in the social security system so that it is a true safety net for people who can't work, those on low incomes, and those with extra needs.

Response to consultation questions

Question 1: What further steps could the Department for Work and Pensions take to make sure the benefit system supports people to try work without the worry that it may affect their benefit entitlement?

We support the principle that people with health conditions or disabilities who want to try work should be able to do so without fear of financial penalty. However, our experience supporting people in problem debt shows that many are deterred from even attempting work because the benefit system feels too rigid, punitive, or unpredictable. To truly encourage work without worry, the Government should prioritise security and stability, clarity, and fairness.

We support assurances that those in receipt of the health element of UC who try to work do not fear a loss of their benefit rate from working, maintaining current linking rules which mean that people can return to their previous benefit rate. We also support the proposed legislation so that in such a case they wouldn't have to be reassessed.

We welcome the Green Paper's assertion that active support and greater financial incentives to work will be accompanied by clear rules and communication to emphasise that engaging with support and moving into work will not trigger a reassessment. We know that the complexity of the system acts as a disincentive to engagement and makes people anxious about trying work.

This noted, the changes to UC, PIP and the Work Capability Assessment (WCA) will support only a small fraction of disabled people and/or people with long-term health conditions into work. We note CPAG analysis that the £1 billion increased funding for employment support will only help a few tens of thousands of people, and the reduced adequacy of the relevant benefits will not remove the high barriers to entry for disabled people. As a result, the proposals as a whole would, in CPAG's words, "just mean lower living standards and higher poverty."[15]

Finally, in terms of options to support people affected by ill-health into work, we would echo the recommendations made by the Commission for Healthier Working Lives that are guided by principles of early intervention, prevention and joined-up support, including:[16]

- Updating and applying best practice in accessibility, workplace health and retention, with a focus on at-risk sectors, informed by sector leaders, trade unions, health experts and people with lived experience of long-term health conditions and disabilities.
- Committing to reviewing statutory sick pay to improve financial security for workers, setting levels much closer to a worker's usual earnings.
- Allowing people to try working for at least 18 months without losing their health-related entitlements in order to incentivise and reduce the risks of moving into work.
- Developing a stronger one-year job guarantee for workers on long-term sickness absence to ensure workers on long-term sickness absence have a clear route back to their employer where possible.

Question 2: What support do you think we could provide for those who will lose their Personal Independence Payment entitlement as a result of a new additional requirement to score at least four points on one daily living activity?

As we have already stated, we do not agree with the proposed changes to eligibility criteria for PIP. We believe that these changes will undermine efforts to support people with long-term health issues and disabilities into work and wider aims to drive up living standards and reduce child poverty.

Tightening eligibility rules for PIP will mean that many people with disabilities and long-term health conditions reliant on supervision or aid to complete important daily tasks will lose out on financial support. This will not help them to be financially independent, nor will it support them in seeking or retaining work.

[15] CPAG (2025) CPAG's response to proposed changes to sickness and disability benefits
[16] The Health Foundation (2025) Action for healthier working lives: Final report of the Commission for Healthier Working Lives

Question 4: How could we introduce a new Unemployment Insurance, how long should it last for and what support should be provided during this time to support people to adjust to changes in their life and get back to work?

We support the principle of an effective unemployment insurance payment, and the aim of preventing people from falling out of the labour market and supporting them to adapt and adjust to health issues, but do not agree the Government's proposals should be taken forward in their current form.

Unemployment a significant driver of debt problems for StepChange advice clients. StepChange's *Life happens* report highlighted how those who resort to credit to cope with an income shock like unemployment are significantly more likely to experience problem debt.[17] This research found that, nationally, people who had experienced a life event in the previous two years were three times as likely to be in problem debt than those who had not experienced a life event.[18] This proportion went up the more life events a person had.

People affected by ill-health or disability are more likely to struggle to cope with negative financial life events with experiencing problem debt for a number of reasons: they are more likely to experience additional living costs, to have experienced prior financial difficulty, and to have experienced periods out of work (or relying on statutory sick pay) which makes it more difficult to build savings and financial resilience. Health problems often undermine someone's ability to cope and navigate challenging situations.

Financial difficulty and problem debt have negative consequences that push people away from the labour market, including poor health, relationship problems and difficulty performing at work.[19] For example, our research found that 82% of people struggling with credit repayments say debt negatively affects their health. The Health Foundation has also set out the link between over-indebtedness and health problems, finding that twice as many people experiencing problem debt reported poor health than those without problem debt.[20] Wider research highlights the impact of financial strain on physical and mental wellbeing, and of debt repayments on the amount of money available for health-promoting goods and activities.[21] In addition to the impact on the lives of individuals, these consequences contribute to the high social cost of

[17] StepChange (2019) Life happens: Understanding financial resilience in a world of uncertainty
[18] Ibid.
[19] For example, StepChange's briefing Preventing harm in consumer credit highlights the prevalence of health, relationship and work problems among those experiencing difficulty keeping up with credit repayments, while the Health Foundation briefing Debt and health (2022) sets out the link between over-indebtedness and health problems.
[20] The Health Foundation (2022) Debt and health
[21] See, for example, Richardson et al. (2013) *The relationship between personal unsecured debt and mental and physical health: a systematic review and meta-analysis*

problem debt.[22] There is good reason, therefore, for the Government to seek to support people made unemployed to avoid serious financial difficulty until they secure further employment.

We welcome the Government's proposed extension of statutory sick pay through the Employment Rights Bill, which will particularly benefit low paid employees. However, for most employees, statutory sick pay will remain much lower than their typical earnings. The low rate of SSP contributes to worse work outcomes and unemployment because financial pressures undermine the flexibility needed by both employees and employers to manage ill-health and sustainable return to work policies.[23] Introducing an unemployment insurance must take into account the vital and complementary role of statutory sick pay: increasing SSP to the level of the national living wage would be a valuable step towards facilitating greater attachment to the labour market preventing unemployment where possible.

This noted, an effective unemployment insurance scheme would be hugely beneficial to UK households. To be effective, it must have an effective income replacement function. Three in ten StepChange clients have a negative budget, meaning they have less income than is needed to meet their essential costs and are far more likely to experience ongoing debt problems and health problems.[24] For clients with a low budget deficit, a modest unemployment insurance payment could have a powerful effect and help them to move out of an unsustainable budget position during unemployment. However, the comparably low level of the proposed payment means we would expect a minority of clients with a negative budget to benefit this way; for most it would offset their difficulty but not be the basis for a debt-free transition during a period of unemployment. (We note that IFS analysis indicates the average income loss of someone after unemployment would fall from 48% to 43%, a five percentage point difference).[25]

The proposed removal of the long-term ESA payment for those in the 'support' group would be a significant cut in support for those with more severe limitations on the ability to work (around 300,000 people). The proposals would particularly negatively affect people with a working partner who lose entitlement to NS ESA after 12 months (or whatever time threshold is set) and must fall back on a UC claim but may receive a low or no payment because support would be means-tested against their partner's income. Any UC payment could potentially also be made to their partner, reducing their personal income, which would particularly affect many women affected by ill health or disability and put them in increasingly vulnerable situations.

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[22] StepChange Debt Charity (2014) Cutting the cost of problem debt
[23] WPI Economics (2023) Making Statutory Sick Pay Work
[24] StepChange (2020) Paths to Recovery: Understanding client outcomes 15 months after debt advice
[25] Latimer, E. et al (2025) 'The government's proposed reforms to health-related benefits: incomes, insurance and incentives', Institute for Fiscal Studies

The Green Paper cites the contributory principle, but would remove an important long-term protection for those who have worked and contributed tax and national insurance payments but are now not able to work through serious health conditions and disabilities. They would also create new conditionality requirements (and presumably associated sanctions) poorly suited to those for whom work is not a realistic option.

While we recognise the aims set out by the Government, taken as a whole the proposals would create serious new gaps in support and risks that have not been assessed or discussed in the Green Paper and should be fully understood and addressed in any future proposals. We support the concept of an unemployment insurance payment but believe a wider review would be needed to deliver an effective scheme, including funding considerations.

Based on our experience of household budgets as an advice provider, an effective unemployment insurance payment must be sufficient to cover 'fixed' essential costs such as housing, utilities and food. In an advice context, these are captured using the Single Financial Statement (or the Common Financial Tool). Expenses vary between households of course and across areas and regions but as a rule of thumb the average SFS budget compares roughly to the Minimum Income Standard budgets, indicating the kind of level of support that would be needed to support households to meet ongoing costs during periods of unemployment. We also note the lessons to be drawn from the success of the pandemic furlough scheme—which covered 80% of income up to a monthly limit of £2,500—in preventing widespread financial difficultly.

The length of the payment must also be sufficient to support households to manage the transition from one job to another, or if it is not possible to move immediately back into work, the consequent financial transition. Six months appears a sensible minimum period. However, the realities of coping with, or adjusting to, disability and long-term health conditions (including fluctuating conditions), mean that a longer period of coverage will be important to support many to stay close to the labour market and to be supported through difficult life transitions.

Support like the furlough scheme (and continental-style unemployment insurance schemes joint-funded by the state, employers and employees) better protect those made unemployed against financial stress and hardship and, as a result, help people to stay more closely connected to the labour market and move into new roles. We would welcome further Government work and engagement towards a unemployment insurance scheme.

StepChange has called for an independent Minimum Income Commission to make recommendations to government on the adequacy of social security payments and a sustainable approach to funding. The issues raised by a discussion of an unemployment insurance payment show why it is important to consider this support as part of a serious process to address adequacy, design and funding considerations.

Rent insurance

Finally, this question touches on the concept of embedding an insurance principle in the social safety net and we would like to highlight a specific concern about the current operation of benefit disregard rules and rent insurance.

Affording rent payments is a serious problem for people who experience unemployment or a fall in income for another reason. For StepChange advice clients living in the private rented sector (PRS) rent take up on average 37% of their income, above the ONS 30% affordability threshold and higher than both social tenants and homeowners. Recent data from ONS shows UK private sector rents increasing on average by 7.7% in the 12 months to March 2025. Freezes to the Local Housing Allowance (LHA) mean that means tested housing support covers the cost of rent in almost no new private sector tenancies: the Institute of Fiscal Studies report that only 5% of new PRS lets were affordable to people claiming means tested housing support, down from 23% just three years ago in 2020.[26]

In principle, tenants can take some steps to protect their rent payments in the event of a life event that reduces their income through taking out income protection insurance that can be used to meet rent payments. However, current UC regulations treat any such insurance payment fully as income: in the UC calculation, support is reduced by the amount of the payment. As a consequence, the insurance would not benefit the tenant. This stands in contrast to the treatment of insurance protecting mortgage payments, where any insurance payment that exceeds housing support allowed in the regulations is exempt from being treated as income.

Our response to this question highlights that life events like job loss, illness or relationship breakdown can be a significant trigger of serious debt problems, particularly where people have to use credit to cope with shocks to household budgets. The rise in private sector rents and general living costs make the budget shocks of these life events even harder to deal with. Moreover, our research finds that people who are able to draw on resources like savings and insurance are better placed to cope with budget shocks without falling into debt. Income protection insurance can cover rent payments in the event of life events, helping PRS tenants who do not receive sufficient cover from means-tested housing support.

Regulation 66 (1) (h) of the Universal Credit Regulations treats these insurance payments as unearned income:[27]

> *a payment received under an insurance policy to insure against—*
>
> *(i) the risk of losing income due to illness, accident or redundancy, or*

[26] Institute for Fiscal Studies (2023) [Housing quality and affordability for lower-income households]
[27] Universal Credit Regulations 2013. SI 2013 No. 376.

> *(ii) the risk of being unable to maintain payments on a loan, but only to the extent that the payment is in respect of owner-occupier payments within the meaning of paragraph 4 of Schedule 1 in respect of which an amount is included in an award for the housing costs element*

Adding text would extend the exemption allowed for mortgage costs to rent payments and would resolve the arbitrary distinction in the rules. For instance:

> *(iii) an insurance payment used to maintain rent payments but only to the extent that the payment is in respect of rent payments in respect of which an amount is included in an award for the housing costs element.*

This would have the effect of allowing income insurance payments to cover the gap between UC housing support and the actual rent a person is required to pay.

Cost modelling published by the by the Institute and Faculty of Actuaries estimates a small initial cost to government from the new partial disregard.[28] However, the modelling also estimates this cost would be offset by a larger reduction in the costs of temporary accommodation and homelessness prevention as the change in rules increases the take-up of income protection insurance by renters (which is currently lower than for owner-occupiers).

This simple change would make income protection insurance more attractive for PRS tenants, building financial resilience and reducing the risk of people experiencing financial difficulty as a result of income shocks. It will not deal with all the affordability problems facing PRS tenants, but it will help and it will create fairness in the treatment of tenants and owner-occupiers in UC rules.

Question 11: Should we delay access to the health element of Universal Credit within the reformed system until someone is aged 22?

For many 18-24-year-olds in the UK, early adulthood is a crucial transition period where most typically finish full-time education and start or finish further/higher education, training, or enter the labour market. Young adults are grappling with significant challenges such as unemployment, insecure work and low incomes, which disproportionately affects them, leaving them vulnerable to debt problems. In fact, young adults are already one of the most financially vulnerable groups in the UK, with limited savings and diminished access to affordable credit.[29] Almost a third (29%) of StepChange's young clients (aged 18-24) have a negative budget, meaning they have less income than needed to meet basic living costs.

StepChange recently published research looking specifically at the experience of debt advice clients aged 18-24. Our research found that the key drivers of problem debt for

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[28] Institute and Faculty of Actuaries (2020) Building Financial Resilience for Households in the Private Rented Sector: A cost-benefit analysis of changing the current Universal Credit rules for private renters

[29] StepChange Debt Charity (2024) Debt's early grip: The challenges facing young adults

our clients in this group were unemployment, redundancy, low incomes and employment insecurity (such as having an irregular income and/or being on a zero-hour contract).[30]

Young people in this age group are also slightly more likely to be receiving UC – 42% compared to 39%, pointing to how financial precarity is associated with a need to turn to welfare support.[31] Polling we commissioned also found that almost one in four young people are in financial difficulty.[32]

With the additional costs of a long-term health condition and/or disability, delaying access to the health element of Universal Credit until the age of 22 would only exacerbate pre-existing challenges. As such, we do not support the proposal to delay access to the health element of UC until someone turns 22. This change risks causing significant financial and wider harm such as exacerbated health problems to young people facing serious health conditions or disabilities, at precisely the stage when stability and support are most needed.

Introducing an arbitrary age threshold for support fails to account for the reality that illness and disability do not wait until the age of 22, and that many in this age group do not fewer challenges or lower costs than other adults. Delaying access would push more young people into borrowing to meet essential costs, increasing their risk of spiralling debt and long-term economic exclusion. In our experience, this kind of debt trap, one triggered by life shocks like illness, is profoundly damaging.

If the goal of the reformed system is to promote independence, financial resilience, and long-term well-being, then early access to appropriate support is essential. It should not be delayed until an arbitrary time. A well-design and supportive system should respond to need, not age.

Question 12: Do you think 18 is the right age for young people to start claiming the adult disability benefit, Personal Independence Payment. If not, what age do you think it should be?

Raising the age at which young people can claim PIP will mean that some young people will lose out on important support because some 16- and 17-year-olds who would meet the current eligibility criteria for PIP are not eligible for the disability living allowance for children. We note CPAG's suggestion of mirroring "practice in Scotland where those already in receipt of child disability payment (CDP) [the equivalent of DLA for children] are allowed to remain on CDP until 18, or to make a claim for adult disability payment (the Scottish PIP equivalent) if they wish, allowing young people at a transitional stage of their lives more flexibility."[33]

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[30] Ibid.
[31] Ibid.
[32] YouGov Plc. This poll surveyed a sample of 2,111 UK adults between 9-10 September 2024. The survey was carried out online and the figures have been weighted to be representative of the profile of all UK adults. The 18–24-year-olds subsample comprises of 148 respondents.
[33] CPAG (2025) [CPAG's response to proposed changes to sickness and disability benefits]

StepChange Debt Charity