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Welcome.

A Message from Our Managing Director



Rachel Edwards
Managing Director,
UK & Europe
iPipeline

A busy quarter and summer got event busier at iPipeline as we made an exciting announced, our acquisition of Origo.

This is an important moment for iPipeline, but its significance reaches beyond our business. Across financial advice, firms are being asked to deliver simpler, faster and more joined up experiences, while many technologies and processes have developed separately across protection, pensions, retirement and wealth. Bringing iPipeline and Origo together gives us a wider view of that challenge and greater scope to help the market address it.

Welcoming Origo

Technology is fundamental to how advisers, providers and platforms serve customers, but its value depends on connectivity. Systems, organisations and data need to work together securely so information can move more easily through complex financial journeys. Origo has spent more than 30 years building trusted connections across the UK pensions and wealth market. iPipeline brings complementary expertise in digitising distribution and advice across life, protection, pensions, savings and investment.

Together, we can look across a broader part of the financial advice market. Customers do not experience their finances as separate product categories. Protection needs can sit alongside pension decisions, retirement planning, savings and investment. Advisers need services that support that wider picture rather than adding complexity. Combining Origo's connectivity expertise with iPipeline's technology gives us the potential to simplify more interactions, improve efficiency and support better experiences throughout the customer journey.



This acquisition will not create a fully connected advice market overnight. Our immediate priority is to listen to customers, protect the services they rely on and learn from our new Origo colleagues. Longer-term, the huge opportunity lies in bringing together two experienced and expert teams with strong market relationships and a shared belief in practical innovation. As our customers will hear more from people across Origo and iPipeline as we shape that future together.

Elsewhere, in September our annual partnership event, Connected 2026, reinforced the same point - meaningful progress depends on providers, advisers and technology partners working together. We will reflect on the event more fully in the winter edition of IPQ.

Growing protection

There is also plenty of market insight to consider.

The FCA Pure Protection consultation recognises that the market broadly delivers positive outcomes, while identifying areas for further investigation, including claims paid ratios and product switching that may create commission churn.

Its wider message is an opportunity. Too few people in the UK have adequate protection, and many have never considered it. Our industry can communicate the positive purpose of protection more clearly and show the difference it makes when people need support most. Processes and product journeys can still improve, but the bigger prize is helping more people understand their needs and take action. That will require sustained collaboration across providers, advisers and technology partners.

Timely insights

This edition brings those themes to life.

Paul Yates considers how summer heatwaves can influence protection demand and what this tells us about consumer and adviser behaviour. Charlotte Harrison reviews our third quarter market data and the signs of growth the market can nurture, whilst Kevin Carr, CEO of Protection Review, considers the possibilities created by the Pure Protection review. Finally, Rhys Williams of Quietroom explores how the market can build awareness and stronger consumer engagement.

Protection needs its Blue Planet moment



Rhys Williams
Director,
Quietroom

Nearly 20 years ago, I attended a focus group as the business then known as Fortis Life prepared to launch into the protection market. A man read a description of critical illness cover and said he wouldn't buy it. He'd wait until he got cancer, he said, then take out a policy.

Obviously, this is not how insurance works. Nobody plans to insure their house after the burglars have been. But he wasn't being foolish. He had just never thought about it before.

The final report of the FCA's Pure Protection Market Study suggests he has plenty of company. For roughly a third of UK adults, protection is not on the radar.

In January, the FCA was weighing up whether to extend "targeted support" — a new regime that lets firms offer suggestions to groups of customers with shared needs — into protection. It has now decided against it.

The problem, it concludes, isn't that people lack help once they start thinking about protection. It's that they never start. So the question for our industry is about attention. How does an issue earn a place in the national psyche?

Just-in-time financial education

Research shows that most financial education doesn't work. But there's an exception: the education that arrives at the moment you need it. This makes perfect sense. What good is a driving lesson if you're not in the car?

The regulator wants to catch people at the moments when protection becomes relevant: renting, buying a home, a bereavement, and potentially becoming a parent or going self-employed. This is sensible. But it's one of the last links in the chain. It will work best if people are primed before they ever get that prompt. One way to prime them is to tell stories.

Facts don't move people. Stories do.

In recent history, we've seen issues reach the top of the news agenda by becoming attached to a powerful story. Take the Horizon scandal. Computer Weekly had been reporting on it since 2009. Yet it took an ITV drama, Mr Bates vs The Post Office, to turn it into a national outrage. Within days of the broadcast in January 2024, the government had committed to legislation exonerating the victims.

Scientists had been warning about ocean plastic for decades. Then the final episode of Blue Planet II showed an albatross feeding plastic to its chick. Within months, single-use plastic had become a kitchen-table issue.

The pattern is the same. A story rather than a statistic. An emotional charge. A shared national moment. Neither breakthrough came from the industry concerned. But ours might have to (unless anyone knows someone on the EastEnders writing team).

We have a lot of stories waiting to be told

Every critical illness claim begins with a moment in a consulting room when the world seems to stop. Every life claim follows a bereavement: a husband, a wife, a mum or dad who isn't there any more. We do not lack for human drama.

Told with care and consent, real stories let people imagine a future they'd rather not think about — through someone else's eyes. Think of stories like a flight simulator — they allow us to rehearse the future, to project ourselves into a situation, feeling some of the other person's pain, but not so much that we look away.

Make the next step easy

The Mr Bates drama and the Blue Planet documentary managed to prompt a simple action: sign the petition, refuse the straw. Behavioural science teaches us that prompting action isn't just about capability and motivation, it's also about opportunity. To put it another way, it's not just about the person, it's about the conditions around the person. Are they conducive to getting the thing done?

Protection's next step is a sales journey the FCA describes as long and complex, with medical evidence that can be slow to arrive. Every form to print, sign, scan and upload makes cover more expensive in the customer's eyes - not in money, but in time.

The regulator is tackling this through a TechSprint, a roundtable on medical records and a Fair4All Finance project on income protection for people with irregular earnings. That work matters as much as any campaign.



Financial advice or lifestyle coach? The evolving role of the HNW adviser



Patti George
Market Development Manager
Aviva

High net worth clients increasingly need support beyond financial planning.

Patti George, Market Development Manager at Aviva, explores how advisers can combine technical expertise with emotional intelligence to help clients navigate wealth, family and legacy conversations.

High net worth (HNW) clients are asking for more than financial advice. They're looking for guidance, reassurance and a clearer path through complex decisions about their wealth, their family and their legacy.

And that's reshaping the role of the adviser.

Today, advice goes beyond portfolios and tax wrappers. It's about understanding how wealth supports a client's life — now and in the future. That increasingly means stepping into conversations that feel more personal, and sometimes closer to coaching than traditional financial planning.

More than money: the shift to holistic advice

HNW clients rarely view wealth in isolation. It's closely tied to family, business interests and long-term legacy. And many are underprepared.

In 2027, an estimated 10,500 estates will pay IHT for the first time, and 38,500 will pay more than they otherwise would have previously due to inheritance tax (IHT) changes. [1]

At the same time, only 38.75% of UK adults say they have an up-to-date will, while 46.65% do not have a will at all. [2]





The missing piece: conversations clients aren't having

Aviva research[2] highlights a clear gap between comfort and action.

While over half of people say they feel comfortable discussing finances (54.45%) or inheritance plans (53.95%), that confidence doesn't always translate into meaningful conversations. Over half (52.9%) also believe their family doesn't need to know how much they'll inherit.

In practice, this suggests conversations often stop short of what's needed to support effective planning. That's where advisers add real value — helping clients have clearer, more practical discussions that support better long-term decisions.

So, are advisers becoming lifestyle coaches?

Not quite - but the skill-set is evolving. Clients don't necessarily expect advisers to coach their lives. But they do expect someone who can:

01 Help them think through trade-offs

02 Guide conversations they may be avoiding

03 Bring clarity to complex or emotional decisions

The core skills HNW advisers need

Working with wealthier clients requires more than technical depth — it calls for a broader, more human skill-set.

HNW advisers require a blend of technical knowledge and interpersonal skills. This includes confidence in discussing complex topics, the ability to recognise and respond to vulnerability, a holistic approach that connects different areas of financial planning, and an understanding of how protection solutions can support wealth transfer and inheritance planning.

Making advice more human

Ultimately, effective advice is about understanding the person behind the wealth. By creating space for open conversations and helping clients turn intentions into action, advisers can deliver greater value.

The future of HNW advice is not simply about managing wealth. It is about helping clients protect what matters most and ensuring their plans work in practice as well as on paper.

Visit our high value hub to support your HNW client conversations.

Find Out More

Sources:
[1] Inheritance Tax on pensions: liability, reporting and payment — Summary of responses - GOV.UK Published on 21 July 2025. Contains public sector information licensed under the Open Government Licence v3.0 [2] Research conducted by Censuswide on behalf of Aviva among a sample of 2,000 UK consumers. Fieldwork was carried out between 23 January 2026 and 27 January 2026. Censuswide is a member of the Market Research Society (MRS) and the British Polling Council (BPC) and abides by the MRS Code of Conduct and ESOMAR principles.



Nick Green
Strategy and Proposition Director, Criterion

AI won't fix the LoA problem. It will expose it.

Artificial intelligence is rapidly finding its way into financial services. One emerging use case is the Letter of Authority (LoA) process, where AI can analyse lengthy documents in seconds, identifying charges, guarantees and key policy details that would otherwise take much longer to uncover.

That's useful. But it does raise an awkward question: if this information is so important, why is it buried in 40 pages of correspondence to begin with?

For advice firms, the attraction of LoA AI is obvious. The process remains one of the most labour-intensive parts of client servicing, involving endless searching, chasing and rekeying of information. Any technology that reduces that burden deserves attention.
But there's a crucial distinction between using AI to compensate for a flawed process and fixing the process itself.

The consumption of LoA responses is almost perfectly designed to challenge AI. Information arrives in different formats, uses different terminology and varies significantly in quality and completeness. A single response might include a covering letter, policy schedule and transaction history, with the key information scattered throughout.

Even responses from the same provider can vary by product type, sale date, and administration system.

AI can help navigate that complexity. It can identify and organise information, reduce manual administration and flag uncertainty for review. What it can't do is create a shared definition of what a complete response looks like, or standardise how information moves between firms.

In other words, AI might help us manage the symptoms; but it doesn't address the cause.

That matters because speed alone isn't the right measure of success. The real objective is information that is complete and usable, first time.

Advice firms should look beyond whether information can be extracted quickly and focus on whether it can be trusted. Can users see the original source? Is uncertainty clearly highlighted? Can an administrator challenge or correct the result?

These aren't technical details; they are Consumer Duty in action. LoA information often forms the basis of advice recommendations and client decisions. The objective should be to remove repetitive work, not replace it with technology that presents uncertain answers as definitive ones.

It's also worth recognising that AI can only work with the information it's given. If advisers still don't have what they need to progress a case, that may not be a failure of AI at all. It may simply expose the fact that the original response was incomplete.

That's why the recent work of the Fix LoA Action Group (FLAG) matters.

Bringing together participants from across the industry, FLAG has been considering how AI could improve the LoA experience. The conclusion is straightforward: AI has a role to play, but it won't solve the problem on its own.

Providers receive requests in different formats. Advice firms work to different submission requirements. Responses vary widely in structure and content. Across the industry, people spend countless hours interpreting, validating and correcting information before a case can move forward.

Teaching AI to navigate that variation may help, but it doesn't address why the variation exists in the first place.

The FLAG's focus therefore extends beyond technology. It is looking at response completeness, whether advisers receive the information they need first time, and how greater consistency could improve the exchange of information throughout the process.

Because if we're not careful, we'll spend years building increasingly sophisticated tools to interpret inconsistent documents instead of addressing the inconsistency itself.

This is where standards become critical.

Criterion's free LoA Data Checklists define the information advice firms need across pensions, investments and protection, creating a shared view of what a complete response should contain. The accompanying LoA Standards provide a consistent framework for requesting and exchanging information.

That benefits everyone involved. Advisers receive clearer information, providers work to common expectations, and technology firms operate from a more reliable foundation.

It also creates better conditions for AI. Clear definitions reduce ambiguity, while structured information is easier to exchange, validate and reuse. AI can then focus on genuine exceptions rather than preventable inconsistencies.

The strongest future model is not AI or standards. It's AI and standards working together.

AI can help the industry deal with today's complexity. Standards can help stop us recreating that complexity tomorrow.

"The FLAG's focus therefore extends beyond technology. It is looking at response completeness, whether advisers receive the information they need first time, and how **greater consistency could improve the exchange of information throughout the process.**"



Unlocking higher retirement income through enhanced annuities



Simon Mitchell
Individual Annuities Product Owner,
Scottish Widows.

Getting the full picture of a client's circumstances could translate into thousands of pounds of additional guaranteed income throughout retirement.

For those approaching retirement, an annuity can provide the reassurance of a guaranteed income for life. Improved rates have helped boost interest in annuities, yet too many people still risk missing out on a higher retirement income because their health and lifestyle details are not fully disclosed.

Enhanced annuities are designed for people whose health or lifestyle could reduce their life expectancy. Unlike many financial products where health issues can be a disadvantage, an enhanced annuity can work in a client's favour by increasing the income they receive.

Eligibility is often wider than clients realise, and is not limited to serious medical conditions. Taking account of factors such as medication, high blood pressure, high cholesterol and BMI, and even lifestyle factors — including smoking and drinking — can also increase the income available to them.

Crunching the numbers

Common health problems can translate into significant income enhancements.

Scottish Widows' examples* show a 65-year-old with a £100,000 pension could receive £7,559 a year with no conditions disclosed, rising to £7,706 with high blood pressure and high cholesterol, £8,052 for a smoker, £8,500 for someone with diabetes, and £8,896 following a stroke.

Many clients who describe themselves as "healthy" may still qualify for an enhanced annuity. Advisers should be wary of allowing clients to self-diagnose their eligibility, as even small undisclosed details could affect the guaranteed income they receive for life.

Rethinking the enhanced annuity conversation

The key is to reframe the conversation around income optimisation rather than health. Clients are often more willing to share personal information when they understand that this is the one occasion where their medical conditions, medication and lifestyle choices could benefit them!

Best practice starts with creating an open and supportive environment that encourages honest conversation. By clearly explaining why health and lifestyle information is needed, advisers can promote full disclosure and help ensure all relevant factors are fully considered - and the reality is that what clients don't say could cost them.

Enhanced annuities are a powerful example of how advisers can uncover value through better conversations - and that could make a lasting difference throughout retirement.

*Source: Scottish Widows. Quotes obtained 1st April 2026, based on a single life annuity, monthly in advance, no escalation or guarantees. Married, age 65, living in an area which has an average life expectancy. Health details have been added: 7 units of alcohol weekly, Body Mass Index 27.

The search for protection growth: are we looking in the right places?



Charlotte Harrison
Senior Data Product Manager
iPipeline

A few years ago, if you asked where protection growth would come from, most people would have pointed in roughly the same direction. More mortgages equals more opportunities. More advisers equals more capacity. And, protection discussions and therefore sales would naturally follow.

That thinking isn't wrong. Mortgage-led distribution remains one of the most effective and established routes into protection advice, and it continues to play a critical role in helping consumers access cover. But when I look at the latest market data, I'm not convinced this hypothesis tells the whole story anymore.

One of the most interesting aspects of Q2 isn't necessarily the overall market picture, but where growth is appearing beneath the surface. Business Related Protection links increased by 27% year-on-year. Relevant Life, the largest segment within that category, grew by 42%, whilst Executive Income Protection was up 19%, with more advisers actively writing that type of business. Taken in isolation, those are simply positive statistics. Taken together, they may be telling us something more important about how protection advice is evolving.

What's particularly interesting is that these products don't sit at the centre of traditional mortgage-driven conversations. They are far more likely to emerge from discussions around business ownership, succession planning, employee benefits, wealth preservation and long-term financial planning. That suggests some of the strongest growth within protection may be coming from conversations that look very different to the ones the industry has traditionally relied on.





Is it a coincidence?

Over recent years we've seen increasing discussion about the reunion of protection and wider financial planning. Advisers are under pressure to deliver more holistic value to clients, whilst consumers increasingly expect joined-up financial guidance rather than isolated product recommendations. Against that backdrop, it's perhaps unsurprising that we're seeing more protection conversations emerge through business and wealth planning rather than purely transactional events.

The significance of this goes beyond individual product lines. It raises a broader question about how we think about market growth.

For much of the last decade, the industry's focus has arguably been on becoming more effective within existing channels. Better processes, deeper propositions, faster underwriting journeys and better support for advisers have all helped the market continue to perform, if not thrive. Those improvements remain vital, and many are contributing to the growth we're seeing today.

But if the challenge facing the industry is to reach more consumers who would benefit from protection, then growth cannot simply be measured by how effectively we serve people who are already in, or on the fringes of the advice process.

The FCA's work on the protection gap has reinforced that point. While the market works well for many consumers who engage with it, there remains a sizeable population that never enters the protection conversation at all. That means growth has to be viewed through two lenses. The first is how effectively we serve existing demand. The second, and arguably more important, is how successfully we create new opportunities to engage people who might never otherwise consider protection.

This is why I find the growth in Business Protection so interesting. It may point to a route for expanding the market rather than simply optimising it. If advisers are increasingly introducing protection through broader business and financial planning discussions, then perhaps part of the industry's future growth lies in identifying other natural points where protection can become relevant to consumers. It is extremely unlikely to be the panacea and growth through this channel will be incremental, rather than market-defining — but it will help create momentum, trust and memory within the advice market, which will be a further key to long-term success.

None of this data suggests there is a single answer. Protection growth is unlikely to be driven by one product, one channel or one innovation. More realistically, it will come from a combination of factors: advisers having broader conversations, providers making complex cases easier to place, technology reducing friction, and the industry becoming better at identifying opportunities to engage consumers earlier.

The market has spent years becoming more efficient at serving existing demand. The next challenge may be creating demand in places where the industry hasn't traditionally looked for it. The latest quarter's data suggests there are already some encouraging signs of what that future might look like.



Reduce surprises by bringing underwriting forward



Dale Woodward
Principal Underwriting Product Manager
iPipeline

Underwriting is often seen as one of the biggest sources of friction in the protection journey. In my experience, however, the main problem is rarely just underwriting itself. It is unexpected underwriting.

Clients often begin an application believing their initial quote will be their final premium, and this mindset is key to understanding how to best handle the process. As a result, they can easily become concerned or confused when more medical information is requested, the process takes longer than (they) expected or when revised terms are offered. Advisers, on the other hand, understand that any quote is subject to underwriting, but regardless of how clearly they communicate - clients may simply hear what they want to hear - "this quote is what I will pay".

I call this the expectation gap — we're a market all too familiar with gaps of many kinds. Earlier and greater transparency through the application and underwriting process can close this expectation gap. It helps clients understand what may happen, gives advisers greater confidence and reduces the risk of cases falling away — a problem which is all too common.

Start the health discussion earlier

A good protection journey begins before the application. Advisers should introduce the topic of health, underwriting and its impact on cover & costs early — and help clients gather the information they are likely to need to support their application.



For each condition, advisers should try to establish:

- The condition and date of diagnosis
- Treatment and current medication, including dosage
- Current symptoms and their impact on daily life
- Any time away from work and/or normal activities
- Tests, investigations or referrals that are still outstanding
- Recent results, such as blood pressure, cholesterol or HbA1c
- Relevant family history

This doesn't always have to be from memory; the NHS App, prescription records and medical letters can help immensely. This preparation reduces "don't know" answers, which can create uncertainty for the underwriter and increase the likelihood of a referral, evidence request and unnecessary delays.

Where an application includes a free-text box, use it well. Clear, complete information may allow the underwriter to make an immediate decision without seeking further evidence. If the client has a consultant or hospital letter, make this known. It could provide the detail needed more quickly than requesting a new medical report. A couple of minutes spent here could save a couple of weeks later.

Use every tool available

Technology should support the adviser's conversation, not replace it.

Advanced Underwriting within iPipeline's SolutionBuilder allows advisers to include relevant health disclosures during the quote process. It can provide indicative outcomes from multiple providers, including a more realistic premium and an indication of whether medical evidence may be required.

This type of technology changes the conversation. If a client's health is likely to affect the premium, the first meaningful figure they see can reflect that possibility. A revised premium is much easier to accept when it has not been presented as an unexpected increase.

Advanced Underwriting does not guarantee final terms or remove the need for evidence, but its value is in providing earlier insight, improving provider selection and helping the adviser explain the likely journey.

Advisers should also use provider underwriting tools and pre-application enquiry services for more complex cases. These are particularly valuable where there are multiple conditions, a history of cancer, recent symptoms, an outstanding investigation or uncertainty about whether cover could be postponed. Here, the quality of the enquiry matters too. Provide a concise but complete summary so the underwriter can respond without repeated requests for information, again time well spent upfront.

Equally, if an unexpected question appears during the application process, consider using delegated underwriting if the provider includes the option. This allows the client to complete the relevant section privately and accurately rather than the adviser recording an incomplete answer.

Intelligence of all kinds

AI tools can also help advisers prepare by identifying the questions that may be asked about a condition.



AI can help provide useful context on what information underwriters will be looking for through their decision-making, and in some cases provide context on the likely outcomes.

However, remember their output should be treated as general guidance, not medical advice or a substitute for provider-specific underwriting support. My counsel is that whilst AI can support the evidence gathering process, it shouldn't be relied upon to manage client expectations.

Explain why evidence may be needed

Medical evidence is not requested as part of an application to slow a case down. It is used to confirm disclosures, clarify uncertainty and support a fair decision.

A nurse examination provides a current picture, including measurements such as blood pressure and body mass index, and it can often be arranged more quickly. A GP report provides a broader medical history and may be necessary for complex or multiple existing conditions.

So, set expectations before evidence is requested. A nurse examination may take around two to three weeks, while a GP report can take two to six weeks or longer. Make clear that these are typical rather than guaranteed timescales, and keep the client updated throughout.

In summary, the best underwriting experience is not always the fastest — but it is often the clearest. It is the one where the client understands what is happening, why it is happening and what comes next. This transparency builds trust, commitment and equity in your advice brand.

Five practical takeaways

01

Discuss health before starting the application

Ensure your client has a high-level understanding of how their health can and will impact the process.

02

Help clients check their medical information

Use tools like the NHS app to obtain full and accurate details, without relying on memory.

03

Use Advanced Underwriting before presenting expectations

Get indicative premium and term transparency sooner by using Advanced Underwriting.

04

Make disclosures complete, clear and specific

When it comes to disclosures - if in doubt, don't leave it out.

05

Explain possible evidence, revised terms and timescales early

Early and clear communication can make the difference. Invest the time through the process.

Why a positive client is more likely to say ‘yes’



How can advisers turn protection conversations from a discussion about cost into one about value?

New insights from VitalityLife’s Claims and Shared Value Report highlight how advisers can engage clients, demonstrate value and deliver better protection outcomes.

At a time when clients are facing economic uncertainty and greater financial pressures, protection conversations can be challenging.

These conversations also often take place at moments when clients are juggling multiple priorities, particularly in relation to mortgage protection. Whether they’re navigating a mortgage application, dealing with solicitors or managing household budgets, protection may not always feel like the most immediate concern.

That was one of the key themes explored in a recent discussion with Justin Garbutt, Director of IFA Distribution, Andrew McCurrie, Director of Strategic Research and Communications, and Julie Botha, Head of Adviser Development, on the protection gap and the role advisers can play in helping more clients secure meaningful cover.



The conversation centred on a simple idea: clients are increasingly looking for products that provide value today, not just at the point of claim.

As Andrew explained, today’s consumers expect products to be engaging, personalised and relevant to their day-to-day lives. That’s creating a shift in what clients expect from protection providers and how advisers position protection during client conversations.

“If you look at the modern lives clients lead, they’re expecting a product that’s engaging, personalised, and provides them with value.”

Our experts also explored the psychology behind protection buying decisions. According to Julie, people rarely make decisions by carefully evaluating every feature and benefit. Instead, they tend to make instinctive decisions first before using logic to justify them.

For advisers, that means creating positive protection conversations that focus on immediate value and tangible benefits.

Julie argued that when clients can see how a policy delivers value from day one, they’re more likely to feel confident about their decision and engage positively with protection.

“The bottom line is that Vitality makes it easier for clients to say ‘yes’ to protection,” she says.



Another key discussion point was how advisers can use Vitality's unique Optimiser savings to improve protection outcomes.

Rather than simply reducing premiums, advisers can use the lower cost as an opportunity to enhance cover levels while remaining within budget.

According to Andrew, "customers don't just take that discount and run. We actually see them purchasing more cover and more comprehensive cover."

Finally, the conversation turned to using claims data to support protection recommendations. The VitalityLife Claims and Shared Value Report highlights instances where Serious Illness Cover and Income Protection Cover have delivered outcomes that may not have been available through standard market offerings.



Among the statistics highlighted during the discussion was the finding that one in seven Serious Illness Cover claims paid by Vitality would not have been paid by the average enhanced critical illness product, rising to one in three among younger clients[1].

For Julie, these types of statistics can help advisers bring the value of comprehensive protection to life, particularly for clients who may underestimate their likelihood of experiencing a serious health condition.

The discussion concluded with a clear message for advisers: positive protection conversations, meaningful everyday value and robust claims evidence can help bridge the gap between cost-focused discussions and recommendations that deliver better long-term outcomes for clients.

"Vitality gives advisers the tools to sell protection positively, to use price as a launchpad for better cover, and to justify a quality recommendation with data", concluded Justin.

Watch the Video

FCA Protection Market Study: A Force for Good in Protection



Kevin Carr
CEO,
Protection Review

The most important aspect of the FCA's market study now is what happens next.

The regulator has examined the market closely and, rather than uncovering widespread consumer harm or responding with another wave of regulation, has concluded that much of the pure protection market is functioning as it should.

Consumers have considerable product choice, claims acceptance rates are generally high, more than half of premiums ultimately find their way back to customers through claims, and new business volumes have remained stable.

But it shouldn't encourage complacency, because the bigger issue identified by the FCA lies elsewhere. Too many people remain without suitable protection.

Where the FCA still has concerns...

There are several areas where further attention is required. Claims ratios are lower in some parts of the protection market than others. The FCA also remains interested in whether switching and commission incentives can sometimes result in customers unnecessarily replacing existing policies. And it believes there is more intermediaries can do to improve the customer experience at claim.

However, the FCA found no market-wide harm associated with loaded premiums or restricted panels and no widespread fair value concerns within income protection. While it recognises that certain commission structures can create incentives to switch, it considers the overall harm to be limited. Existing regulation and continued monitoring, rather than substantial new intervention, therefore remain the preferred response.

Price matters, but outcomes matters more

Loaded premiums will remain one of the more contentious issues. My own view is straightforward: I don't particularly like the principle of charging someone more simply in order to earn more. But that doesn't mean every instance where one adviser charges a little more than another automatically produces a poor customer outcome.

If businesses can evidence consistently better outcomes and justify a modest additional cost, that needs to be considered in the round. What matters is whether the cost is justified, the customer receives value, and everything is communicated transparently from the start.

The same practical approach is needed when discussing commission, which may not be a perfect system, but it continues to enable protection distribution to work for customers, insurers and advisers.

There are also significant costs involved at the beginning of the distribution process, which existing commission structures can reflect. Advisers retain the option of removing commission and charging fees instead. Again, clarity, justification and transparency are what matter.

From scrutiny to participation

Perhaps the most interesting next step is the FCA's intention to improve adviser engagement with protection, working with industry organisations while supporting wider consumer awareness and better educational resources. AI will inevitably become part of that picture too.

This is where advisers have both an opportunity and a responsibility because if we genuinely want to narrow the protection gap, we need more conversations about protection, not simply more conversations about regulation. And less negativity about what could've been done, which is a double-edged sword.

The industry has historically struggled to achieve sustained direct consumer engagement, and protection is largely marketed through intermediaries. Ambitious consumer campaigns are few and far between and often fail to materialise because significant expenditure can be difficult for boards to approve without the prospect of a sufficiently rapid commercial return.

But changing public understanding of financial resilience is unlikely to produce instant results, which means taking a longer-term view.

The FCA is continuing to engage with firms, trade bodies and consumer organisations, with further work concentrating on the protection gap, claims ratios, switching incentives and the claims experience.

The test over the next 18 to 24 months should therefore be a simple one: can we get more people thinking and talking about protection, improve the quality of those conversations and help consumers better understand the financial consequences of being inadequately protected?



"Perhaps the most interesting next step is the FCA's intention to improve adviser engagement with protection, working with industry organisations while supporting wider consumer awareness and better educational resources. **AI will inevitably become part of that picture too.**"

What our data cannot yet tell us about protection demand



Paul Yates
VP,
Product Strategy Director

I recently wrote an article for Money Marketing, noting that protection activity fell by 12% during two exceptionally hot weeks. My argument was that this finding alone does not prove that weather drives demand, but it does highlight how much we still have to learn about the factors shaping our market.

But whilst a simple observation like this alone may provoke debate on the topic in question, it can pose bigger thinking too. In fact, its value lies in what it cannot tell us.

Observations should lead to better questions

Data findings like this are sometimes treated as answers. In reality, they are often more useful as prompts.

The 12% fall does prove that high temperatures reduce protection demand. It tells us that something changed during those weeks and that our usual explanations (alone) may not be enough to explain it. This is an important distinction.

If we cannot confidently account for a short-term movement of this size, how confident should we be in some of our broader assumptions about consumer behaviour?

The protection market is often discussed as though it responds to a small number of powerful demand forces. In practice, every completed application sits at the end of a complex chain of human decisions.

A customer needs to recognise (or accept) a need, make it a priority, engage with an adviser, find time for a conversation, complete the required steps and remain committed long enough to put cover in force.

At the same time, advisers themselves need the capacity, interest and opportunity to turn that interest into action. All the while, any interruption to that chain can affect both the input or the outcome.

Hot weather, school holidays, major sporting events, political uncertainty, transport disruption, economic news and changes in consumer confidence could all compete for attention or alter people's immediate priorities. Just like England's recent World Cup run was great for the hospitality industry, it likely had the opposite effect on demand for home improvements (hangovers and DIY don't mix).

So, these factors may not change the underlying need for protection. They may simply change when someone is ready to act. What appears to be a drought in demand could therefore be a delay in activity, a reduction in adviser capacity or the result of friction at a particular point in the customer journey.

The headline number alone cannot distinguish between them.

Asking more of the data we already have

The instinctive response to uncertainty is often to ask for more data. Yet the answer may be to ask better questions of the information already available.

Looking at overall application (demand) activity is important, but it is only the starting point.

To understand what has changed, we need to examine where the movement occurred. Did fewer customers begin the process? Did more people pause between receiving a quote and starting an application? Did completion rates change? Was activity concentrated among particular products, customer groups or adviser firms?

We should also consider what was happening around the market at the same time. Portal activity can be viewed alongside mortgage volumes, adviser participation, application completion, product mix, consumer confidence, school holidays, weather patterns and major national events.

Individually, these measures offer interesting yet fickle observations. Considered together and over several years, they may help us identify recurring behaviours and more credible explanations.

The aim should not be to prove an attractive theory using a single statistic. It should be to test competing explanations and understand which one is best supported by the evidence.

That requires curiosity as much as it requires data.

Better understanding leads to better action

Incomplete explanations can lead to poorly targeted decisions.

A provider might interpret a temporary slowdown as evidence of a wider problem with demand. Advisers might conclude that customers are becoming less willing to engage.

Marketing teams might increase activity, pause campaigns or change their timing based on instinct rather than evidence. At an industry level, we risk optimising around the explanations that are most familiar to us rather than those that are most accurate, or complete. And different causes require different responses.

If warm weather or another external event simply postpones applications, advisers and providers can plan follow-up activity around the point at which customers are likely to re-engage.

If a decline is concentrated at a particular stage of the journey, the right response may be to remove friction from that part of the process.

If adviser capacity has more influence than customer interest, improving workflow and supporting adviser productivity may create more value than another consumer awareness campaign.

None of these conclusions can be reached from the headline number alone. They depend on investigating the pattern beneath it.

Understanding the space between interest and action

There is a wider lesson here for a market that wants to close the protection gap.

We rightly focus on consumer education, engagement and access to advice. These priorities remain critical. However, better outcomes also depend on understanding what happens between recognising a need and taking action. Google describes this decision-making stage as the 'messy middle': the often complex and non-linear process in which individuals explore options, evaluate alternatives and overcome barriers before making a decision.

When are consumers most receptive to a protection conversation? What causes them to pause or disengage? Which interruptions are temporary? Where does interest become intent, and what prevents intent from becoming an application?

These are not questions that one data source can answer. Nor will they be resolved by one unusual movement during a hot summer.

However, observations like this can show us where to look.

The heatwave data does not provide a definitive explanation for changing protection activity. It may never prove that temperature has any meaningful influence on demand. Its real value, however, is that it exposes the limits or the confines of our current understanding.

Before we claim to know why protection volumes rise and fall, we should test our assumptions against the breadth of evidence already available. We should be prepared to find that customer behaviour is influenced by more variables, and more interactions between them, than our established market narratives suggest.

The weather may not drive protection sales. But it may have revealed how much of the forecast we still do not understand.

Adapted from an article which first appeared in Money Marketing.



> "We rightly talk about consumer education, engagement and access to advice. These priorities remain critical. But improving outcomes also depends on understanding the space between recognising a need and taking action."

News you may have missed



Now an iPipeline business

iPipeline announced the acquisition of wealth and pensions technology specialist Origo, on September 1st. Commenting on the acquisition, UK & Europe Managing Director Rachel Edwards said:

"This acquisition brings together two organisations that share a common belief; the best innovation comes from working closely with customers and helping the industry solve real challenges."

"By combining Origo's trusted connectivity capabilities with iPipeline's technology, we have an opportunity to create a more connected ecosystem that simplifies interactions, supports growth and delivers better experiences for the firms and customers we serve."



It's award season

We're delighted to have been nominated in two forthcoming industry awards, as the ball-gown and black-tie season approaches.

Cover Excellence Awards

iPipeline has been nominated in the "Outstanding New Technology Offering" category for our game-changing Advanced Underwriting tool.

Protection Review Awards

Advanced Underwriting has again been recognised with a shortlisting under 'Innovation Award' category, whilst our continued commitment to growing the protection market through adviser insight, training and development is acknowledged in the "Best Protection Marketing" category.

Alisa Wallington, Director of Portal Product Management, has been nominated under the **"Mentor of the Year"** category at the Women's Recognition Awards, by Financial Reporter.

Good luck Alisa!

Deeper Integration

JammJar has integrated iPipeline's protection sourcing technology into its adviser platform. The integration gives advisers access to SolutionBuilder within the environment where they already manage customers and cases, reducing the need to move between separate systems. It is another step towards making protection a more consistent and efficient part of the mortgage advice journey.

Connecting the market

September 23rd saw us host our annual partnership event, Connected, at Village Underground in Shoreditch, London.

Key personnel from the protection market and beyond joined us for a day of insight, debate and imagination — as we challenged the market to think towards tomorrow's growth. Look out for highlights and talking points from the day in the next edition of IPQ later this year.



Our business is to accelerate and simplify advice, sales, compliance operations and customer support. We automate processing for every stage of the business — from pre-sales, new business and underwriting to policy administration, point-of-sale execution, post-sale sale support and data analytics. Within the UK, our unique and powerful aggregated community of providers, financial adviser networks and independent financial advisers is dedicated to enabling customers to secure the financial futures for their families.

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