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# VULNERABILITY IN RETIREMENT

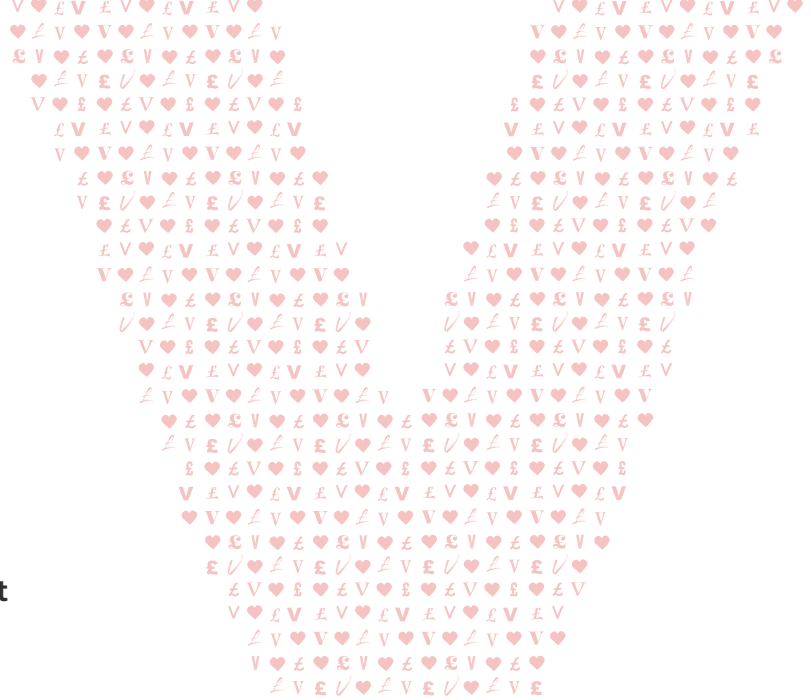
A guide to vulnerability as people  
transition into and through retirement

For financial services professionals responsible  
for regulated retirement advice policy  
or advising clients

Produced by

**JUST.**





**In the years immediately leading up to and through retirement we encounter some of the biggest changes in our physical, emotional, mental and cognitive health. We may see a shift in our social networks, experience deterioration in our cognitive and physical abilities and feel the impact of life events on others more acutely than at any other time.**

Our aim is for this guide to help with understanding these key life moments - what they may mean for clients and their retirement planning - to help ensure they have the best outcomes; and to help advice firms take appropriate steps to comply with the FCA's Consumer Duty and vulnerability guidance.

When it comes to regular client review meetings and interactions, many things may have changed. In this guide we explore the four key areas of vulnerability, outlined on the next page, at various retirement 'life stages'.

We hope you find this guide a useful aid in helping ensure the financial wellbeing and peace of mind of your clients in vulnerable circumstances.

# JUST.

Just Group are one of the UK's leading providers of specialist financial services solutions, completely focused on meeting the needs of people thinking about, approaching, or in retirement. We provide products and services that help our customers achieve a better later life and believe that financial intermediaries are best placed to help people with the choices they need to make to achieve this.



Comentis combines clinical expertise with tech-led innovation to provide an online assessment tool, allowing advisers to objectively and consistently identify and support those at risk of financial vulnerability, and thereby enable them to meet Consumer Duty regulatory requirements.

**For more information and a range of resources to support developing vulnerability policies, scan the QR codes or visit [justadviser.com](https://justadviser.com) and [comentis.co.uk](https://comentis.co.uk)**



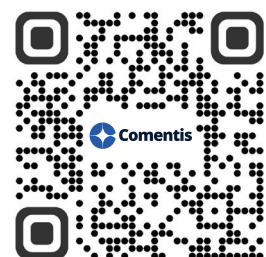
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# THE FOUR KEY AREAS OF VULNERABILITY

**Throughout the client relationship it's important to be able to identify vulnerability — the review process obviously being critical. You'll no doubt have seen this recognised in numerous papers, research and guidance produced by the FCA and others.**

As people age different types of vulnerability may present themselves, so it's worth thinking about how to identify them and what impacts they may have. Let's briefly look at four key areas of focus:

## Health

Health is perhaps the most obvious area in which vulnerability may be identified.

Although many clients will enjoy a long period in retirement, age does bring an increasing likelihood of health conditions. Whilst not exhaustive, we have highlighted some of the areas on the following pages. When it comes to retirement and later life, this is a key part of understanding the characteristics of your client base. There are many aspects to consider, including:

- Accessibility issues, which could be as simple as recognising that meeting in the office may not be the best option for a less mobile client.
- Gaining an understanding of certain health conditions and adapting your approach.
- Having an awareness of the impact that stress, depression and anxiety might have on decision making. It may be appropriate to have a referral process for clients dealing with such circumstances.

## Life events

We all know that situations change. The circumstances of a client first seen twenty years ago being advised today could be very different.

Whilst many positive things may have taken place, the reality is that events such as divorce, redundancy and bereavement for example, may have occurred too.

Even though it may be obvious that someone with a care need is in a vulnerable situation, it may be necessary to consider the impact on other family members. A person who has recently taken on a caring responsibility will have experienced a significant change in circumstances and potential financial and emotional impacts.

In fact, it's not just financial circumstances that need to be considered here. Some major financial decisions may need to be deferred until other priorities have been dealt with.

## Resilience

Clients who struggle to 'bounce back' from or cope with different circumstances may have any vulnerability exacerbated by low emotional resilience. It could be that a life event or even a scam could cause a serious loss of confidence or contribute to decline in mental or physical health.

Advisers aren't expected to have the knowledge of medical professionals, but an understanding of what a client's support structure is or where help might be available would be good starting points.

Advisers should also look at the impact of any monetary shocks. Clearly that is something highly relevant in a review process. How financially resilient is the client? Would a downturn of funds severely impact their capacity for loss? The impact of a financial loss, if incorrectly handled, could lead to a downward spiral of debt.

## Capability

Many people just don't have the knowledge or confidence in financial matters to navigate the complexities of financial planning. A client may be an expert in their field but is unlikely to have the financial knowledge possessed by their financial adviser. And it's not just financial literacy that's the issue. The language and jargon that exist could also present a barrier to understanding.

Advisers also need to be aware of their client's mental capacity to make decisions. In some circumstances, assessment of mental capacity might involve the need to draw on other professionals and an awareness of the Mental Capacity Act (2005) may be required.

Capability issues could also exist with using digital communications. Some basic measures in reviewing web content, suitability reports and other communications, for people who have visual or hearing impairments is a good initial approach.

Whether communications are written or verbal, steps should be taken to ensure the client has clearly understood the information.

And of course, when a client's health and capabilities decline, the need for long-term care may be identified.

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**It's important to note that the four areas of focus are general and may not apply to every individual within each retirement 'life stage'. Individual circumstances and experiences can greatly impact the areas of vulnerability.**

# RETIREMENT LIFE STAGES

Just like any other major life change, the journey into and through retirement can be broken down into a series of phases. Atchley's theory describes this as: when retirement is far away, pre-retirement, the 'honeymoon' period, disappointment, reorientation, stability and final (or terminal). Of course Atchley's phases will occur at different times and ages depending on individual circumstances. For simplicity, various retirement 'life stages' are shown in this section under age bands that the key areas of vulnerability are commonly associated with.



## 55-64

**For the majority of people, 55 to 64 is the age when they'll experience 'pre-retirement'. Around this time many people begin to shift their focus from levelling up in their careers to focusing on financial planning for retirement.**

Whilst for many, this period is one of excitement and anticipation, for others it's filled with fear and trepidation about what will happen next. Frighteningly, two million (16%) pensioners in the UK live in poverty and this number is only expected to grow.<sup>1</sup>

### Health

- Almost half of people aged between 50 and the State Pension Age have at least one long-term health condition.<sup>2</sup>
- Twice as many adults aged 55–65 have a mental health disorder compared to those aged 65–74.<sup>3</sup>
- The proportion of people providing care peaks at the age of 56 for women and 59 for men. At this point, around one in four women (25%) and more than one in six men (18%) are informal carers.<sup>4</sup> According to ONS Milestones, 3.9% of men and 7.9% of women are widowed.<sup>5</sup>

### Life Events

- In the UK 15% of people over the age of 55 live with adult children compared to over 50% in Europe.<sup>6</sup>
- Work-life patterns are changing:
  - People are working until later in life than they used to. The average age of someone leaving the labour market is now 64.7 years.<sup>7</sup>

- Women over 60 and men over 65 are more likely to work part-time than full-time.<sup>8</sup>
- The employment rate of those aged 50-64 has fallen by 1.8 percentage points.<sup>9</sup>
- People are becoming grandparents older. The age at which 50% of people had a grandchild living outside their household was 63.<sup>10</sup>

### Resilience

- According to some studies, the rate at which we grow in resilience actually increases the older we get, with the most growth happening between the ages of 54 and 64.<sup>11</sup>
- Despite the prevalence of mental health disorders (often caused by the stress of work and retirement planning) studies show that, for a majority of people, their level of optimism sharply increases between the ages of 55 and 64.<sup>12</sup>

### Capability

- Multiple studies have shown that there is an improvement in cognitive abilities such as vocabulary and reading comprehension until approximately age 60 followed by a plateau until age 80.<sup>13</sup>
- Research appears to show that our mental processing speed peaks at about the age of 30 and declines only very slightly until the age of 60.<sup>14</sup>

<sup>1</sup> (DWP, 2019b). Age UK, Later Life in the United Kingdom Report 2019.

<sup>2</sup> Government Office for Science: Future of an Ageing Population Report.

<sup>3</sup> [www.mentalhealth.org.uk/sites/default/files/2022-06/The-Fundamental-facts-about-mental-health-2016.pdf](https://www.mentalhealth.org.uk/sites/default/files/2022-06/The-Fundamental-facts-about-mental-health-2016.pdf)

<sup>4, 7, 10</sup> ONS Milestones. Journeying through adulthood.

<sup>5</sup> Age UK, Later Life in the United Kingdom report 2019.

<sup>6</sup> Government Office for Science: Future of an Ageing Population Report.

<sup>8</sup> [ageing-better.org.uk/work-state-ageing-2022](https://ageing-better.org.uk/work-state-ageing-2022).

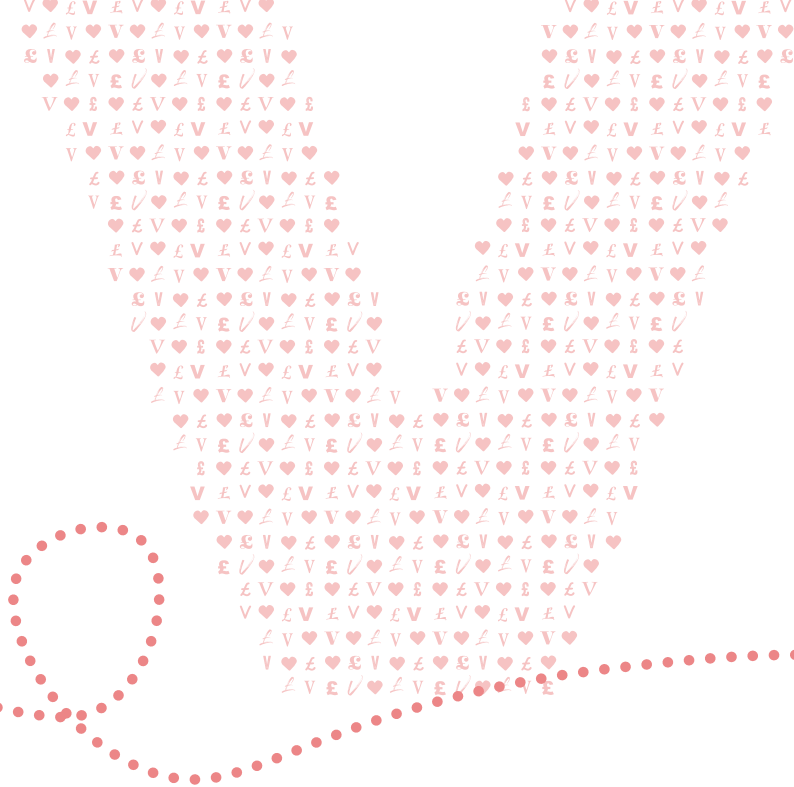
<sup>9</sup> Centre for better ageing Summary | The State of Ageing 2022 | Centre for Ageing Better ([ageing-better.org.uk](https://ageing-better.org.uk)).

<sup>11, 13</sup> Comentis, October 2023.

<sup>12</sup> <https://www.betterup.com/blog/we-grow-more-resilient-and-optimistic-with-age>

<sup>14</sup> Nature Journal, Mental speed is high until age 60 as revealed by analysis of over a million participants Mischa von Krause, Stefan T. Radev and Andreas Voss.





“  
FOR MANY, THIS PERIOD  
IS ONE OF EXCITEMENT...  
FOR OTHERS IT'S FILLED  
WITH FEAR  
”

## Scenario

# COULD GLORIA BE IN A VULNERABLE SITUATION?

Gloria is aged 60 and thinking about retirement. However, she's also spending an increasing amount of time caring for her mother, June, who is starting to need additional support in later life. Whilst June is in a vulnerable situation, Gloria could be too. The stress and emotional burden of being a carer may affect her own wellbeing and potentially impact her ability to make sound financial decisions. It may mean reduced working hours up to retirement and a knock-on effect to her finances, impacting her financial as well as emotional resilience. It could also have a major bearing on her own retirement objectives and the focus she's able to place on this.



## Action points

Regular communication between Gloria and her financial adviser is crucial. As well as keeping up with any change in ongoing circumstances, Gloria will need a financial plan to consider her move into retirement, as well as help with long-term care options. She's also likely to need advice on becoming a Power of Attorney if that's not already in place.

## Resources

- **How to prepare emotionally for retirement - Age UK**  
<https://www.ageuk.org.uk/information-advice/work-learning/retirement/preparing-emotionally-for-retirement/>
- **Helping You Plan and Arrange Long Term Care - My Care Consultant**  
<https://mycareconsultant.co.uk>
- **Society of Later Life Advisers - (SOLLA)**  
<https://societyoflaterlifeadvisers.co.uk>
- **Lasting Power of Attorney Guide (LPA)**  
<https://www.justadviser.com/globalassets/just-adviser/documents/power-of-attorney---the-basics.pdf>
- **Carers: help and support - Citizens Advice**  
<https://www.citizensadvice.org.uk/family/looking-after-people/carers-help-and-support/>



65-74

For most people the ‘big day’ will arrive at some point between the ages of 64 and 75, marking the start of the ‘honeymoon’ period. However, this typically only lasts for one or two years before they enter the phases of ‘disappointment’ and ‘reorientation’. This means that this retirement life stage can be one of the most tumultuous and disruptive of the entire post-work period.

In terms of physical well-being this stage is when we start to notice the effects of age upon our bodies and cognitive abilities.

### Health

- Disability-free life years at age 65 in England is 9.9 years - 8.9 years for men and 9.8 years for women.<sup>1</sup>
- The proportion of people with multi-morbidities among the ages of 65-74 is 52.8%.<sup>2</sup>
- Between 2007 and 2032, the number of people aged 65 and over who require unpaid care is projected to grow by more than one million. 73% of disabled people over 65 receive some care from a spouse or other family members.
- 71% of people over the age of 70 have hearing loss.<sup>4</sup>
- In 2019, more than half of the 11.9 million people aged 65 and over in the UK had chronic health conditions.<sup>5</sup>
- It’s estimated that three percent of people aged between 65 and 74 have dementia.<sup>6</sup>
- 10.2% of 65 to 74-year-olds have symptoms of a common mental health disorder such as depression or anxiety.<sup>7</sup>

### Life Events

- Job loss, marriage, divorce and other ‘stuff of life’ events are less likely to affect the over 70s. In contrast, they’re

more likely to start to feel the effects of bereavement and reduction in their social network.<sup>8</sup>

- According to government research, the primary challenge for people aged 70 and over is maintaining physical connectivity with others.<sup>9</sup>
- More women than men are likely to be carers with up to 12% of the population providing informal care of some type.<sup>10</sup>
- People in this age group are also likely to experience the combined effects of bereavement and independent children. It’s expected that by 2037, 66% of all people living in one-person households will be aged 65 and over.<sup>11</sup>

### Resilience

- The key characteristics of high resilience among adults aged 65 and older include mental, social, and physical factors. Research suggests that adaptive coping styles, optimism and hopefulness, positive emotions, social support and community involvement, as well as independence and being physically active may have particularly strong associations with high resilience.<sup>12</sup>
- Between the ages of 65 and 74, both sexes are happier than those in any other age group.<sup>13</sup>

### Capability

- Although we’ll begin to notice the effects of our declining cognitive abilities, for most people this will be easily managed and be an annoyance, rather than having any major impacts on an individual’s existing capabilities.
- However, individuals will begin to notice that they find it harder to adapt to new ways of working and adoption of new approaches becomes more difficult.

<sup>1</sup> ONS 2018, Age UK, Later Life in the United Kingdom Report.

<sup>2</sup> NIHR, Age UK, Later Life in the United Kingdom.

<sup>3,9</sup> Government Office for Science: Future of an Ageing Population Report.

<sup>4</sup> Action on Hearing Loss, 2019 Age UK, Later Life in the UK Report.

<sup>5</sup> <https://ageing-better.org.uk/sites/default/files/2019-03/The-state-of-ageing.pdf>

<sup>6</sup> The mean average of the figures as supplied by <https://www.kingsfund.org.uk/sites/default/files/Chapter%2011.pdf>

<sup>7</sup> Common mental disorders Stephen Stansfeld, Charlotte Clark, Paul Bebbington, Michael King, Rachel Jenkins, Stephen Hinchliffe, Adult Psychiatric Morbidity Survey 2014 Chapter 2.

<sup>8,12</sup> Comentis, October 2023.

<sup>10</sup> Informal carers research briefing, 2 June 2023, CBP-7756 pdf, House of Commons.

<sup>11</sup> Government Office for Science: Future of an Ageing Population.

<sup>13</sup> ONS Milestones. Journeying through adulthood.



**THIS RETIREMENT ‘LIFE STAGE’ CAN BE ONE OF THE MOST TUMULTUOUS AND DISRUPTIVE OF THE ENTIRE POST-WORK PERIOD**



## Scenario

### JOHN IS EXPERIENCING A GENERAL DECLINE IN OVERALL HEALTH

John is aged 70, stopped work at 65 and has enjoyed the newfound freedom of retirement. However, he is gradually experiencing a general decline in overall health and finding he needs a little more help understanding some aspects of his finances. At the same time, whilst John does wear glasses for reading, he has recently started to struggle with his eyesight a bit more.

These factors may start to impact his ability to enjoy retirement fully and could lead to increased medical expenses. He's finding it more difficult to manage his financial affairs effectively and this can also be emotionally challenging and frustrating for him. Whilst he was happy to leave the nine-to-five after a fulfilling career, he has started to miss some of the social interaction he enjoyed prior to retirement.



#### Action points

From an adviser perspective, it may be appropriate to collaborate with family members, with permission from John, and even simplify some elements of his finances. Whilst John should be encouraged to continue to make his own financial and welfare decisions, it's also sensible to appoint a Lasting Power of Attorney if that's not already in place. It may also help to adapt communications to provide a view of his financial situation in an easily accessible format.

John could also benefit from support through counselling or engaging in activities that promote mental wellbeing, so it's worth considering any appropriate referrals and recommendations that could be made. In terms of social interaction, perhaps you have other clients who are members of clubs, associations and other social groups or could investigate and suggest resources available locally.

#### Resources

- **Vulnerability Matters Resource**  
<https://www.justadviser.com/globalassets/just-adviser/documents/vulnerable-clients-desk-top-flip-chart-1314572-.pdf>
- **The Silver Line Helpline**  
<https://www.thesilverline.org.uk>
- **Mind**  
<https://www.mind.org.uk/need-urgent-help/using-this-tool/>
- **Future of an Ageing Population - Government Office for Science**  
<https://assets.publishing.service.gov.uk/media/5d273adce5274a5862768ff9/future-of-an-ageing-population.pdf>
- **Later Life in the United Kingdom - Age UK**  
[https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late\\_life\\_uk\\_factsheet.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late_life_uk_factsheet.pdf)

# 75-84

For the majority of individuals, this is the stage when they enter the final or 'terminal' phase of retirement. In the UK the most common age at death was 86.7 years for males and 89.3 years for women in 2018 to 2020.<sup>1</sup> As well as the obvious accelerated deterioration in physical and cognitive health, this age group will experience bereavement and loss of their social network at a greater rate than at any other time in their lives.

## Health

- 47% of those aged 75 and over have a limiting long-standing illness.<sup>2</sup>
- The prevalence of multi-morbidity, which is the presence of two or more chronic conditions at the same time, was predicted at 75.9% for those aged between 75 and 84.<sup>3</sup>
- One in five (20%) people aged 75 and over are living with sight-loss.<sup>4</sup>
- It's estimated that 17% of people aged between 75 and 84 have dementia.<sup>5</sup>
- 8.1% of those aged 75 and over have common mental health disorders such as depression and anxiety.

## Life Events

- Bereavement is by far the greatest life event that members of this age group can expect to face.
- Other life events that they are likely to experience are:
  - Marriage, although not as high as in younger age groups.
  - Caring or voluntary roles within their community.

## Resilience

- Those aged 75 and over are more likely to be affected by the life events of others than themselves. With an increase in factors such as bereavement and reduced mobility, people begin to see their social network, which is one of the main protective factors of resilience, become more strained.<sup>6</sup>
- Considering the key roles cognitive ability and social networks have on resilience, it's unsurprising that research indicates that overall resilience begins to decline more rapidly at age 75 and over than at any other preceding age.<sup>9</sup>

## Capability

- As cognitive decline becomes more marked, so peoples' capability begins to decline. One of the most notable deteriorations in cognitive functioning is processing speed. Research indicates that 20-year-olds perform certain tasks 75% faster than adults over the age of 75.
- It's not just processing speed that is affected. Recall of information after 30 minutes is less than 75% than that of an 18-year-old.

**THIS AGE GROUP WILL EXPERIENCE BEREAVEMENT AND LOSS OF THEIR SOCIAL NETWORK AT A GREATER RATE THAN AT ANY OTHER TIME IN THEIR LIVES**

<sup>1</sup> Census 2021. National life tables life expectancy in the UK - Office for National Statistics (ons.gov.uk).

<sup>2</sup> Age UK, Later Life in the UK Report.

<sup>3</sup> National Institute for Health and Care Research (NIHR).

<sup>4</sup> RNIB Age UK, Later Life in the UK.

<sup>5</sup> 2020 Alzheimer's disease facts and figures, Alzheimer's & Dementia Volume 16, Issue 3 March 2020.

<sup>6</sup> Common mental disorders Stephen Stansfeld, Charlotte Clark, Paul Bebbington, Michael King, Rachel Jenkins, Stephen Hinchliffe, Adult Psychiatric Morbidity Survey 2014.

<sup>7, 8, 9</sup> Comentis, October 2023.

<sup>10, 11</sup> Cerebrum. Nov-Dec 2015; 2015: cer-14-15. Published online 1 Dec 2015.

PMCID: PMC4938247 PMID: 27408669 Cognitive Skills and the Aging Brain: What to Expect Diane B. Howieson, Ph.D.



## Scenario

# MOHAMMED IS 76 AND HIS PARTNER HAS RECENTLY DIED

Mohammed and his partner previously had a busy social life, often meeting with friends and family. Over the last few years, and since the covid pandemic particularly, they had lost some of this social interaction due to Mohammed's own mobility and some of their close friends having passed away. The emotional toll of his recent bereavement coupled with a feeling of isolation has added to the difficulties in prioritising Mohammed's own financial wellbeing and decision-making.

### Action points

From an adviser perspective, there will be some immediate needs, such as managing funeral expenses and updating legal documents. As well as assessing Mohammed's financial situation, you'll need to recognise the need for emotional support and guidance to help him navigate through his bereavement. It's likely that you'll need to collaborate with individuals and bodies, such as legal professionals, on some aspects, but it would also be helpful to encourage Mohammed to connect with others who might help him through this situation, such as bereavement counsellors and other experienced organisations.

### Resources

- **Cruse Bereavement Support**  
<https://www.cruse.org.uk>
- **Get help with grief after bereavement or loss - NHS**  
<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/grief-bereavement-loss/>
- **Loneliness in older people - NHS**  
<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/loneliness-in-older-people/>







85+

Despite living longer than the national average, this age group is the fastest growing age group out of every life stage.<sup>1</sup> Whilst this generation are breaking records, with older age comes continued physical and cognitive health problems. Between a quarter and a half of people over 85 are estimated to be frail, which is associated with disability and crisis admissions to hospitals.<sup>2</sup>

#### Health

- Some studies have estimated the prevalence of multi-morbidity at 90.5% for those above the age of 85.<sup>3</sup>
- It's estimated that 40% of people aged 85 and over will develop dementia and be in need of long-term care.<sup>4</sup>
- Almost 650,000 aged 85 and over have sight-loss.<sup>5</sup>

#### Life Events

- 35.9% of men and 76.5% of women are widowed.<sup>6</sup>
- People experience a significant reduction in their social network due to bereavement.<sup>7</sup>
- According to Statista, the suicide rate for 85-95 year olds is 8.5%.<sup>8</sup>

#### Resilience

- Although we would normally expect to see a continued decline in a person's resilience over the age of 85, we must not make the mistake of thinking that it disappears altogether.
- For many, the lessons of life learnt from their younger years will remain and they will continue to utilise these to cope with adversity. However, the inevitable deteriorations in health, cognitive ability and social network will impact upon individual levels of resilience, especially for events that have not been experienced before.

#### Capability

- Our physical levels of capability continue to decline and with this we see an increased dependence on others to enable us to attend to daily living activities such as personal care, shopping and going to the bank, etc.
- In conjunction with this, the normal ageing process puts a strain on our cognitive capability as our memory, concentration and processing speeds continue to decline. This does not mean that people of this age are unable to do things, it just means it may take them a little longer.



**BETWEEN A QUARTER AND A HALF OF PEOPLE OVER 85 ARE ESTIMATED TO BE FRAIL, WHICH IS ASSOCIATED WITH DISABILITY AND CRISIS ADMISSIONS TO HOSPITALS**



<sup>1</sup> Age UK Later life in the UK 2019.

<sup>2</sup> Government Office for Science: Future of an Ageing Population Report.

<sup>3</sup> NIHR / the prevalence of multi-morbidity was predicted at 52.8% for people aged 65-74, 75.9% for those aged 75-84, and 90.5% for those above the age of 85.

<sup>4</sup> Government Office for Science: Future of an Ageing Population Report.

<sup>5</sup> RNIB Age UK, Later Life in the UK Report.

<sup>6</sup> Age UK, Later Life in the UK Report.

<sup>7</sup> Comentis, October 2023.

<sup>8</sup> [www.statista.com/statistics/289102/suicide-rate-in-the-united-kingdom-uk-by-age/](https://www.statista.com/statistics/289102/suicide-rate-in-the-united-kingdom-uk-by-age/)

## Scenario

# EILEEN IS 87 AND IS LIVING WITH DEMENTIA

Eileen was diagnosed with dementia a few years ago. She's also experiencing some sight-loss and becoming increasingly reliant on others. Her son and daughter, who have Power of Attorney, are worried about her quality of life as well as having some concerns about how to meet the costs of long-term care and how they might navigate through what help is available.

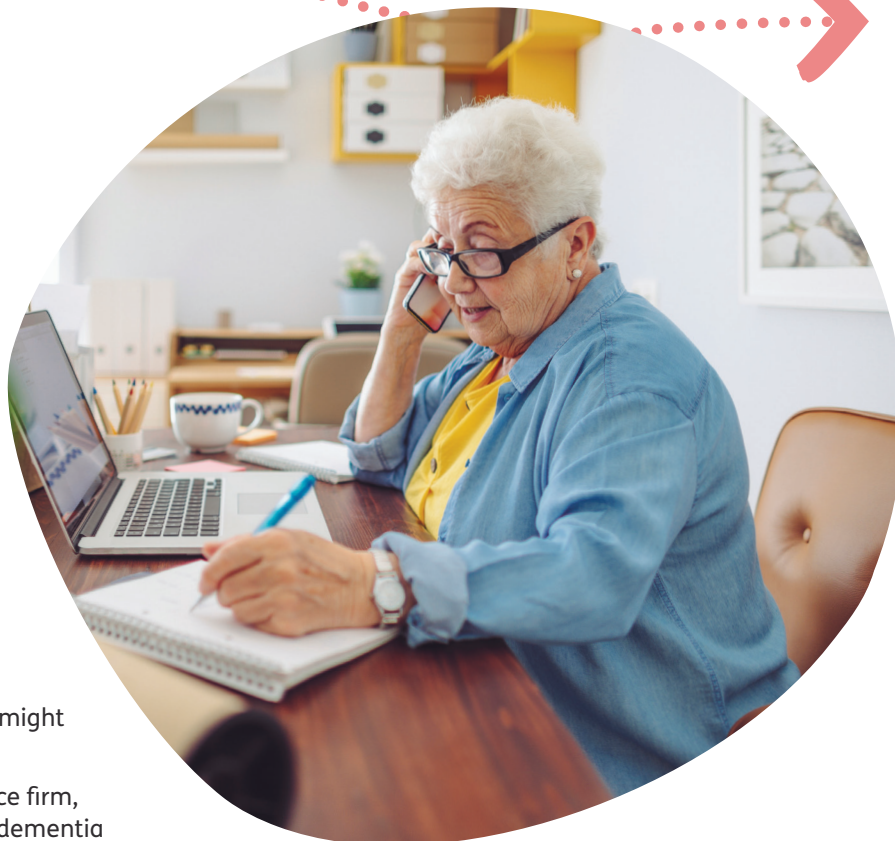
An empathetic approach is vital and, as an advice firm, it would be helpful to gain an understanding of dementia and how to respond to this specifically. Whilst Eileen has attorneys, where communications are designed for her, the format may need to be adapted due to her sight-loss. There are many options here, from larger fonts through to text-to-speech technology. In any event, the simplification and removal of jargon is generally good practice.

## Action points

To help Eileen's attorneys to prioritise her wellbeing and consider practical solutions, recognising the options for paying for care or having a referral process will be extremely important. It may be appropriate to consult with other professionals to navigate the wider aspects of the care system which can be complex. There will be many other financial aspects to consider, including estate planning and ensuring everything is up to date. The family may also need contact with organisations that can help with dementia, sight-loss and other specialist areas.

## Resources

- **Adviser Area - My Care Consultant**  
<https://mycareconsultant.co.uk/adviser-area/>
- **Alzheimer's Society**  
<https://www.alzheimers.org.uk/>
- **Power of Attorney advice - Gov.uk**  
<https://www.gov.uk/power-of-attorney>
- **Dementia Friends**  
<https://www.dementiafriends.org.uk>
- **Society of Later Life Advisers - SOLLA**  
<https://societyoflaterlifeadvisers.co.uk>



## FOR MORE INFORMATION

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**JUST.**

Call: **01737 233 297**

Lines are open Monday to Friday, 8.30am to 5.30pm

We may monitor and record calls, and call charges may apply.

Email: **myenquiry@wearejust.co.uk**

Or visit our website for further information:  
**justadviser.com**



Call: **020 3282 0582**

Email: **hello@comentis.co.uk**

Or visit our website for further information:  
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