DementiaUK
Helping families face dementia

Trustees' Annual Report and consolidated financial statements 2025-26




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Thank you **78**



A message from our Chair of Trustees and Chief Admiral Nurse/CEO



Dementia is the defining health crisis of our time. Nearly one million people in the UK are living with the condition, and it impacts everyone around them.

Yet every day, we hear from people who are facing dementia without the help they need. Too many are struggling to get a diagnosis; coping day-to-day without support; navigating complex and frustrating benefits systems; or coming up against additional barriers to care.

That is why Dementia UK is here.

In 2025-26, we gave thousands of families the lifeline of expert dementia support. On our Helpline, our dementia specialist Admiral Nurses responded to a record 42,777 calls and emails – an increase of 1,020 contacts compared to 2024-25. We supported another 4,693 people in virtual clinic appointments, extending the opening hours to meet increasing demand. Thousands more found information and advice through our 'Dementia: what next?' online sessions and on our website.

More people than ever have benefited from face-to-face support from an Admiral Nurse, including in dementia clinics in more than 250 Nationwide branches, and through Admiral Nursing services across the UK.

A key priority is reaching people who face additional barriers to care. This year, we introduced flagship clinics for people from Black, African and Caribbean communities, providing culturally tailored support. We launched British Sign Language interpretation on our Helpline and in dedicated clinics, and expanded our support for people facing complex challenges such as young onset dementia (where symptoms develop before the age of 65) and children and young people in families affected by dementia.

Our campaigning and policy work continues to gather momentum thanks to our passionate supporters. We fed into the NHS 10-Year Health Plan for England, contributing to the decision to make dementia a priority in plans to reform the NHS. We spoke to more than 170 MPs about the need to improve dementia care and developed groundbreaking frameworks for supporting people with young onset dementia, and for palliative and end of life care.

We continue to drive best practice in dementia care through developing Admiral Nurses and upskilling other professionals to provide families with the best possible support.

We work tirelessly to raise awareness of dementia and our support services, including through our podcast, 'My life with dementia', and our 'Living with dementia' guide, distributing 10,000 copies through GP surgeries nationwide. We were also proud to advise Coronation Street and EastEnders on their young onset dementia storylines.

None of this would have been possible without our amazing supporters, who have raised vital funds, made generous single or regular gifts, donated in memory of a loved one, pledged a gift in their Will or volunteered their time. We are also grateful to the partners who have supported us this year, including Nationwide and Deutsche Bank, and to the trusts and major donors who are playing a crucial role in driving our mission.

We are indebted to every one of you.

Now we are forging ahead with our strategy for 2025-30, focusing on three priorities: supporting families affected by dementia; influencing health and care systems to transform dementia care; and making Dementia UK the go-to organisation for specialist information, advice and support.

There is no doubt that many challenges lie ahead, but we will not rest until we achieve our vision of a world where no one faces dementia alone – where everyone gets the specialist support they need. Together, we can make it happen.

Thank you again for your support over the past year, and for standing with us in the years ahead. You are the heart of Dementia UK, and we are truly grateful.

Professor David Croisdale-Appleby OBE
Chair of Trustees

Dr Hilda Hayo OBE
Chief Admiral Nurse/CEO



A message from our Lived Experience Advisory Panel (LEAP)



My dad, George, was diagnosed with Lewy body dementia in 2021. It took a long time to get a diagnosis; he had severe and enduring mental illness all his life, which meant clinicians dismissed new symptoms as just being part of his mental health diagnosis. I had worked in health and social care for many years, and yet I felt I couldn't get the answers and the support we needed.

There was no follow-up after Dad's diagnosis, no signposting, not even a leaflet. Fortunately, I discovered that the Royal British Legion delivered an Admiral Nurse service in our area, in partnership with Dementia UK. As Dad had been in the armed forces, he was lucky enough to be allocated a wonderful Admiral Nurse, Patricia. She made things a bit more bearable.

Mum and Dad died a day apart at the end of 2021. While this was awful for me, I took comfort that they didn't have to live without each other.

For organisations to effectively support families affected by dementia, it's vital that they listen to the people who are living with the condition and those who care for them. I had been doing some patient and public involvement work because of my experiences, and when I heard about LEAP at Dementia UK I thought it would be a real opportunity to improve things for others and to give back in recognition of the support our family received.

Since joining LEAP I have had many fantastic opportunities to be involved, from sitting on interview panels to helping shape decisions around branding and online content. A particular highlight was attending Parliament for the launch of Dementia UK's report calling for better palliative and end of life care for people with dementia, where I spoke to MPs about my experience and why care needs to be improved.

My hope for the next year is that Dementia UK continues to go from strength to strength – reaching more people affected by dementia, continuing excellent work such as the partnership with Nationwide, and lobbying the Government to fix a broken social care system. I hope LEAP will be a strong thread running through this work, ensuring the charity collaborates closely with people living with dementia and their carers. Together, we can ensure more people can access the life-changing support of an Admiral Nurse.

Anna Ferguson Montague
LEAP member

About LEAP

LEAP is our Lived Experience Advisory Panel: a group of people with dementia and carers who collaborate, advise and inform on many aspects of our work. Their contributions ensure that the voices and needs of the people we support are central to our work as a charity.

About us

We are Dementia UK: the specialist dementia nursing charity.

Our nurses, known as Admiral Nurses, are there for the whole family, providing expert, tailored support that helps them through the fear and confusion of dementia. From sharing practical tips for caring to offering emotional support and helping families plan for the future, they are there when people need them most. For so many, they are a lifeline.

Our vision

A world where no one faces dementia alone – where everyone gets the specialist support they need.

Our mission

Our life-changing support is there for everyone affected by dementia.

Admiral Nurses give expert and compassionate support and advice: on our Helpline, in clinics, in hospitals, in the community and in other health and care settings, as well as through the information we provide.

We work alongside people affected by dementia to constantly improve the health and care systems they rely on. We use our clinical knowledge to influence public policy and service delivery, carry out vital research into dementia care, promote better awareness and understanding of dementia, and campaign for change across the UK.

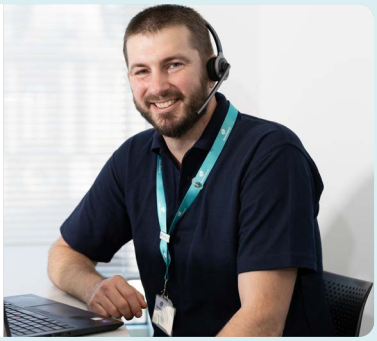
Together, we can make sure no one faces dementia alone.



Our values

Collaboration

Working together makes us stronger. We listen to and collaborate with families living with dementia, clinicians, our colleagues and our supporters and fundraisers. Every day, we learn from one another.



Compassion

We come to work to improve the lives of people affected by dementia. It's why we approach everything we do, and everyone we talk to, with kindness, respect and support.



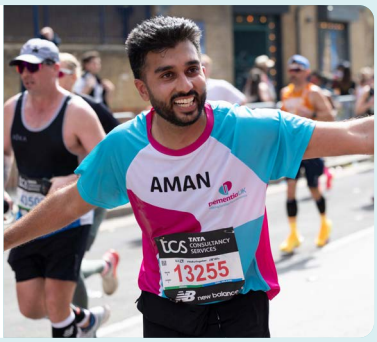
Ambition

We will do everything we can to help families affected by dementia feel more empowered. We're resourceful and resilient: whatever the obstacles, we'll try to find a way.



Integrity

We always aim to show integrity and accountability in all our work: from how we spend the money raised by our generous supporters to how we behave with colleagues, stakeholders and partners.



Our strategy for 2025-30

This year was an important year for Dementia UK as we embedded our strategy for 2025-30. It focuses on three priorities:

Support

Growing Admiral Nursing so every family can access expert help and support.



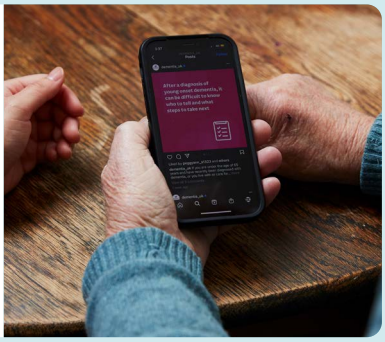
Influence

Influencing health and care systems to make specialist support a core part of dementia care.



Inform

Making Dementia UK the go-to source of trusted advice, information and education.



Our strategy is structured around three strategic pillars and three enabling commitments.

Pillar 1: **Support**

We will expand Admiral Nursing across the UK, ensuring inclusive, evidence-based dementia care is accessible to all. By growing our services, embracing technology and addressing health inequalities, we will support more families than ever before.



Pillar 2: **Influence**

We will campaign to transform health and care systems by embedding Admiral Nursing expertise in policy and service delivery. Working with people affected by dementia, we will shape national and local agendas and champion equitable, person-centred care from pre-diagnosis to the end of life.



Pillar 3: **Inform**

We will become the go-to organisation for dementia expertise, offering accessible, compassionate and practical information. We'll raise awareness of Admiral Nursing and enhance education for health and care professionals, including a focus on young onset dementia.



Enabler 1: **Inspire**

We will build a growing movement of supporters who share our vision. Through innovative engagement, strategic partnerships and powerful storytelling, we will deepen relationships, grow income and extend our reach.

Enabler 2: **Effectiveness**

We will invest in robust systems, data, technology and governance to ensure our organisation is future-ready. Insight and evidence will drive our decisions, and lived experience will remain central to our strategy, from service design to organisational priorities.

Enabler 3: **Culture**

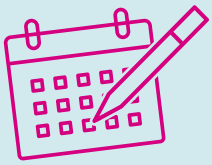
We will foster an inclusive, high-performing workplace where people feel valued, supported and empowered to grow. Our long-term focus on wellbeing, diversity, learning and collaboration will ensure Dementia UK remains a great place to work – and a charity where values are lived every day.

Dementia in the UK

In the UK, nearly one million people are living with dementia. This is predicted to rise to over 1.4 million by 2040.



People over the age of 65 are waiting on average 2.2 years to receive a dementia diagnosis. For people under 65, this increases to 4.4 years.



One in two of us will be affected by dementia in our lifetime – whether by caring for someone with the diagnosis, developing it ourselves, or both.



People from Black, Asian and other minority ethnic groups are more likely to develop dementia, and at a younger age, but often find it harder to access support.



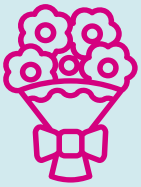
The UK's health and social care systems are not set up to meet the needs of people affected by dementia and there is a lack of funding, meaning many families are not getting the physical, emotional and financial support they need.



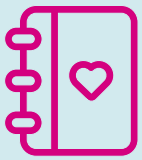
It is estimated that more than 800,000 people in the UK are caring for someone with dementia, but one in two do not get any support, and four out of five have reached crisis point.



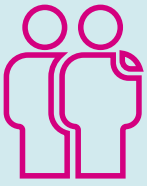
Dementia is the leading cause of death across the UK. In 2024, it accounted for more than 76,000 deaths.



Only 28% of people who are living with dementia or caring for someone with the diagnosis have been supported by a professional to plan for future health and care needs.



Unpaid dementia carers are providing care worth £21 billion per year, and 55% of people say it has negatively impacted their finances.



Our year in numbers

These are some of our highlights from 2025-26, made possible by the support of our amazing Dementia UK community.

Our Admiral Nurses answered

42,777

calls and emails to our Helpline – 1,020 more than in 2024-25 – providing carers with expert advice and support in the moment they needed it.

7,853

people living with dementia and carers benefited from the support of an Admiral Nurse through dementia clinics in Nationwide branches, receiving in-person advice and guidance in the heart of their communities.

Because of our supporters' generosity, we now have

477

Admiral Nurses supporting families across the UK.

We carried out

4,693

virtual clinic appointments, giving carers the chance to speak to an Admiral Nurse in depth, online or by phone.

The second series of our podcast, 'My life with dementia', was downloaded more than

27,500

times, sharing the stories of people affected by dementia and comfort and reassurance to our listeners.

More than

9,500

passionate campaigners contacted their MPs to talk about the urgent need to improve dementia care and invite them to our parliamentary events.

10,000

copies of our 'Living with dementia' guide were distributed to families through GP surgeries.

Our supporters, fundraisers and partners raised an incredible

£31.3m

Because of them, more families than ever can access our life-changing support.

Pillar 1: **Support**

Providing inclusive, evidence-based, specialist Admiral Nursing support to everyone affected by dementia.

Too many people are facing dementia without the support they need, leaving them exhausted, overwhelmed and alone. We want everyone who needs it to be able to access the specialist support of Dementia UK and Admiral Nurses.



Here when people need us

Every year, thousands of families reach out to Dementia UK for help. This year, our Helpline responded to a record 42,777 contacts compared to 41,757 in 2024-25, offering families a vital lifeline – including during evenings and weekends, when most other dementia services are unavailable.

For the second year running, we delivered more than 4,600 appointments in our virtual clinic (2025-26: 4,693; 2024-25: 4,689). These free 45-minute appointments take place by video call or phone and give carers the flexibility to speak to an Admiral Nurse at a time that suits them, with the option to include multiple family members.

We extended availability of virtual clinic appointments in response to the increasing demand. We have introduced extra appointments to include three evenings a week and Saturdays, giving families more opportunities to speak to an Admiral Nurse at a pre-booked time that fits into their often-demanding schedules.

We are grateful to our supporters Zurich Community Trust and The Julia Rausing Trust for helping to fund our virtual clinic appointments.

To make our services more inclusive, we have introduced virtual appointments supported by British Sign Language (BSL) interpreters, funded by our partner Tokio Marine HCC International, and a live chat service, developed in collaboration with people with lived experience of dementia. These enable more people to access our specialist support, particularly those with health, language or communication needs that make it hard to contact us by phone.



Supporting families in the community

For families affected by dementia, the support of an Admiral Nurse in their community is invaluable. Collaborating with organisations such as NHS Trusts, care homes and other charities to develop and maintain Admiral Nursing services means more people can access this local, specialist support.

We currently have 477 Admiral Nurses across the UK, sustaining their number despite a challenging health and social care climate (2024-25: 476). Through a sustained marketing approach highlighting the value of Admiral Nursing to potential host organisations and healthcare professionals, we are striving towards a goal of 750 nurses by 2030 and 1,000 nurses by 2035.

While the expansion of Admiral Nursing has been impacted by significant changes in NHS England, these also create exciting opportunities to grow our services and support more people, including through the new Neighbourhood Health Teams that form part of the NHS's 10-Year Health Plan.

We have already developed our first service in a Neighbourhood Health Team, which will help people access dementia care closer to home and reduce hospital admissions. We have also created a new Admiral Nurse role in Emergency Departments, supporting people with dementia and their families at what can be a time of severe distress; and helping hospital staff provide better dementia-informed assessment, treatment and care.

Our partnership with Nationwide Building Society continues to provide life-changing dementia support in local communities. Our dementia clinics, open to all members of the public, have delivered 6,028 appointments in 254 Nationwide branches across the UK. We are also extending the clinics to Virgin Money branches as part of its merger with Nationwide so more people can access face-to-face support in a convenient, familiar and non-clinical location.



Breaking barriers to care

Many people experience additional challenges relating to dementia, for example people with young onset dementia (where symptoms develop before the age of 65), children and young people who have a family member with dementia, and people from minority ethnic communities.

To break down these barriers to care, we have combined our Consultant Admiral Nurse services – which support people with specific, complex needs – and our Health Inequalities Team. This unified service will help us provide more coordinated and impactful support for people facing additional challenges in accessing dementia care.

In June 2025, we introduced dedicated Admiral Nurse clinics for people from Black, African and Caribbean communities with the generous support of The Julia Rausing Trust, and relaunched our clinics for the Chinese community. Together, these clinics mean more people from under-served groups can access culturally appropriate dementia support.

Our Consultant Admiral Nurse Team continues to support people who are facing specific challenges relating to dementia through specialisms in:

- Lewy body dementia
- sport and dementia
- young onset dementia
- children and young people
- frailty and physical health

This targeted approach ensures we are reaching the families who need us most with tailored support that is so often lacking elsewhere.

Improving access to work

More than 70,800 people in the UK are living with young onset dementia, and many of them are in employment. Our Dementia at Work Team works with organisations across the UK to improve support for staff and customers affected by dementia.

Across the year, we provided workplace dementia clinics in a number of organisations, including embedding two Admiral Nurses within Nationwide. These nurses are supporting staff members who are living with dementia or caring for a loved one. The team has also developed the UK's first dementia training programme co-produced with Admiral Nurses and financial support experts, which has been rolled out to all Nationwide frontline colleagues.

We are working with organisations including the police, Mountain Rescue and the Civil Service to provide education and training around dementia. This means they can better support the families they work with and signpost them to Dementia UK's services, ensuring more people can access the help they need.

Spotlight
Admiral Nurse clinics for Black, African and Caribbean communities

People from Black, Asian and other minority ethnic groups are more likely to develop dementia, but they also face increased barriers to support. Often, services are not tailored to their cultural needs. Families sometimes encounter stigma within their communities, or have experienced racial discrimination that makes them reluctant to reach out for support. Language barriers can also be an obstacle in accessing dementia services.

Recognising this need, we have launched ground-breaking new dementia clinics for families from Black, African and Caribbean communities, with support from The Julia Rausing Trust. These provide specialist, culturally appropriate support through phone and online appointments.

Admiral Nurse Safia Seini is supporting families in these dedicated clinics. "A culturally informed and person-centred approach is so important for our communities," she says. "We need to start talking honestly about how dementia impacts these families. That's why I'm so passionate about my role. It's an honour to break down stigma and deliver support, as well as educating and raising awareness of dementia in our community."

One carer who we supported in the new clinics told us, "[The Admiral Nurse] is the first person who understands what we are going through as a family and the cultural aspects of caring for my mum, who holds very traditional Ghanaian views. I have never felt so seen, heard and supported in a medical appointment in my entire life."

You can find out more about our clinics for Black, African and Caribbean communities at **dementiauk.org/bacc-clinics**. We also offer dedicated Admiral Nurse clinics for Chinese and South-East Asian communities: please visit **dementiauk.org/chinese-clinic**



What's next?

Working towards our mission for our life-changing support to be there for everyone who needs us, in 2026-27 we will:

- Keep extending our virtual clinics service with a focus on priority areas like reaching rural communities
- Grow our support for people experiencing health inequalities, particularly through developing our services for Black, African and Caribbean, Chinese and South Asian communities
- Establish and strengthen relationships with more organisations and sectors, including the police, MPs, financial services and Mountain Rescue, through our Dementia at Work Programme
- Evaluate how our digital services are supporting families facing dementia and develop plans for improving users' experiences
- Launch a campaign targeted at converting specialist dementia nurse roles to Admiral Nursing
- Actively seek opportunities to expand Admiral Nursing into areas with limited access
- Continue to support Admiral Nurse service sustainability and strive to increase the number of service expansions



Jules's story

When dementia swept through Jules's family, our Admiral Nurses were a lifeline.

I started noticing signs of dementia in both Mum and Dad around 2018. Dad was getting confused, and it seemed Mum's personality was beginning to change.

In 2020, Dad was diagnosed with vascular dementia, aged 87. The consultation lasted just 20 minutes, and we weren't signposted to any support. Then, in 2024, Mum was diagnosed with Lewy body dementia at the age of 82.

Mum's diagnosis turned my world upside down.

Dementia had swept through our family, and I couldn't help feeling angry at the cards we had been dealt.

I was determined to keep Mum and Dad at home for as long as possible, but Mum's dementia progressed very fast. With it came aggressive behaviour. She would bite me and pull my hair. She even told me she wanted to kill me and described how she would do it. I was absolutely traumatised.

I knew we needed to move Mum into a care home, but the day before she was due to move in, she broke her hip. She ended up in hospital and was then moved to a nursing home. That's where I met Admiral Nurse Lucy, who became our lifeline.

Mum hadn't spoken to me properly for over a year, but one day she turned to me and said, "I want you with me and I want to go home."

There were a lot of people involved in bringing Mum home to die. Lucy made all the pieces fall into place, including arranging for the Hospice at Home Team to visit four times a day. She was incredible.

Mum and Dad had travelled the world together, so I had the idea of taking Mum on a final flight. Lucy understood how important it was for us to make one last memory together. We chartered a small plane and with Lucy's help, we made it happen.

During the flight, it felt like Mum's dementia left her completely.

As she looked out of the window, it was like she was looking out to heaven. She even smiled for the first time in a very long time. For that hour, I got my old mum back.

On Valentine's Day 2025, a week after coming home, Mum took her last breath. I was so thankful to have been with her. Lucy helped us give Mum the goodbye she deserved, and I'll be forever grateful.

I had no time to grieve, because straightaway, my attention turned to Dad. Lucy gave me advice on how to help him understand that Mum had died, but ultimately, he didn't want to live without her. He died six months later from a stroke.

Without Lucy, I don't know how I would have navigated our journey with dementia. She was always at the end of the phone with practical advice or emotional support. I don't think people realise how vital that support is when you're caring for someone with dementia. We would have been lost without her.


“Without our Admiral Nurse, I don’t know how I would have navigated our journey with dementia.”

Pillar 2: **Influence**

Campaigning to transform health and care systems and drive improvements to service delivery across the UK.

Too many families living with dementia are struggling to access the care they need. We're championing their needs by campaigning for change, carrying out research and gathering insights that show the life-changing impact of specialist dementia support.



Making care funding fairer

NHS continuing healthcare funding is a lifeline for people with complex, long-term health conditions, covering the costs of care. But families affected by dementia are battling an assessment process that fails to recognise their needs, often leaving them to fund care themselves.

This year, our 'Fix the funding' campaign to improve continuing healthcare gathered momentum. Seeing the opportunity to influence the Casey Commission on improving adult social care, we gathered insight from more than 500 people affected by dementia to inform our campaign, with 73% saying that their dementia-related needs were not recognised.

We have turned these responses into action, including through giving formal evidence to the Casey Commission. Dementia and continuing healthcare are now recognised as priority areas for reform, and we are helping to shape national discussions to ensure families affected by dementia get the funding they need.

Driving improvements in dementia care

Dementia is a life-limiting condition, but end of life care for people with dementia and their families is inconsistent and inadequate. Identifying this as a priority for our influencing work, we published 'A better death: fixing palliative and end of life care for dementia': a sector-leading policy report setting out our recommendations for improvement.

We launched the report in Parliament and engaged directly with more than 80 MPs and senior stakeholders, including the Minister for Care and opposition leads. This gave us a vital platform for improving palliative and end of life care across the nations.



We are also focusing on improving the experiences of people affected by young onset dementia. Recognising the need for a set pathway for care and support, we launched our national Young Onset Dementia Framework for Integrated CareBoards (ICBs), which are responsible for planning, commissioning and delivering local health services.

We initially engaged with more than 500 professionals, followed by targeted influencing with ICBs. We are now seeing the framework reflected in the design and development of local services, with some ICBs already adopting it. This will ensure that younger people and their families get the right support throughout their dementia journey.

The Young Dementia Network, hosted by Dementia UK, is also pushing to raise awareness of the needs of younger people with dementia, including by collaborating with our Policy Team on the development and launch of the Young Onset Dementia Framework.

Our political engagement and campaigning

This year, we achieved our strongest-ever presence in Parliament and across the political landscape, including through engaging with 173 MPs at party conferences, and supporting a Backbench Business debate on dementia care.

Over the year, we mobilised more than 9,500 campaigners who contacted their MPs – encouraging them to engage with us at the party conferences; inviting them to our parliamentary event to learn more about Admiral Nursing; and urging them to support our palliative and end of life care report.

As a result, our political relationships are more influential than ever, and hundreds of MPs and stakeholders have heard more about the importance of dementia care and support, including the vital role of Admiral Nursing.

Leaders in dementia research

Our research into dementia care supports Admiral Nurses to continuously develop their skills and demonstrates the impact of Admiral Nursing, encouraging health and social care decision-makers to make it a core part of their services.

Throughout the year, we disseminated our research through webinars on topics aligned with our strategic priorities, including autism and dementia, living alone with dementia and caring from a distance. By sharing our findings in this way, we can provide Admiral Nurses and other health and social care professionals with research insights that enable them to better support families.

We extended the reach of our research through academic publications and presentations at conferences such as the Alzheimer's Europe Conference and UK Dementia Congress, positioning us as leaders and influencers in the dementia field. We also use our expertise to influence dementia care in the UK and internationally by participating in a number of external boards and committees.

Our work with higher education institutions and other charities continues to grow. We are currently working on 26 research studies, providing insight into the experiences of families affected by dementia and informing how health and care services can support them.

The experiences of families affected by dementia are central to our research work. Our Lived Experience Advisory Panel (LEAP) and wider Lived Experience Advisory

Network (LEAN) are embedded in our research, and we are also signatories to the Shared Commitment to Public Involvement in Research, ensuring that people with lived experience are at the heart of our thinking.

Evidencing our impact

Every day, we hear about the difference Admiral Nurses make. Our insights and evaluation work builds the evidence for Admiral Nursing, helping us make the case for developing new services and maintaining current services. It also equips nurses with the tools to evaluate their work and improve the support they provide.

We work closely with Admiral Nurses hosted by external organisations, supporting them with monitoring and evaluation that shows the impact of Admiral Nursing and helps shape how services are delivered.

We also use evaluation and insight to develop Dementia UK's own services and continuously improve the support we provide. We have demonstrated the positive impact of changes to our Helpline and virtual clinics, including increased call answer rates and a rise in overall contacts. Additionally, we have improved how Admiral Nurses collect demographic data from the families who use these services. This has deepened our understanding of who we are supporting, helping us identify opportunities to reach more people.

Our ongoing evaluation of our partnership with Nationwide is guiding the direction of in-branch dementia clinics, making sure they are accessible, effective and reach as many families as possible.

Collectively, this work ensures that everything we do is informed by evidence, shaped by insight, and focused on delivering impact for families affected by dementia.



Spotlight
Influencing NHS reform

With plans to transform NHS healthcare in England gaining pace during 2025-26, we seized the chance to ensure the voices of people affected by dementia were heard and their needs reflected.

We were closely involved in influencing the NHS 10-Year Health Plan, which sets out a roadmap for reforming healthcare systems. We gathered insight from 5,000 clinicians and people with lived experience of NHS dementia care, and used their responses to shape our demands for dementia to be formally included in the plan.

When the plan was published in July 2025, we were pleased to see our influence play out. Most significantly, dementia has been recognised in a new Modern Service Framework (MSF) for Frailty and Dementia, which will set standards for care and support.

Following publication of the plan, we quickly pivoted to influencing the development of the MSF, working closely with the Department for Health and Social Care and other stakeholders to ensure it represents and supports the needs of people affected by dementia.

With dementia now embedded in long-term NHS planning, we have a major opportunity to ensure people affected by dementia can access consistent, specialist post-diagnostic support, including through Admiral Nursing in local communities.

To stay up to date with our campaigning work and play your part in improving systems and services for families facing dementia, please join our Campaign Network at **dementiauk.org/campaigns**



What's next?

To keep pressing for change for families affected by dementia, we will focus on:

- Shaping and influencing the Modern Service Framework for Dementia and Frailty to ensure it delivers consistent, high-quality support
- Driving reform of NHS continuing healthcare and improving the experiences of unpaid carers, including through influencing the Casey Commission
- Strengthening Dementia UK's position as an authority on dementia, using our clinical expertise and evidence to shape health and social care
- Expanding our political and campaigning impact across the UK , including in the devolved nations
- Refining how we work with people with lived experience of dementia in our influencing and research activity
- Implementing our new research strategy focusing on improving care and support for people with dementia who live alone, families caring from a distance, people with young onset and rare dementias, and people with multiple health conditions alongside dementia
- Identifying funding opportunities to support research and evaluation activities that demonstrate the need for and impact of Admiral Nursing
- Using our insight to shape how we grow as a charity and provide families with the best support



James's story

The support of an Admiral Nurse helped James find the right care for his late wife, Maria.

Maria was born in Trinidad and Tobago and moved to London in the early 60s when she was around four years old. We met when we were both working for the Labour Party in the late 90s. She was very interested in activism and social change. We shared a love of music, and she introduced me to soca and calypso, which both have a rich tradition in Trinidad and Tobago.

The early signs of Maria's dementia were subtle. She began to struggle at work, which ultimately led to her stopping work as an IT and Communication Skills Trainer. She also started to get lost in places she was familiar with. She lost a lot of confidence.

Maria agreed to see her GP, who referred her to the Neurology Clinic. The consultants initially suggested a range of causes for Maria's difficulties, such as menopause or depression, but in 2014 she was diagnosed with young onset Alzheimer's disease. She was 56 years old; I was 45.

I was deeply upset and shocked by Maria's diagnosis.

Maria seemed more stoic but was frustrated that she had been diagnosed at such a young age, when she had so much to look forward to.

As the sole provider, I had to continue working full-time whilst caring for Maria. We had a whole raft of friends who would come over to help; between them, they almost created a rota system.

I first heard about Admiral Nurses at our young onset dementia support group. When Maria moved into middle stage dementia, I felt like we had hit a crisis point. That's when I reached out to our local Admiral Nurse, Maggie. She visited us regularly and became our advocate with Social Services, helping us to get more home care hours.

Finding the right care for Maria was so important.

I didn't want Maria to go into a care home. But I had underestimated how brutal dementia is. When the time came, Maggie was instrumental in advising me on finding the right care home. I needed to be sure that Maria's care was culturally appropriate and felt individual.

I was fortunate to find a care home where some of the staff were from a similar cultural heritage to Maria. I felt this was essential for many reasons, like being able to look after Maria's hair well. They often played music which reflected Maria's tastes and age. They celebrated different cultural traditions and cooked Caribbean dishes that Maria was familiar with. Knowing she was getting the care she needed helped me feel more at ease.

Maria died in 2023, aged 65. Since then, I have been supporting Dementia UK in her memory, and recently ran the London Landmarks Half Marathon.

When I remember Maria, I think of her generosity, vibrancy and warmth. Supporting Dementia UK is such an important way of celebrating her.


“When we hit crisis point, our Admiral Nurse Maggie became our advocate.”

Pillar 3: **Inform**

Making Dementia UK the go-to organisation for specialist information, education and support from our Admiral Nurses.

We are working tirelessly to raise awareness of dementia, develop our Admiral Nurses' skills, share our knowledge with other health and care professionals and ensure that people know how to turn to us for expert, compassionate support.



Giving people the information they need

Learning more about our audiences formed a key part of our work this year, helping us understand more about how people want us to engage with them. We are putting that knowledge into action – for example through refreshing our email programme to ensure our communications build our audiences' familiarity with and loyalty to Dementia UK.

Our website is often people's first point of contact with Dementia UK, so we have worked hard to optimise our online information and create new content. This means people looking for dementia information are more likely to land on our site and find what they need. We have also improved accessibility across social media and on our website, so they are more inclusive and easier to navigate.

We are giving people more ways to reach us than ever before. A marketing initiative around our 'Dementia: what next?' online sessions led to nearly 2,000 people attending throughout the year, and we have launched our live webchat function, giving people another way to access support from Admiral Nurses.

Creating connection through stories

Many families are left feeling lonely and lost after a dementia diagnosis. Sharing the stories of other people in similar situations is a powerful way to bring them comfort, connection and the knowledge that they are not alone.

Building on the success of the first series of our podcast, 'My life with dementia', which won the Bronze Award in the Health and Wellbeing category at the British Podcast Awards, we launched seasons two and three. Our storytellers spoke honestly about the impact of dementia on their lives, alongside advice from Admiral Nurses on the themes that arose. Many listeners are new to Dementia UK and find it reassuring to know that they are not alone – and that we are here to support them.



We used World Alzheimer's Month to reach more people through sharing stories. This included a film featuring Tommy, who lives with dementia, in conversation with Andrew, who cares for his mum. This focused on the impact of dementia on men, breaking the stigma and opening the doors for them to be open about how dementia is affecting them.

Reaching people where they are

To make sure more people know about Dementia UK and how we can support them, we placed more than 10,000 copies of our 'Living with dementia' guide in GP surgeries. This puts our advice directly into the hands of those who need it, and who might struggle to access it through other sources, such as online.

We ran two bursts of our brand awareness campaign: one during Carers Week in June 2025, and the other in January 2026 to meet the increased demand for support during the winter months. More than 21,000 people signed up to receive our 'Living with dementia' guide, giving them essential information about navigating life with dementia.

We have forged ahead with our brand review and spoken to almost 3,000 people from all parts of our community to inform the path we take. Our supporters' feedback has confirmed that this is an important moment to raise the profile of Dementia UK and given us a clear direction, which will enable us to connect more effectively with people affected by dementia. We are excited to be moving into the next stages.

Raising our profile in the media

We have continued to feed our expertise into the young onset dementia storylines in EastEnders and Coronation Street, with our Admiral Nurses working with the producers to ensure dementia is portrayed authentically and sensitively.

We secured extensive press coverage around this work and the stories of other high-profile figures who are impacted by dementia. In particular, our response to the news that The Traitors winner Rachel Duffy's mother, who had dementia, had died was covered by the BBC and numerous national and regional news titles. Many of these shared our Helpline details, making people aware of Dementia UK as a vital source of support.

Our work with social media influencers, Celebrity Ambassadors and Volunteer Ambassadors is also increasing awareness of Dementia UK through local and national media, press and social media opportunities. As a result, more people know about the support we offer and can reach out when they need it.

Our support for other professionals

Our dementia expertise means we are uniquely placed to pass our skills and knowledge on to other professionals. This year, we ran our online Summer School for the fourth time. This is open to everyone working in health and social care, including volunteers and students, and is a vital opportunity to share our knowledge and the personal experiences of people living with dementia.

Summer School was attended by a total of 1,147 people with resoundingly positive feedback, including:

"[A] very informative session. [I] appreciated learning about the most up-to-date research."

"I have taken a lot of new information away and will be implementing the advice given."

For the first time, we offered placements within the Admiral Nurse Academy for two nursing students, helping them learn more about dementia to inform their practice as nurses of the future. They told us that the placements helped them understand more about dementia, the importance of person-centred care and the value of open communication and emotional support for families.

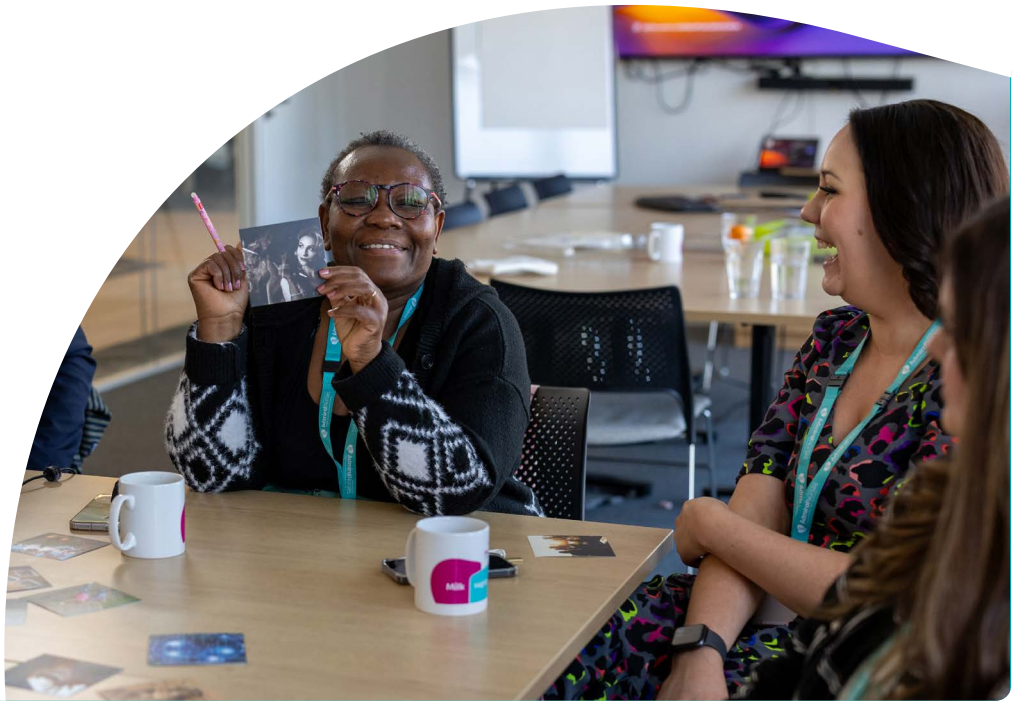
By reaching out to professionals in these ways, we can share our knowledge across health and social care and help people build skills that, in turn, allow them to provide the best possible support for the families they work with.

Developing our nurses' skills

Admiral Nurses are experts in dementia, and we support them to continually learn, develop and share best practice. Our dedicated Admiral Nurse Academy supports new Admiral Nurses and helps them hone their skills by providing resources for professional development, learning opportunities and clinical supervision.

This year, we developed new Admiral Nurse Practice Standards: a framework that all Admiral Nurses will follow across areas such as assessing people with dementia, managing symptoms, supporting families at the end of life and raising awareness of dementia amongst the public and other health and care professionals.

Following a successful pilot, we are now rolling out the Practice Standards, which will improve support and quality of life for people living with dementia and their carers



Spotlight
Dementia UK on The One Show

Since launching our Nationwide dementia clinics, which offer face-to-face appointments with Admiral Nurses in more than 250 branches across the UK, we have secured a high volume of coverage in national and regional press. As a result, we were approached by an independent production team who were keen to pitch a film about the clinics to BBC's The One Show.

The aim was to raise awareness of the clinics, which are available to all members of the public, and highlight the impact that Admiral Nurses have on families living with dementia.

We worked closely with the production team for more than 10 months to produce the film, collaborating with our Clinical and Corporate Partnership Teams and with Nationwide to arrange filming in a suitable branch.

The film focused on Marie, who lives with young onset dementia, and her husband Neil. They had attended a Nationwide clinic for support with issues such as keeping Marie safe at home and planning for the future, describing their appointment as, "a breath of fresh air."

The segment also featured Admiral Nurse Sarah Hiscocks, who had supported Neil and Marie in their appointment and spoke about the difference the clinics make. We offered media training and guidance to Sarah and to Neil and Marie's whole family to ensure they were comfortable with the opportunity.

The film was presented by actor Kola Bokinni, who brought his own experiences of supporting his father with dementia. We have built an ongoing relationship with Kola, which led to him hosting the third series of our podcast, 'My life with dementia'.

The day after the show aired in September 2025, we saw an incredible 435% surge in appointment bookings, with a sustained increase in bookings ever since, meaning many more families have received life-changing dementia support in their community.



What's next?

We will keep raising the profile of Dementia UK as the go-to organisation for dementia information, advice, support and education by:

- Developing our brand, raising our profile and making sure more people know how we can support them
- Continuing to work on understanding our audiences and implementing a charity-wide strategy for communicating with them in the ways that meet their needs
- Developing and delivering a celebrity and influencer strategy so we can use their profiles and platforms to connect with more people
- Creating a single vision for our approach to digital engagement so our information is accessible, inclusive and meeting people's needs
- Developing and delivering a strategy for engaging with healthcare professionals so they can better support the families they work with
- Reviewing our Summer School activities to reach more professionals, especially in social care
- Implementing an external learning offer for nurses, including through a pilot webinar series and developing a learning hub



Ronnie's story

When Ronnie developed young onset dementia, an Admiral Nurse turned despair into hope.

There were a few early signs that I noticed before my dementia diagnosis. I couldn't remember how to use the microwave or the oven. I used to drive all over the country without a satnav, but I began to get lost in familiar places. I was getting very tired in the afternoon; I had to start work at 6am because I couldn't function after lunchtime. I'd chair meetings and couldn't work out how to use Microsoft Teams.

I had many trips to the GP, but they kept saying I had depression. But after three years going backwards and forwards, I was eventually diagnosed with young onset Alzheimer's disease in 2016. I was only 49.

After I got the diagnosis, I went back to my office and locked the door. I sat in my swivel chair, spinning round and round, crying my eyes out. Then I had to go home and act like everything was okay. My children were young teenagers, and I felt like it was selfish to tell them. I wanted them to be out having fun and living – not thinking about ifs, buts or maybes. But it was very lonely.

After my diagnosis, I started Googling and found out about Dementia UK's Helpline. I waited until all the family were out of the house so I could call. I cried and cried to the Admiral Nurse, but the conversation gave me a glimmer of hope.

The call was a turning point.

Every other conversation I'd had with doctors and nurses had been negative. They said I had two years to live and would end up in a care home. There was no mention of the stages in between. But the Admiral Nurse reassured me that dementia wasn't the end of the world; I could still live a meaningful life and see my family growing up.

Ten years have passed since my diagnosis. I didn't think I'd live to see my 50th birthday, and now my 60th is coming up.

My call to the Helpline helped me accept my diagnosis. I'm Ronnie, I've got dementia, and I shout about it, loud and proud.

I'm passionate about making a difference to other people living with dementia.

I didn't tell wider family and friends about my diagnosis for four years. Looking back, I wish I had told them sooner. Now, I'm living my best life and making new memories with my family. It has actually made us closer.

I talk to everyone about my dementia, even taxi drivers! It starts conversations and breaks down myths. I've even spoken at a parliamentary event with Dementia UK about the need to improve dementia care.

Every night I go to bed, I worry that I won't be myself the next day. But I thank God the next morning that I'm still me. I pray there's a lot more of me to come.


“I’ve got dementia, and I shout about it, loud and proud. I’m passionate about making a difference.”

The way we work

Delivering our strategy – and ensuring every family can access the support they need – relies on our strategic enablers: Inspire, Culture and Effectiveness. These golden threads underpin everything we do.

Inspire

Inspiring people to stand with us is at the heart of our work to build a movement of supporters who share our vision.

In 2025-26, we invested in long-term, sustainable supporter growth through our fundraising activity; created new ways for people to engage with and support Dementia UK; strengthened strategic partnerships; brought our brand and fundraising programmes closer together; and expanded our presence in local communities.

We mobilised campaigners to call for action on dementia care; refreshed our email programme to deepen relationships with supporters; and shared compelling stories to connect people with our mission. Together, these initiatives have extended our reach, inspired more people to support us and strengthened the foundations for sustainable growth.

Culture

Dementia UK's culture is grounded in our values of collaboration, compassion, ambition and integrity.

This year, we welcomed 80 new colleagues; invested in leadership development; and expanded access to learning so every member of staff can reach their full potential, including through the launch of our Learning Hub.

We ensure that all staff feel recognised, valued and connected, and have improved our wellbeing support. We were recognised as 'Best big employer in the non-profit and charities sector' in the Sunday Times Best Places to Work 2025, establishing Dementia UK as a place where everyone can be their best selves at work.



Effectiveness

Our life-changing work depends on the generosity of our supporters. This means we have a responsibility to make sure our charity runs as effectively as possible, and to make the best use of our funds to support the families who need us.

To this end, we have focused on modernising our technology; building cybersecurity and resilience; and strengthening our project management capability to support the excellent and innovative work taking place across Dementia UK. As a result, we are better able to respond to increasing demand and deliver meaningful impact for families.

Looking ahead

In 2026-27, we will focus on embedding these foundations further: delivering our strategy; inspiring our supporters; strengthening the use of data, automation and performance insight to support decision-making; and ensuring everything we do is driven by our values.

Together, this will move us closer to our vision of a world where no one faces dementia alone.



How we fund our work

Our incredible supporters drive our mission for everyone affected by dementia to be able to access specialist support. We rely on voluntary income for 94% of our work, and in 2025-26, our supporters raised an amazing £31.3m for families facing dementia. This was in line with the budget we set at the start of the year, building on the significant growth we saw in 2024-25 at a time of considerable pressure on household and organisational finances.

The impact of individual giving

This year, the number of people giving a regular gift to Dementia UK increased by over 80%, recruited through activities such as face-to-face fundraising, our lottery and social media campaigns. We also welcomed many new supporters through one-off gifts.

We had already significantly expanded our face-to-face fundraising – where professional fundraisers meet members of the public to tell them about our work and encourage them to make a regular gift – in 2024-25. This continued across London, the Midlands, North, South-East and South-West regions, in locations including supermarkets, leisure centres and garden centres. This is an ongoing investment, providing the crucial opportunity to diversify and grow long-term income that will sustain and develop our support services.

To increase awareness of dementia and communicate the impact of donations, we collaborated across the charity to align our brand and fundraising activities on campaigns like World Alzheimer's Month and our Christmas Appeal. This motivated our supporters and resulted in our most successful Christmas Appeal to date.

Legacy giving is vital in providing a dependable, long-term source of funding. Our income from gifts in Wills increased by 10% on the previous year. We also ran campaigns to promote our Gifts in Wills guide and free Will offers, building a large pool of people who are interested in supporting us in this meaningful way.

Our fantastic fundraisers

Thousands of fundraisers challenged themselves for Dementia UK in 2025-26. Nearly 7,000 people took on a virtual fundraising event, and more than 5,100 people took part in a challenge event. These included the Royal Parks Half Marathon – which brought together our biggest ever team for a mass participation event – and the London Marathon, raising our highest total to date.

We are constantly growing a movement of supporters raising funds and awareness in their communities. We have recruited new Regional Fundraisers, who use their local knowledge and connections to build support across the nations and support individual fundraisers and groups in their activities.

We continue to develop innovative ways to grow our community of supporters. We successfully launched our golf fundraiser, The 36 Hole Challenge, and developed Rooted in Memory, where supporters can donate to dedicate a tree in memory of a loved one. Following a successful pilot, this is now in its second phase, giving more people the opportunity to celebrate someone special while supporting families facing dementia.

Our powerful partnerships

Our corporate partners are instrumental in ensuring we are there when people need us. Our partnership with Nationwide entered its second year, with significant donations made to support our work across the charity, and additional funds raised through initiatives like our Time for a Cuppa tea party fundraiser, in-branch activities, and colleagues taking on challenges from quizzes to marathons.

We wrapped up our successful partnership with Deutsche Bank, which raised more than £2.4m over its two-year term; and welcomed new corporate partners, including HomeServe, The Access Group and Moore Kingston Smith. Thanks to them and our other generous partners, thousands more families can access support from an Admiral Nurse.

We are indebted to everyone who has supported us this year and made our life-changing work possible. Thank you for being part of the Dementia UK family.

Looking ahead

In 2026-27, we will:

- Further grow the number of donors giving a regular gift, building long-term, reliable income to help us support more families
- Refresh our legacy messaging, encouraging more people to leave a gift in their Will
- Ensure we have a compelling 'case for support', inspiring donors to support us
- Continue collaborating across the charity so that our fundraising and awareness work together for maximum impact
- Develop and test new fundraising products, including Dementia UK-owned events



Our people, culture and volunteers

We believe meaningful impact can only be achieved when every individual feels valued, heard and able to contribute to our shared purpose. That's why our people, including our passionate volunteers, are central to delivering Dementia UK's mission.

Everyone at Dementia UK is committed to our vision of a world where no one faces dementia alone. That is why, when developing our 2025-30 strategy, we worked closely with colleagues, volunteers, people with lived experience of dementia, supporters and partners to shape the charity's direction.

Creating a culture where people feel connected to our purpose, and to each other, is fundamental to how we work. We continue to invest in the people, culture, systems and capabilities needed to support sustainable growth and deliver high-quality specialist dementia support.

During the year, we strengthened our charity's culture through a focus on engagement, learning and wellbeing. This included investment in office environments and digital tools to better support collaborative and hybrid working, alongside continued improvements to internal communication and cross-charity ways of working.

Equity, diversity and inclusion underpin our ways of working. We want Dementia UK to be a place where everyone plays a role in creating a supportive, inclusive and compassionate culture. We aim to create an environment where colleagues and volunteers feel valued and respected, with a genuine sense of belonging.

Our volunteers

Volunteers play a vital role across Dementia UK. We have a network of more than 100 dedicated Volunteer Ambassadors who represent us in their communities – supporting fundraising events, delivering talks, signposting families to our services and raising awareness of dementia.

Many more committed volunteers give their time and energy to support fundraising events, including cheering on our challenge events participants, and building inspiring social media communities for people taking on virtual events. They also campaign for better dementia care, raise awareness of dementia and our support services, and strengthen connections with local communities.

Our Lived Experience Advisory Panel (LEAP) and Lived Experience Advisory Network (LEAN) generously share their time and experiences to inform our work – from giving constructive feedback on projects to helping us promote Dementia UK and our strategic aims. Their voices are essential in ensuring that people facing dementia are at the heart of what we do.

We are truly grateful to all our colleagues and volunteers. Together, their contributions help us reach more people affected by dementia and enhance the impact of our work, helping us deliver our vision of a world where no one faces dementia alone.


DementiaUK
Helping families face dementia
STAFF

Financial review

The Trustees present their report and audited consolidated financial statements for the year ended 31st March 2026.

Income and expenditure

Dementia UK grew its support for people affected by dementia in 2025-26, increasing expenditure on charitable activities by 22% to £18.8m (2024-25: £15.4m). This increase was mainly delivered through growth in the 'Support' pillar of our strategy, increasing Admiral Nursing within community services and acute care and creating new Admiral Nurse roles in areas of specialism.

The increase in expenditure on charitable activity was made possible thanks to the generosity of our supporters and the significant income growth seen in recent years. In 2025-26, our income reached £33.2m across fundraising, charitable activity and investment income (2024-25: £31.4m). This was underpinned by our highly successful partnership with Nationwide, which allowed us to continue supporting families affected by dementia through clinics in Nationwide branches.

The majority of our income continues to come from the generous people who support us by taking on a fundraising event or making single or regular donations. We are hugely grateful for their support, which enables us to offer a lifeline to families across the UK.

Our income available for charitable activity – after deducting the cost of fundraising – was broadly consistent with the year prior at £21.8m (2024-25: £22m). In 2025-26, the cost of fundraising included spend on generating future income, in line with our new income generation strategy. This seeks to build stability in income streams by recruiting regular givers to reduce reliance on events. We saw the impact of this strategy during the year, with income from individual giving and in memory donations growing significantly year on year.

The £4.0m unrestricted surplus in the year has allowed the Trustees to designate funds to be spent on future investment. This includes further spend on Admiral Nurse development, with a focus on increasing the number of Admiral Nurses to 750 by 2030; plus further investment in building stable income pipelines to ensure that we can continue to support families affected by dementia now and in the future.

Reserves policy

Dementia UK's reserves policy is reviewed annually and continues to be based on a free reserves approach.

At 31st March 2026, Dementia UK held free reserves of £18.7m (31st March 2025: £17.3m), which was within the reserves policy.

Dementia UK holds restricted and unrestricted funds, including some designated funds. Restricted funds represent donations or grants that must be spent on the specific purpose set out by the donor or funder, whilst unrestricted funds have no such condition. Designated funds are unrestricted funds that the charity's Trustees have chosen to set aside for a particular purpose.

Total funds held at 31st March 2026 were £28.4m, which compares to £25.3m at 31st March 2025. This includes restricted funds of £1.3m (31st March 2025: £2.1m) and designated funds of £6.7m (31st March 2025: £4.9m).

Designated funds represent:

- £1.6m held for Admiral Nursing development. It is anticipated that these funds will be committed in 2026-27, with expenditure being incurred over the 2026-29 period
- £2.6m held to fund investment in diversification of income streams. This will build more sustainable income sources to ensure the charity continues supporting people with dementia both now and in the future. It is expected that this will be fully utilised in 2026-27
- £1.7m held to fund investment in digital transformation. This will help to ensure that digital development and innovation is undertaken, including through artificial intelligence (AI), ensuring resources continue to be utilised as effectively as possible. Included within this designation is £0.6m for the development of clinical systems. It is expected that the majority of this fund will be utilised in 2026-27, with £0.6m expected to be carried forward through the remainder of the strategic period to 2030
- £0.8m held to fund the completion of the charity's brand development and launch. This fund is expected to be fully utilised in 2026-27

The charity's free reserves are defined as unrestricted funds excluding amounts tied up in fixed assets and other funds not readily available for general use. Fixed assets are essential to the delivery of the charity's activities and are not considered available to meet short-term financial commitments.

At the year end, total unrestricted funds, excluding designated funds, amounted to £20.4m (31st March 2025: £18.2m). After deducting the net book value of fixed assets of £1.7m (31st March 2025: £0.9m), the charity's free reserves were £18.7m (31st March 2025: £17.3m).

Free reserves are held to ensure the charity can continue to operate in the event of any unforeseen and significant decreases in income.

The Board of Trustees' policy with regards to free reserves has been set at three to six months of projected expenditure. The Trustees aim to achieve this by careful management of the charity's resources and the reserves policy is reviewed at least annually.

The current level of free reserves is within the target range, representing 5.9 months of total planned future operational costs. This level is considered prudent given that voluntary donations are the main source of income for Dementia UK and carry high risks of sharp and sudden decline.

The Trustees will continue to monitor reserves levels regularly and take appropriate action to address any significant variance from the target.

Going concern

Dementia UK continues to prepare its financial statements on the basis that it is a going concern.

The Trustees have considered the current cost of living crisis, inflation levels and other business risks faced by Dementia UK and are comfortable that sufficient actions are in place to mitigate these risks.

Reserves remain at the upper end of the target range, giving confidence in the ability of the charity to withstand any economic shocks, and planned investment in income generation puts Dementia UK in a strong position to be able to continue to grow income and provide greater to support to those facing dementia.

The Trustees believe that Dementia UK is well placed to manage its financing and other operational risks satisfactorily and have a reasonable expectation that Dementia UK will have adequate resources to continue in operation for the foreseeable future and meet its liabilities as they fall due. A long-term forecast covering the rest of the 2025-30 strategic period has been prepared. The Trustees have reviewed this forecast and consider it appropriate to adopt the going concern basis of accounting in preparing the financial statements.

Investment policy

The Trustees' investment powers are governed by the Memorandum and Articles of Association, which permit the charity's funds to be invested in a wide range of securities and assets.

The charity holds long-term investments with two investment managers, Sarasin and Partners LLP and Ruffer LLP. As of 31st March 2026, the market value of these investments totalled £1.7m; £1.2m in Sarasin and Partners LLP and £0.5m in Ruffer LLP. In addition, short-term investments were held, with £11.7m invested in the CCLA COIF Charities Deposit Fund and £8m held in short-term fixed-interest deposit accounts with NatWest.

The purpose of investments is to preserve and protect the value of donations received from the adverse impacts of inflation until such time as they are allocated towards charitable activities and to underpin reserves in line with the reserves policy.

For the long-term investments, the Trustees have set a performance benchmark of CPI +3% in line with the investment strategy. The charity aims for a diversified investment portfolio that seeks to produce the best financial return within an acceptable level of risk. In line with capital preservation, any income earned from the fund is accumulated and invested back into the portfolio. The charity does not expect to withdraw any investments in its long-term reserves and aims to invest no more than 25% of unrestricted net assets in long-term investments.

During 2025-26, the portfolios achieved a 6% return, in line with the investment CPI +3% target.

The charity is committed to ensuring that funds are invested in a responsible and ethical manner, incorporating environmental, social and governance considerations with particular emphasis on stewardship.

The performance of our portfolio managers is kept under close and regular review and is measured against inflation and agreed market indices. The level of capital volatility is monitored to ensure the risk profile remains appropriate for the charity. The Trustees of the charity have delegated the decision-making on investment matters to the Finance, Risk and Audit Committee, including agreeing the investment strategy, appointing Investment Managers and monitoring investment assets.

Structure, governance and management

Legal and constitutional structure

Dementia UK is a charitable company limited by guarantee, incorporated in England and Wales, and governed by its Articles of Association.

Dementia UK's charitable objectives are to improve the lives of people affected by dementia through specialist Admiral Nursing, support, education, research, influencing and public awareness activity.

The activities undertaken during the year to further these objectives are set out within the strategic report and the charity's strategic pillars on pages 10-11.

All Trustees are also Directors for the purpose of company law, and the Trustees' Report incorporates the Strategic Report and the Directors' Report required under Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013.

The Trustees confirm that they have referred to the Charity Commission's guidance on public benefit when reviewing the aims and objectives in planning future activities.

Governance and decision-making

The Board of Trustees is responsible for the overall governance, direction and control of the charity, ensuring the organisation operates effectively and in line with its mission and values.

The Board of Trustees has established a committee structure to support its work, including:

- **Clinical and Professional Committee (CPC)**: providing delegated oversight of clinical quality, professional standards, safeguarding, workforce and people matters and clinical governance, including clinical risk and assurance
- **Fundraising and Engagement Committee (FEC)**: providing delegated oversight of fundraising, including supporter care and compliance with fundraising regulation; brand and public engagement activities; and influencing
- **Finance, Risk and Audit Committee (FRAC)**: providing delegated oversight of financial performance, internal control, risk management, audit and assurance, including review of the Strategic Risk Register and financial policies
- **Nominations and Remuneration Committee (RemCom)**: providing delegated oversight of Trustee recruitment, succession planning, governance development, Board effectiveness and remuneration of key management personnel

The Board of Trustees approves the strategic plan, sets budgets and monitors performance and risk.

Day-to-day management of the charity is delegated to the Chief Admiral Nurse/CEO and Executive Team under a formal Scheme of Delegation, which defines levels of authority and decision-making across the charity.

The Trustees rely on the Executive Team and internal specialist functions, including the People, Clinical Leadership, Fundraising and Engagement, Finance, IT, Governance and Legal Teams, to support delivery, provide advice and ensure decisions are informed by evidence and lived experience.

Trustee recruitment, appointment and induction

Trustees are appointed in accordance with the Articles of Association. The Board of Trustees is responsible for maintaining an appropriate balance of skills, experience and independence to support effective governance and oversight of the charity.

Trustee recruitment is overseen by the Nominations and Remuneration Committee. Candidates are identified through a combination of open recruitment and targeted search activity, with appointments approved by the Board of Trustees.

Trustees serve two- to four-year terms in accordance with the Articles of Association and may be reappointed, subject to Board approval. Trustees may serve a maximum of three consecutive terms.

New Trustees are provided with information relating to their legal responsibilities, governance arrangements, strategy and key organisational risks. The charity continues to strengthen and formalise its approach to Trustee induction, onboarding and ongoing development as governance arrangements mature alongside organisational growth.

Organisational structure and relationships

The charity operates as a single legal entity, supported by partnerships with Integrated Care Boards, NHS organisations and other key partners, particularly in relation to hosted Admiral Nursing services. These relationships are important to delivery, but do not confer control and enable collaboration to extend reach and impact for families affected by dementia.

The charity has a wholly owned trading subsidiary, Dementia UK Trading Limited, which undertakes trading to support the charity.

Remuneration of key management personnel

The Board of Trustees is responsible for setting the remuneration of key management personnel. Remuneration is determined with reference to:

- supporting a high-performing and sustainable organisation
- relevant charity sector and external benchmarks
- the need to recruit and retain appropriately skilled staff
- affordability and the charity's financial position

The Nominations and Remuneration Committee provides oversight and recommendations to the Board of Trustees.

The CEO's remuneration for 2025-26 was a full-time-equivalent base salary of £130,000. This is five times more than the lowest paid staff member. Our CEO works four days per week and accordingly she was paid £104,000 in 2025-26.

Risk and assurance

The Board of Trustees is responsible for overseeing the management of risk and the system of internal control.

Risk is identified, assessed and monitored through organisational processes, with regular reporting to the Board of Trustees and the Finance, Risk and Audit Committee. The Executive Team is responsible for managing risk on a day-to-day basis.

During the year, the charity continued to develop its approach to risk management, aligning financial, operational, clinical and strategic risks. This remains an area of ongoing development, with reliance on management reporting and judgement.

Principal risks and uncertainties

The Board of Trustees and Executive Team have identified the following as the most significant strategic risks and uncertainties.

Risk and level of risk	Risk description	Controls
There is a risk that our Admiral Nurse model may need to adapt to changes in the health and social care system: medium.	Because changes in the health and social care system or new approaches to support could limit the sustainability and growth of our services.	The charity mitigates this risk through ongoing engagement with Integrated Care Boards and partners; clinical governance and oversight via the Clinical and Professional Committee; and regular service feedback which informs our ways of working.
There is a risk that we cannot meet demand for access to our services: medium.	Because demand for dementia support is increasing faster than we can grow our internal workforce and reach, this could lead to people missing out on support and reduced impact.	This risk is mitigated through strategic workforce and service planning; regular monitoring of demand and capacity; and continued development of accessible and innovative delivery models, including the Helpline, clinics, digital and telephone support and partnership-based services.
There is a risk that changes in income, partner and system priorities limit our growth: medium.	Because our hosted services rely on funding and support from Dementia UK, Integrated Care Boards, the NHS and key partners, changes in their priorities or focus may reduce demand for our model or limit investment, affecting our ability to grow and deliver our strategy.	The charity mitigates this risk through active relationship management, robust contractual arrangements, policy and influencing activity, continued annual investment by Dementia UK, and structured account management across services.

Assurance and internal control

The charity maintains a system of internal control designed to provide reasonable assurance against material loss or misstatement.

Assurance is derived from:

- management controls and financial reporting
- oversight by the Board of Trustees and its committees
- internal and external audit

The current framework provides oversight of key risks but remains reliant on management reporting. Further development is required to strengthen consistency and depth of assurance.

Section 172(1) statement

The Trustees, who are also Directors of the charitable company for the purposes of company law, have had regard to their duty under section 172(1) of the Companies Act 2006 to promote the success of the charity in achieving its charitable purposes.

In making decisions, the Trustees consider the likely long-term consequences for the charity, the interests of employees, and relationships with supporters, beneficiaries, Integrated Care Boards, NHS organisations and other key partners, as well as suppliers and other stakeholders. In doing so, they seek to act with integrity, demonstrate compassion in how decisions affect people, and support collaboration across the health and care system to maximise impact for families affected by dementia.

Trustees also consider the impact of the charity's activities on the community and environment, and its mission to ensure no one faces dementia alone, alongside the importance of maintaining high standards of conduct and public trust.

The Trustees' consideration of these matters is reflected throughout this report, including in the sections on public benefit; achievements and performance; fundraising; culture and effectiveness; financial review; governance, risk and assurance; as well as in the Board of Trustees and committee structures that support effective oversight and accountable decision-making.

The charity's strategy for 2025-30 provides the framework for long-term decision-making, ensuring that ambition is balanced with sustainability, and that decisions are informed by evidence, lived experience and a commitment to delivering the greatest possible impact.

Streamlined Energy and Carbon Reporting (SECR)

In line with the Streamlined Energy and Carbon Reporting legislation, we are required to report our energy consumption and greenhouse gas emissions arising in the UK. All scope 1 and 2 sources of energy and emissions have been disclosed as well as mandatory scope 3 sources of energy and emissions.

We have one office and utilities are provided via our landlord who has provided us with actual consumption figures for the period, and our reporting is reflective of that.

Our travel and expenses policy encourages staff to use public transport wherever possible as an alternate to travelling by car. We use conscious consideration of the amount of travel necessary, encouraging green transportation modes and providing remote access to events where possible.

In 2025-26 we introduced a cycle to work scheme to further encourage use of green transportation modes. We also replaced 74 fluorescent light fittings with energy-efficient LED panels at Head Office, reducing electricity consumption by approximately 6,450kWh (45%) and avoiding around 1.3 tonnes of CO_2 annually. This also significantly reduces maintenance through longer lamp life and fewer replacement cycles.

In 2026-27 we will be exploring moving to a travel management partner, introducing better visibility on our non-mandatory emissions.

Methodology

The conversion factors used in this report are from the UK Government greenhouse gas (GHG) reporting (2025) as published by the Department for Energy Security and Net Zero and Department for Environmental Food and Rural Affairs. Reporting has been compiled in line with the HM Government Environmental Reporting Guidelines (March 2019).

2026 emissions table

	Scope 1 Direct emissions Gas	Scope 2 Indirect emissions Electricity	Scope 3 Indirect emissions Business travel
Energy consumed	–	18,565	130,254.5
Conversion factor	kWh (Net CV) 0.20399	kg CO_2e/kWh 0.177	kg CO_2e/mile 0.27639
Emissions (tCO_2e)	–	3,286	36,001
Performance indicator (turnover in millions)	£33.2m	£33.2m	£33.2m
Emissions ratio (tonnes of CO_2/turnover)	–	99.0	1,084.4

2025 emissions table

	Scope 1 Direct emissions Gas	Scope 2 Indirect emissions Electricity	Scope 3 Indirect emissions Business travel
Energy consumed	–	19,487	50,608
Conversion factor	kWh (Net CV) 0.20399	kg CO_2e/kWh 0.177	kg CO_2e/mile 0.27639
Emissions (tCO_2e)	–	3,994	13,697
Performance indicator (turnover in millions)	£31.4m	£31.4m	£31.4m
Emissions ratio (tonnes of CO_2/turnover)	–	127.2	436.2

The 2024-25 performance indicator comparative figures have been restated to reflect improvements in our emissions intensity methodology and performance indicator calculations, ensuring greater accuracy and consistency in our SECR. Total reported emissions (tCO_2e) remain unchanged from the prior year.

Notes

Scope 1: there are no transportation costs to declare under scope 1 emissions for the period as there were no company-owned cars or business fleet.

Scope 3: emissions based on expense data for employee-owned vehicles; based on 'Cars (by size) average car' kg CO_2e/mile.

Reference and administrative information

Trustees

- Professor David Croisdale-Appleby OBE (Chair)
- David Stewart (Treasurer)
- Philippa Armitage
- David John Ball
- Alistair Burns
- Jane Keir
- Jackie Kinsey
- Theresa Murphy
- William Roe
- Gavin Sanderson
- Anne Shinkwin
- Mark Stroyan (resigned 1st April 2026)

Company Secretary

- Claire Mattinson

Executive Team

- Chief Executive Officer: Hilda Hayo
- Chief Nursing Officer: Paul Edwards
- Director of Nursing Services: Caroline Scates (from July 2025)
- Director of Fundraising and Engagement: Martin Bishop
- Director of Finance and Corporate Services: Suruchi Saraf (until August 2025)
- Interim Director of Finance: Mark Blake (September 2025-March 2026)
- Director of Finance: Charlotte Walker (from February 2026)
- Director of Strategy, Culture and Transformation: Nando Caicedo

Registered office

Dementia UK
7th Floor
One Aldgate
London
EC3N 1RE

Charity registration

England and Wales: 1039404
Scotland: SC 047429

Company registration

Company number: 02944156

Key relationships

Statutory Auditors

Sayer Vincent LLP (OC390403)
Chartered Accountant and Statutory Auditor
110 Golden Lane
London
EC1Y 0TG

Internal Auditors

Grant Thornton LLP (02917818)
8 Finsbury Circus
London
EC2M 7RD

Legal Advisers

Bates Wells Ltd (08816444)
29 Lower Brook Street
Ipswich
Suffolk
IP4 1AQ

Ward Hadaway (OC430614)
Sandgate House
102 Quayside
Newcastle Upon Tyne
Tyne And Wear
NE1 3DX

Bankers

Lloyds Bank
PO Box 1000
Andover
BX1 1LT

National Westminster Bank Plc
250 Bishopsgate
London
EC2M 3UR

Investment Managers

Sarasin and Partners LLP
Juxon House
100 St Paul's Churchyard
London
EC4M 8BU

Ruffer LLP
80 Victoria Street
London
SW1E 5JL

Subsidiary

Dementia UK Trading Limited (07297411)

Trustees' responsibilities in relation to the financial statements

The charity's Trustees (who are also the Directors of Dementia UK for the purposes of company law) are responsible for preparing the Trustees' Annual Report, including the Strategic Report and financial statements, in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the charity's Trustees to prepare financial statements for each year, which give a true and fair view of the state of affairs of the charitable company and the group; and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period.

In preparing the financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities Statement of Recommended Practice
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK accounting standards and statements of recommended practice have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue to operate

The Trustees are responsible for keeping adequate accounting records that disclose, with reasonable accuracy at any time, the financial position of the charity; and for ensuring that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and the group and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Statement as to disclosure to our auditor

Insofar as the Trustees are aware at the time of approving our Trustees' Annual Report:

- There is no relevant audit information of which the charitable company's auditor is unaware
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

The Trustees' Annual Report, which includes the Strategic Report, has been approved by the Trustees on 19th August 2026 and signed on their behalf by:

Professor David Croisdale-Appleby OBE
Chair of Trustees


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Independent Auditor's Report for the year ended 31st March 2026

Opinion
We have audited the financial statements of Dementia UK (the 'parent charitable company') and its subsidiary (the 'group') for the year ended 31st March 2026 which comprise the consolidated statement of financial activities; the group and parent charitable company balance sheets; the consolidated statement of cash flows; and the notes to the financial statements, including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the group's and the parent charitable company's affairs as at 31st March 2026 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations six and eight of the Charities Accounts (Scotland) Regulation 2006 (as amended)

Basis for opinion
We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report.

We are independent of the group in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern
In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on Dementia UK's ability to continue as a going concern for a period of at least 12 months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information
The other information comprises the information included in the Trustees' Annual Report, including the Strategic Report, other than the financial statements and our auditor's Report thereon. The Trustees are responsible for the other information contained within the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' Annual Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements
- The Trustees' Annual Report, including the Strategic Report, has been prepared in accordance with applicable legal requirements

Matters on which we are required to report by exception
In the light of the knowledge and understanding of the group and the parent charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Annual Report, including the Strategic Report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the parent charitable company, or returns adequate for our audit have not been received from branches not visited by us; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit

Responsibilities of Trustees
As explained more fully in the statement of Trustees' responsibilities set out in the Trustees' Annual Report, the Trustees (who are also the Directors of the parent

charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the group's and the parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the group or the parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those acts.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an Auditor's Report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management and FRAC, which included obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud
  - the internal controls established to mitigate risks related to fraud
  - non-compliance with laws and regulations
- We inspected the minutes of meetings of those charged with governance
- We obtained an understanding of the legal and regulatory framework that the group operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the group from our professional and sector experience

- We communicated applicable laws and regulations throughout the Audit Team and remained alert to any indications of non-compliance throughout the audit
- We reviewed any reports made to regulators
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and tested significant transactions that are unusual or those outside the normal course of business

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation.

This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at **frc.org.uk/auditorsresponsibilities**

This description forms part of our Auditor's Report.

Use of our report
This report is made solely to the charitable company's members as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005.

Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company, and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Noelia Serrano (Senior Statutory Auditor)

2nd September 2026
for and on behalf of Sayer Vincent LLP
Statutory Auditor
110 Golden Lane
London EC1Y 0TG
Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the Companies Act 2006.

Financial statements

Consolidated statement of financial activities (incorporating an income and expenditure account)

For the year ended 31st March 2026

	Note	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Income from:							
Donations and legacies	2	27,868,893	3,472,562	**31,341,455**	25,709,177	3,894,259	29,603,436
Charitable activities							
Support	3	271,992	85,568	**357,560**	290,905	376,493	667,398
Influence	3	20,299	-	**20,299**	25,738	-	25,738
Other trading activities	4	308,435	-	**308,435**	253,064	-	253,064
Investments	5	1,204,980	-	**1,204,980**	874,139	-	874,139
Total income		**29,674,599**	**3,558,130**	**33,232,729**	27,153,023	4,270,752	31,423,775
Expenditure on:							
Raising funds	6a	11,208,368	181,530	**11,389,898**	9,300,080	122,515	9,422,595
Charitable activities							
Support	6a	8,587,103	3,451,563	**12,038,666**	7,289,552	2,558,992	9,848,544
Influence	6a	2,066,984	79,441	**2,146,425**	1,524,017	49,962	1,573,979
Inform	6a	4,226,785	397,621	**4,624,406**	3,414,077	553,681	3,967,758
Total charitable activites		14,880,872	3,928,625	**18,809,497**	12,227,646	3,162,635	15,390,281
Total expenditure		**26,089,240**	**4,110,155**	**30,199,395**	21,527,726	3,285,150	24,812,876
Net income before net gains on investments		**3,585,359**	**(552,025)**	**3,033,334**	5,625,297	985,602	6,610,899
Net gains on investments	14	53,764	-	**53,764**	23,183	-	23,183
Net income for the year	8	**3,639,123**	**(552,025)**	**3,087,098**	5,648,480	985,602	6,634,082
Transfers between funds		329,056	(329,056)	**-**	1,022	(1,022)	-
Net movement in funds		**3,968,179**	**(881,081)**	**3,087,098**	5,649,502	984,580	6,634,082
Reconciliation of funds:							
Total funds brought forward		23,166,268	2,142,327	**25,308,595**	17,516,766	1,157,747	18,674,513
Total funds carried forward	22	**27,134,447**	**1,261,246**	**28,395,693**	23,166,268	2,142,327	25,308,595

All of the above results are derived from continuing activities. There were no other recognised gains or losses other than those stated above. Movements in funds are disclosed in note 22 to the financial statements.

Consolidated balance sheets

As at 31st March 2026 Company no. 02944156

		The group		The charity	
		2026	2025	**2026**	2025
	Note	**£**	£	**£**	£
Fixed assets:					
Tangible assets	13a	**312,266**	38,796	**312,266**	38,796
Intangible assets	13b	**1,351,782**	848,001	**1,351,782**	848,001
Investments	14	**1,735,859**	1,640,831	**1,735,860**	1,640,832
		3,399,907	2,527,628	**3,399,908**	2,527,629
Current assets:					
Debtors	17	**3,026,063**	2,708,990	**3,245,057**	2,792,833
Short-term deposits		**19,672,845**	20,616,633	**19,672,845**	20,616,633
Cash at bank and in hand		**5,722,678**	2,382,048	**5,490,411**	2,214,162
		28,421,586	25,707,671	**28,408,313**	25,623,628
Liabilities:					
Creditors: amounts falling due within one year	18	**(2,928,605)**	(2,641,592)	**(2,918,241)**	(2,560,457)
Net current assets		**25,492,981**	23,066,079	**25,490,072**	23,063,171
Total assets less current liabilities		**28,892,888**	25,593,707	**28,889,980**	25,590,800
Creditors: amounts falling due after one year	19	**(497,195)**	(285,112)	**(497,195)**	(285,112)
Total net assets	21	**28,395,693**	25,308,595	**28,392,785**	25,305,688
Funds:	22a				
Restricted income funds		**1,261,246**	2,142,327	**1,261,246**	2,142,327
Unrestricted income funds:					
Designated funds		**6,725,782**	4,946,424	**6,725,782**	4,946,424
Fixed asset funds		**1,664,049**	886,797	**1,664,049**	886,797
General funds		**18,744,616**	17,333,047	**18,741,708**	17,330,140
Total unrestricted funds		**27,134,447**	23,166,268	**27,131,539**	23,163,361
Total funds		**28,395,693**	25,308,595	**28,392,785**	25,305,688

Approved by the Trustees on 19th August 2026 and signed on their behalf by:

Professor David Croisdale-Appleby OBE
Chairman

David Stewart
Treasurer

Consolidated statement of cash flows

For the year ended 31st March 2026

	Note		**2026**		2025
		£	£	£	£
Net cash flows from operating activities	24		**2,421,152**		4,788,566
Cash flows from investing activities:					
Interest and dividends receivable		**1,204,980**		874,139	
Purchase of fixed assets		**(1,188,027)**		(731,725)	
Proceeds from sale of investments		**4,784**		500,000	
Purchase of investments		**(46,047)**		(53,037)	
Investments in short-term deposits		**943,788**		(6,616,633)	
Net cash used in investing			**919,478**		(6,027,256)
Change in cash and cash equivalents in the year			**3,340,630**		(1,238,690)
Cash and cash equivalents at the beginning of the year	25		**2,382,048**		3,620,738
Cash and cash equivalents at the end of the year	25		**5,722,678**		2,382,048

Notes to the financial statements

For the year ended 31st March 2026

1 Accounting policies

a) Statutory information

Dementia UK is a charitable company limited by guarantee and is incorporated in England and Wales. The registered office address and principal place of business is 7th Floor, One Aldgate, London EC3N 1RE.

b) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) – (Charities SORP FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy or note.

These financial statements consolidate the results of the charitable company and its wholly-owned subsidiary, Dementia UK Trading Limited, on a line-by-line basis. Transactions and balances between the charitable company and its subsidiary have been eliminated from the consolidated financial statements. Balances between the two companies are disclosed in the notes of the charitable company's balance sheet. A separate statement of financial activities, or income and expenditure account, for the charitable company itself is not presented because the charitable company has taken advantage of the exemptions afforded by section 408 of the Companies Act 2006.

c) Public benefit entity

The charitable company meets the definition of a public benefit entity under FRS 102.

d) Going concern

Dementia UK continues to prepare its financial statements on the basis that it is a going concern.

The Trustees have considered the current cost of living crisis, inflation levels and other business risks faced by Dementia UK and are comfortable that sufficient actions are in place to mitigate these risks.

Reserves remain at the upper end of the target range, giving confidence in the ability of the charity to withstand any economic shocks, and planned investment in income generation puts Dementia UK in a strong position to be able to continue to grow income and provide greater support to those facing dementia.

The Trustees believe that Dementia UK is well placed to manage its financing and other operational risks satisfactorily and have a reasonable expectation that Dementia UK will have adequate resources to continue in operation for the foreseeable future and meet its liabilities as they fall due. A long-term forecast covering the rest of the 2025-30 strategic period has been prepared. The Trustees have reviewed this forecast and consider it appropriate to adopt the going concern basis of accounting in preparing the financial statements.

Notes to the financial statements

For the year ended 31st March 2026

1 Accounting policies (continued)

e) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For pecuniary legacies, entitlement is recognised at the earlier of the date on which either: (i) the charity is aware that probate has been granted and the amount receivable can be measured reliably; or (ii) a distribution is received from the estate.

For residual legacies, entitlement is recognised at the earlier of the date on which either: (i) the charity is aware that probate has been granted, final approved estate accounts have been received and the executor(s) have confirmed that a distribution will be made; or (ii) when a distribution is received from the estate.

Where the charity has been notified of a legacy, or is aware that probate has been granted, but the criteria for income recognition have not yet been met, the legacy is a treated as a contingent asset and disclosed where material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

f) Donations of gifts, services and facilities

Donated professional services and donated facilities are recognised as income when the charity has control over the item or received the service, any conditions associated with the donation have been met, the receipt of economic benefit from the use by the charity of the item is probable, and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), volunteer time is not recognised.

On receipt, donated gifts, professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

g) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity.

h) Fund accounting

Restricted funds comprise income received for purposes specified by the donor. Expenditure is charged to the fund where it meets the conditions of those restrictions.

Unrestricted funds consist of donations and other incoming resources received or generated for the general charitable purposes of the charity. Unrestricted funds include:

- Designated funds: unrestricted funds earmarked by the Trustees for particular purposes
- The Fixed Asset Fund: representing the net book value of the charity's tangible and intangible fixed assets held at 31st March 2026. The fund is reduced over time through depreciation and amortisation charges
- General funds: representing the charity's free reserves that are available for use at the Trustees' discretion in furtherance of the charity's objects

Notes to the financial statements

For the year ended 31st March 2026

1 Accounting policies (continued)

i) Expenditure and irrecoverable VAT

Expenditure is recognised when the charity has a legal or constructive obligation to make a payment to a third party, settlement is probable, and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds: costs incurred by the charitable company in securing voluntary contributions from third parties, together with the costs of activities undertaken for fundraising purposes
- Expenditure on charitable activities: costs associated with delivering services and other educational activities carried out in furtherance of the charity's objectives, including related support costs

Irrecoverable VAT is charged against the activity for which the expenditure was incurred.

j) Grants payable

Grants are awarded to third parties in furtherance of the charity's objects and are accounted for on an accruals basis. Both single-year and multi-year grants payable are recognised in full when the charity has committed to making the grant, the obligation can be measured reliably, and any conditions attaching to the grant are outside the control of the charity. This is usually when a formal agreement has been signed by both parties. Payments relating to grant expenditure may be made in a subsequent period.

k) Allocation of support costs

Support costs comprise the costs of overall management and administration of the charity.

Governance costs include expenditure associated with the charity's governance arrangements, constitutional and statutory requirements, and the strategic oversight of the charity's activities.

Support and governance costs are allocated across the charity's activities on a reasonable basis, estimated according to the proportion of staff time attributable to each activity.

l) Operating leases

Rental charges are charged on a straight line basis over the term of the lease.

m) Tangible and intangible fixed assets

Items of equipment, fixtures and fittings, IT hardware, IT software and assets under construction are capitalised where the purchase price exceeds £1,500. Assets under construction comprise costs incurred on fixed assets that are not yet complete or ready for use at the balance sheet date. Depreciation and amortisation costs are allocated to activities on the basis of the use of the related assets in those activities. Assets are reviewed for impairment if circumstances indicate their carrying value may exceed their net realisable value and value in use.

Depreciation and amortisation are provided at rates calculated to write down the cost of each asset to its estimated residual value over its expected useful life. The rates in use are as follows:

Tangible assets

- Equipment 15%-33% per annum, straight line
- Fixtures and fittings 15%-33% per annum, straight line
- IT hardware 15%-33% per annum, straight line

Intangible assets

- IT software 15%-33% per annum, straight line

Assets under construction are not depreciated or amortised until the asset is complete and available for use. On completion, the total cost is transferred to the approriate fixed asset category, at which point depreciation commences over the asset's useful economic life.

Notes to the financial statements

For the year ended 31st March 2026

1 Accounting policies (continued)

n) Investments

Fixed asset investments

Listed investments are included in the balance sheet initially at cost and revalued at the reporting date to bid price. Unrealised gains and losses on investments at the balance sheet date are included in the Statement of Financial Activities (SOFA) for the relevant underlying funds. The historical cost of investments is shown in note 14 to the financial statements.

Investments in subsidiaries

Investments in subsidiaries are at cost.

o) Admiral Nurse services

Funding is made available to employing authorities to meet employment, travelling and training costs incurred by them in the provision of Admiral Nurse services. The funding is accrued and recognised in the accounts in line with the provision of these services.

p) Debtors

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Any expenditure that exceeds £1,500 and is paid in advance or is related to a future dated event is held as a prepayment on the balance sheet. The prepayment is subsequently released to the SOFA in the month or months that the expenditure is incurred. Prepayments are valued at the amount prepaid net of any trade discounts due.

q) Short-term deposits

Short-term deposits include cash balances with a maturity of less than one year held for investment purposes rather than to meet short-term cash commitments as they fall due.

r) Cash at bank and in hand

Cash at bank and cash in hand include cash and short-term highly liquid investments that are held to meet short-term cash commitments as they fall due rather than for investment purposes.

s) Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

t) Financial instruments

The charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

u) Pensions

The charity subscribes to a defined contribution scheme for the benefit of its employees. Contributions payable are charged to the SOFA in the year they are payable.

The charity also subscribes to the NHS Pension Scheme, a multi-employer defined benefit pension scheme. It is not possible to identify the assets or liabilities relating to the charity, therefore the charity accounts for contributions to the scheme as if it were a defined contribution scheme. Contributions payable are charged to the SOFA in the year they are payable.

Notes to the financial statements

For the year ended 31st March 2026

2 Income from donations and legacies

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Inspire						
Community, events and innovation	11,580,128	116,720	**11,696,848**	11,044,870	116,518	11,161,388
Individual giving and in memory	6,482,698	8,698	**6,491,396**	5,682,432	12,122	5,694,554
Legacies	5,726,517	5,000	**5,731,517**	5,028,034	185,690	5,213,724
Philanthropy and partnerships	4,079,550	3,342,144	**7,421,694**	3,953,841	3,579,929	7,533,770
Total income from donations and legacies	27,868,893	3,472,562	**31,341,455**	25,709,177	3,894,259	29,603,436

3 Income from charitable activities

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Support						
Admiral Nursing: fees and contributions from institutions	113,159	85,568	**198,727**	94,780	376,493	471,273
Management and development fees	158,833	-	**158,833**	196,125	-	196,125
Sub-total for Support	271,992	85,568	**357,560**	290,905	376,493	667,398
Influence						
Research and publications: contributions from institutions	20,299	-	**20,299**	25,738	-	25,738
Sub-total for Influence	20,299	-	**20,299**	25,738	-	25,738
Total income from charitable activities	292,291	85,568	**377,859**	316,643	376,493	693,136

4 Income from other fundraising activities

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Minimum sponsorship, registration fees and other trading income	128,104	-	**128,104**	168,586	-	168,586
Income from trading subsidiary	180,331	-	**180,331**	84,479	-	84,479
Total income from other fundraising activities	308,435	-	**308,435**	253,064	-	253,064

5 Income from investments

	Unrestricted £	Restricted £	2026 Total £	Unrestricted £	Restricted £	2025 Total £
Dividends	52,575	-	**52,575**	76,455	-	76,455
Bank interest	1,152,405	-	**1,152,405**	797,684	-	797,684
Total income from investments	1,204,980	-	**1,204,980**	874,139	-	874,139

Notes to the financial statements

For the year ended 31st March 2026

6a Analysis of expenditure (current year)

	Staff costs	Other direct costs	Support costs and governance	2026 total	2025 total
	£	£	£	£	£
Raising funds	**3,432,284**	**6,098,092**	**1,859,522**	**11,389,898**	9,422,595
Support	7,151,117	1,766,207	3,121,342	**12,038,666**	9,848,544
Influence	1,304,371	177,939	664,115	**2,146,425**	1,573,979
Inform	2,295,371	1,332,861	996,174	**4,624,406**	3,967,758
Charitable activities	**10,750,859**	**3,277,007**	**4,781,631**	**18,809,497**	15,390,281
Support costs	3,807,655	2,833,498	**(6,641,153)**	**-**	-
Total expenditure	**17,990,798**	**12,208,597**	**-**	**30,199,395**	24,812,876

Support cost allocation

		Charitable activities				
	Raising funds	Support	Influence	Inform	2026 total	2025 total
	£	£	£	£	£	£
Governance	207,722	348,676	74,186	111,280	**741,864**	588,398
Finance	370,456	621,838	132,306	198,459	**1,323,059**	939,573
IT	556,330	933,840	198,689	298,034	**1,986,893**	1,822,515
People and workplace	674,995	1,133,028	241,070	361,605	**2,410,698**	1,879,213
Projects	50,019	83,960	17,864	26,796	**178,639**	99,724
Total support costs	**1,859,522**	**3,121,342**	**664,115**	**996,174**	**6,641,153**	5,329,423

6b Analysis of expenditure (prior year)

	Staff costs	Other direct costs	Support costs and governance	2025 total
	£	£	£	£
Raising funds	**2,877,177**	**5,159,769**	**1,385,649**	**9,422,595**
Support	5,538,486	1,218,991	3,091,067	**9,848,544**
Influence	1,137,086	170,422	266,471	**1,573,979**
Inform	1,999,169	1,382,353	586,236	**3,967,758**
Charitable activities	**8,674,741**	**2,771,766**	**3,943,774**	**15,390,281**
Support costs	2,440,242	2,889,181	**(5,329,423)**	-
Total expenditure	**13,992,160**	**10,820,716**	**-**	**24,812,876**

Support cost allocation

		Charitable activities			
	Raising funds	Support	Influence	Inform	2025 total
	£	£	£	£	£
Governance	152,983	341,271	29,420	64,724	**588,398**
Finance	244,289	544,952	46,979	103,353	**939,573**
IT	473,854	1,057,058	91,126	200,477	**1,822,515**
People and workplace	488,595	1,089,946	93,960	206,712	**1,879,213**
Projects	25,928	57,840	4,986	10,970	**99,724**
Total support costs	**1,385,649**	**3,091,067**	**266,471**	**586,236**	**5,329,423**

A presentational adjustment has been made to prior year expenditure to reflect our new strategic pillars. In addition, external audit fees for 2025 totalling £29,460 have been reclassified from finance to governance costs.

Notes to the financial statements

For the year ended 31st March 2026

7 Grant making

	2026 £	2025 £
Cost		
Grants made to institutions for Admiral Nursing projects	**1,219,508**	746,957
Grants made to individuals for scholarships	**10,000**	-
At the end of the year	**1,229,508**	746,957

During 2026, the charity provided investment for Admiral Nurses in nine (2025: five) new services, which were all grants to institutions. The charity also awarded scholarships to two (2025: nil) Admiral Nurses in 2026, both of whom were employees of Dementia UK. These costs are included in note 6a under 'direct activity costs'. Further details can be found on our website: **dementiauk.org**

8 Net income for the year

Net income for the year is is stated after charging:	2026 £	2025 £
Depreciation and amortisation	**410,775**	69,603
Operating lease rentals:		
Property	**415,500**	425,648
Other	**19,817**	47,405
Auditors' remuneration (excluding VAT):		
Audit – current year	**30,000**	25,950
Other services – VAT and Corporation Tax services	**5,833**	2,920

9 Analysis of staff costs, Trustee remuneration and expenses, and the cost of key management personnel

Staff costs were as follows:	2026 £	2025 £
Salaries	**14,533,215**	11,613,437
Termination/redundancy costs	**45,794**	4,200
Employer's National Insurance contributions	**1,947,563**	1,260,228
Employer's contributions to defined contribution pension scheme	**910,922**	727,549
Employer's contributions to defined benefit pension scheme	**449,734**	354,144
Staff benefits	**103,570**	32,602
	17,990,798	13,992,160

The following number of employees received employee benefits (excluding employer pension costs and employer's National Insurance) during the year between:

	2026 No.	2025 No.
£60,000-£69,999	**19**	15
£70,000-£79,999	**13**	7
£80,000-£89,999	**5**	2
£90,000-£99,999	**1**	-
£100,000-£109,999	**2**	4
£110,000-£119,999	**4**	1

Key management personnel comprise the Executive Team, consisting of six Director posts (2025: five posts). The total employee benefits (including pension contributions and employer's National Insurance) of the Executive Team were £883,665 (2025: £644,144).

The charity's Trustees were neither paid nor received any other benefits from employment with the charity in the year (2025: £nil). No charity Trustee received payment for professional or other services supplied to the charity (2025: £nil).
Trustees' expenses represents the payment or reimbursement of travel and subsistence costs totalling £2,041 (2025: £3,274) incurred by three (2025: five) members relating to attendance at meetings. The charity also incurred expenditure totalling £800 on Trustees' meetings (2025: £701) in the year.

Notes to the financial statements

For the year ended 31st March 2026

10 Staff numbers

The average number of employees (head count based on number of staff paid per month) during the year was 311 (2025: 261). Staff numbers for 2025 have been restated from 273 to 261.

The headcount figures exclude sessional employees and other staff who are paid for hours worked and may receive no pay in certain months. The average monthly headcount for sessional staff during the year was 17 (2025: 19).

	2026	2025
	No.	No.
Raising funds	**71**	64
Support	**119**	96
Influence	**25**	23
Inform	**40**	37
Enabling functions	**56**	41
	311	261

11 Related party transactions

There are no related party transactions to disclose for 2026 (2025: none) other than those already disclosed in note 9.

There are no donations from related parties which are outside the normal course of business and no restricted donations from related parties.

The total amount of donations received from related parties, without conditions, was £520 (2025: £13,293).

Dementia UK charged a £12,000 management charge in 2026 (2025: £12,000) to Dementia UK Trading Limited, relating to support services. During the year a qualifying Gift Aid distribution was made from Dementia UK Trading Limited to Dementia UK, as detailed in note 12.

12 Taxation

The charity made a loss on its income from trading activities and its charge to Corporation Tax in the year was £nil (2025: £nil). The charity's trading subsidiary Dementia UK Trading Limited Gift Aids available profits to the parent charity depending upon operational requirements. In 2025-26, Dementia UK Trading Limited made a profit before tax of £20,140 (2025: £8,301), all of which was Gift Aided to the charity. Therefore, its charge to Corporation Tax in the year was £nil (2025: £nil).

The Directors of Dementia UK Trading Limited during the year were William Roe, Paul Edwards, Martin Bishop, Charlotte Walker (appointed 1st June 2026) and Suruchi Saraf (resigned 20th August 2025). William Roe is a Trustee of Dementia UK and all other Directors are staff members employed by Dementia UK.

13 a) Tangible fixed assets

Group and charity	Equipment	Fixtures and fittings	IT hardware	**Total**
	£	£	£	£
Cost				
At the start of the year	8,175	206,869	57,355	**272,399**
Additions in year	-	307,463	9,664	**317,127**
Disposals in year	-	(206,869)	-	**(206,869)**
At the end of the year	8,175	307,463	67,019	**382,657**
Depreciation				
At the start of the year	2,482	206,869	24,252	**233,603**
Charge for the year	2,043	29,644	11,970	**43,657**
Eliminated on disposal	-	(206,869)	-	**(206,869)**
At the end of the year	4,525	29,644	36,222	**70,391**
Net book value				
At the end of the year	**3,650**	**277,819**	**30,797**	**312,266**
At the start of the year	5,693	-	33,103	**38,796**

Notes to the financial statements

For the year ended 31st March 2026

13 b) Intangible assets

Group and charity	Assets under construction	IT software	Total
	£	£	£
Cost			
At the start of the year	-	1,021,185	**1,021,185**
Additions in year	145,137	725,763	**870,900**
Disposals in year	-	(53,467)	**(53,467)**
At the end of the year	145,137	1,693,481	**1,838,618**
Depreciation			
At the start of the year	-	173,184	**173,184**
Charge for the year	-	367,118	**367,118**
Eliminated on disposal	-	(53,466)	**(53,466)**
At the end of the year	-	486,836	**486,836**
Net book value			
At the end of the year	**145,137**	**1,206,645**	**1,351,782**
At the start of the year	-	848,001	**848,001**

All of the above assets are used for charitable purposes.

14 a) Fixed asset investments

	2026	2025
	£	£
Market value at 1st April	**1,640,831**	2,064,611
Less:		
Disposals at carrying value	**(4,784)**	(500,000)
Add:		
Acquisitions at cost	**46,046**	53,037
Net cash reinvested	**1**	-
Realised and unrealised Gains	**53,764**	23,183
Market value at 31st March	**1,735,859**	1,640,831
Historical cost at 31st March	**1,625,929**	1,583,970

Asset allocation	2026	2026	2025	2025
	£	%	£	%
Equities	**1,005,292**	**58**	932,640	57
Fixed income	**408,874**	**24**	336,679	21
Liquid assets	**61,861**	**3**	107,189	6
Other investments	**259,832**	**15**	220,325	13
Property	**-**	**-**	43,999	3
Total	**1,735,859**	**100**	1,640,831	100

14 b) Investment in subsidiary undertaking

	The group		The charity	
	2026	2025	2026	2025
	£	£	£	£
At the start and the end of the year	**-**	-	**1**	1

Notes to the financial statements

For the year ended 31st March 2026

15 Subsidiary undertaking

The charitable company owns the whole of the issued ordinary share capital of Dementia UK Trading Limited, a company registered in England. All activities have been consolidated on a line-by-line basis in the statement of financial activities. A summary of the results of the subsidiary is shown below:

	2026	2025 restated
	£	£
Turnover	**180,337**	84,479
Cost of sales	**(144,410)**	(61,154)
Gross profit	**35,926**	23,325
Administrative expenses	**(15,787)**	(15,024)
Profit on ordinary activities before taxation	**20,140**	8,301
Taxation on profit on ordinary activities	**-**	-
Profit for the financial year	**20,140**	8,301
Total retained earnings brought forward	**2,908**	2,908
Distribution under Gift Aid to parent charity	**(20,140)**	(8,301)
Total retained earnings carried forward	**2,908**	2,908
The aggregate of the assets, liabilities and funds was:		
Assets	**232,267**	184,606
Liabilities	**(229,358)**	(181,697)
Funds	**2,909**	2,909

Prior year adjustment

During the year, the Directors of Dementia UK Trading Limited reviewed the treatment of minimum sponsorship activity recognised within the trading company in 2025. It was concluded that the associated income and expenditure more appropriately belonged to the activities of the parent charity rather than the trading subsidiary. Comparative figures have therefore been restated to reclassify the related income and expenditure in the charity and the subsidiary. The resulting impact on taxable profits and Gift Aid payable to the parent charity has also been adjusted accordingly, including the related balance sheet balances. There is no impact on both the charity's and company's retained earnings or reserves.

16 Parent charity

The parent charity's gross income and the net surplus for the year are disclosed as follows:

	2026	2025
	£	£
Gross income	**33,084,532**	31,335,463
Net surplus for the year	**3,087,098**	6,609,947

17 Debtors

	The group		The charity	
	2026	2025	**2026**	2025
	£	£	**£**	£
Trade debtors	**132,828**	97,949	**132,828**	90,449
Other debtors	**9,462**	-	**9,462**	-
Prepayments	**1,428,590**	1,025,419	**1,428,590**	1,025,420
Accrued income	**1,455,183**	1,585,622	**1,455,183**	1,585,622
Amounts due from group undertakings	**-**	-	**218,994**	91,342
	3,026,063	2,708,990	**3,245,057**	2,792,833

The charity received notifications regarding a number of legacies before the year end totalling £5,223,964. However, these legacies did not meet the full income recognition criteria as per the accounting policy as at 31st March 2026, and therefore, have not been accrued in the 2026 financial statements (2025: £3,483,699).

Notes to the financial statements

For the year ended 31st March 2026

18 Creditors: amounts falling due within one year

	The group		The charity	
	2026	2025	**2026**	2025
	£	£	**£**	£
Trade creditors	**877,083**	667,417	**875,283**	651,795
Taxation and social security	**684,313**	618,614	**681,017**	644,161
Other creditors	**31,369**	13,305	**31,369**	13,305
Accruals	**378,062**	448,874	**374,462**	445,974
Deferred income	**271,543**	181,813	**269,875**	93,653
Admiral Nurse projects – grant accruals	**686,235**	711,569	**686,235**	711,569
	2,928,605	2,641,592	**2,918,241**	2,560,457

19 Creditors: amounts falling due after one year

	The group		The charity	
	2026	2025	**2026**	2025
	£	£	**£**	£
Admiral Nurse projects – grant accruals	**412,145**	285,112	**412,145**	285,112
Rent-free provision	**85,050**	-	**85,050**	-
	497,195	285,112	**497,195**	285,112

Total grant commitments outstanding as at 31st March 2026 relating to the recruitment of Admiral Nurses payable to health institutions were £1,088,380 (2025: £996,681), of which payable within one year were £676,235 (2025: £711,569) and after one year were £412,145 (2025: £285,112). Included within grant accruals are Admiral Nurse scholarships payable to individuals totalling £10,000 (2025: £nil), which are payable within one year. The amounts due within one year are included within accruals in note 18 above.

20 Pension schemes

The charity operates two pension schemes: a group personal pension scheme, administered by Aviva, and NHS Pensions. As at 31st March 2026, the amounts owed to the schemes were Aviva £120,102 (2025: £101,674) and NHS £nil (2025: £nil). The number of members in Aviva is 260 and NHS 66. The NHS Pension Scheme is an unfunded occupational scheme backed by the Exchequer, which is open to all NHS employees and certain employees of other approved organisations. Dementia UK is an approved organisation. The scheme is a defined benefit scheme. The scheme receives contributions from employees and employers to defray the costs of pensions and other benefits. From 1st April 2006 the NHS Business Services Authority (NHSBSA) has been the body responsible for the administration of the NHS Pension Scheme for England and Wales. In support of NHSBSA, NHS employers are required to explain the scheme to the employees. In addition, they submit pension data to NHSBSA. Every four years the Government Actuary conducts a full actuarial review of contribution rates. In order to defray the costs of benefits, in 2025-26 employers paid contributions of 14.38% of actual pensionable pay. From April 2024, there was a change to member contribution rates from the Department of Health and Social Care. From this date, employees contributed on a tiered scale from 5.2%-12.5% of their actual pensionable pay. The tiered contribution ranges to calculate the contribution rate a member pays for membership of the scheme is reviewed annually and the updated ranges were confirmed by NHSBSA with effect from 1st April 2025. Further information on benefits can be obtained from the NHS Pension Scheme website.

21 a) Analysis of group net assets between funds (current year)

	General unrestricted	Restricted funds	**Total funds**
	£	£	**£**
Tangible fixed assets	312,266	-	**312,266**
Intangible fixed assets	1,351,782	-	**1,351,782**
Fixed asset investments	1,735,859	-	**1,735,859**
Net current assets	24,145,235	1,347,746	**25,492,981**
Long-term liabilities	(410,695)	(86,500)	**(497,195)**
Net assets at 31st March 2026	**27,134,447**	**1,261,246**	**28,395,693**

Notes to the financial statements

For the year ended 31st March 2026

21 b) Analysis of group net assets between funds (prior year)

	General unrestricted	Restricted funds	**Total funds**
	£	£	£
Tangible fixed assets	38,796	-	**38,796**
Intangible fixed assets	848,001	-	**848,001**
Fixed asset investments	1,640,831	-	**1,640,831**
Net current assets	20,830,337	2,235,741	**23,066,079**
Long-term liabilities	(191,698)	(93,414)	**(285,112)**
Net assets at 31st March 2025	**23,166,268**	**2,142,327**	**25,308,595**

22 a) Movements in funds (current year)

	At 1st April 2025	Income	Expenditure	Transfers	Gains and losses	**At 31st March 2026**
	£	£	£	£	£	£
Restricted funds:						
Admiral Nursing projects (Helpline and professional and practice development)	556,099	556,691	(537,342)	(10,000)	-	**565,448**
Admiral Nursing Learning Disability service and new nurse (national)	464,368	212,967	(393,655)	(124,034)	-	**159,646**
Admiral Nursing projects (geographical funds)	820,200	332,962	(505,537)	(195,022)	-	**452,603**
Nationwide Admiral Nursing clinics and projects	301,660	2,423,707	(2,673,621)	-	-	**51,746**
Young onset dementia projects	-	31,803	-	-	-	**31,803**
Total restricted funds	2,142,327	3,558,130	(4,110,155)	(329,056)	-	**1,261,246**
Unrestricted funds:						
Designated funds:						
Admiral Nurse development fund	1,505,363	-	-	143,250	-	**1,648,613**
Brand development	-	-	-	800,000	-	**800,000**
Digital transformation	2,591,061	-	(112,314)	(802,526)	-	**1,676,221**
Investment in fundraising	850,000	-	(849,052)	2,600,000	-	**2,600,948**
Total designated funds	4,946,424	-	(961,366)	2,740,724	-	**6,725,782**
Fixed asset funds	886,797	-	(410,775)	1,188,027	-	**1,664,049**
General funds	17,333,047	29,674,599	(24,717,099)	(3,599,695)	53,764	**18,744,616**
Total unrestricted and designated funds	23,166,268	29,674,599	(26,089,240)	329,056	53,764	**27,134,447**
Total funds	**25,308,595**	**33,232,729**	**(30,199,395)**	**-**	**53,764**	**28,395,693**

During the year, transfers of £329,056 (2025: £1,022) were made from restricted to unrestricted funds following a review of brought forward fund balances, to recognise expenditure that had been incurred in previous years which met the terms of the restriction. The Trustees are satisfied that these were appropriate and in line with Charities SORP and donors' wishes.

Notes to the financial statements

For the year ended 31st March 2026

22 b) Movements in funds (prior year)

	At 1st April 2024 £	Income £	Expenditure £	Transfers £	Gains and losses £	At 31st March 2025 £
Restricted funds:						
Admiral Nursing projects (Helpline and professional and practice development)	75,394	605,400	(124,695)	-	-	**556,099**
Admiral Nursing Learning Disability service and new nurse (national)	165,202	497,056	(196,868)	(1,022)	-	**464,368**
Admiral Nursing projects (geographical funds)	914,635	824,832	(919,267)	-	-	**820,200**
Nationwide Admiral Nursing clinics and projects	-	2,316,600	(2,014,940)	-	-	**301,660**
Young onset dementia projects	2,516	26,864	(29,380)	-	-	**-**
Total restricted funds	1,157,747	4,270,752	(3,285,150)	(1,022)	-	**2,142,327**
Unrestricted funds:						
Designated funds:						
Admiral Nurse development fund	1,942,325	-	(436,962)	-	-	1,505,363
Charitable activities	141,099	-	(141,099)	-	-	-
Digital transformation	1,934,015	-	(32,954)	690,000	-	2,591,061
Investment in fundraising	850,000	-	(850,000)	850,000	-	850,000
Total designated funds	4,867,439	-	(1,461,015)	1,540,000	-	**4,946,424**
Fixed asset funds	224,675	-	(69,603)	731,725	-	**886,797**
General funds	12,424,652	27,153,023	(19,997,108)	(2,270,703)	23,183	**17,333,047**
Total unrestricted and designated funds	17,516,766	27,153,023	(21,527,726)	1,022	23,183	**23,166,268**
Total funds	**18,674,513**	**31,423,775**	**(24,812,876)**	**-**	**23,183**	**25,308,595**

23 Purposes of restricted and designated funds

Restricted funds

Restricted funds are defined by the fund descriptions set out in note 22a. Admiral Nursing projects (geographical funds) support the delivery of Admiral Nursing services and related activities in communities across the UK.

Designated funds

The charity holds the following designated funds at year end:

Admiral Nurse Development Fund

The Admiral Nurse Development Fund is used to fund Admiral Nurse services in host organisations to offer life-changing support to families facing dementia. The balance at 31st March 2026 is £1,648,613 (2025: £1,505,363).

Brand Development

The Brand Development fund represents amounts designated for the completion of the charity's new brand development and launch. An investment of £800,000 is expected to be fully utilised within the year to 31st March 2027.

Digital Transformation

This fund has been set aside for digital transformation projects in the charity. The balance at 31st March 2026 was £1,676,221 (2025: £2,591,061). The balance includes £600,000 for our Clinical Services offering to include a digital service delivery for our beneficiaries, which is expected to be delivered in 2026-27. These funds are expected to be fully utilised over the four-year period ending 31st March 2030.

Investment in fundraising

A new income generation strategy has been developed to reduce reliance on virtual events and to strengthen regular giving, alongside investment in legacy fundraising. This approach is intended to build more sustainable income sources, ensuring we can continue supporting people with dementia both now and in the future. £2,600,000 has been allocated to fund investment in this work. The balance at 31st March 2025 of £850,000 was almost fully utilised in 2025-26.

Notes to the financial statements

For the year ended 31st March 2026

24 Reconciliation of net income to net cash flow from operating activities

	2026	2025
	£	£
Net income for the reporting period (as per the statement of financial activities)	**3,087,098**	6,634,082
Gains on revaluation and sale of investment assets	**(53,764)**	(23,183)
Depreciation and amortisation charges	**410,775**	69,603
Dividends and interest from investments	**(1,204,980)**	(874,139)
Increase in debtors	**(317,073)**	(675,062)
Increase/(decrease) in creditors	**499,096**	(342,735)
Net cash provided by operating activities	**2,421,152**	4,788,566

25 Analysis of cash and cash equivalents

	2026	2025
	£	£
Cash in hand	**5,722,678**	2,382,048
Total cash and cash equivalents	**5,722,678**	2,382,048

The charity held no notice deposits (less than three months) and did not have an overdraft facility in the year.

26 Operating lease commitments

	Property		Equipment	
	2026	2025	**2026**	2025
	£	£	£	£
Periods:				
Less than one year	**336,203**	222,151	**6,208**	16,083
One to five years	**891,950**	1,450,956	**10,755**	-
	1,228,153	1,673,107	**16,963**	16,083

27 Legal status of the charity

The charity is a company limited by guarantee and has no share capital. The liability of each member in the event of winding up is limited to £1.



Thank you

We are truly grateful to everyone who supported us in 2025-26, including our Volunteer Ambassadors. Because of you, we can offer more families a lifeline when they need it most. In particular, we would like to thank:

The Access Group
Algeco UK
The Amar Family Charitable Trust
The Art File
Assura plc
The Basil Samuel Charitable Trust
Bloomberg LP
Briggs & Forrester
Janette Burt
Butt family through the Calleva Foundation
Canada Life UK
Carpmaels & Ransford
David and Elizabeth Challen
The Charles Skey Charitable Trust
Chaucer Group
Veronica Cheng
Connells Group
CPW
David Wilson Homes East Midlands
Dementia Friendly Honiton
Dementia Friendly Purbeck
Deutsche Bank
Earlsmead Charitable Trust
The Easington Colliery Band
East Sussex Fundraising Group
Eden Valley Friends of Dementia UK
Sally Eustace
Exact Group Ltd
Family Law in Partnership (FLiP)
The February Foundation
F.Hinds
G&H
Garfield Weston Foundation
The Golden Bottle Trust
The Grace Trust
Anna Griffiths
Bettina Harvey
Helianthus Charitable Trust
The Hodge Foundation
HomeServe
Invesco
Isle of Wight Fundraising Group
Manny Kang
The Kirby Laing Foundation
Thomas Kyriakoudis
Leicestershire Fundraising Group
Leonardo UK Ltd
Alysia Liveras

LOFA

Maria Mallaband Care Group

Marks & Spencer

The Masterserve Foundation, supported by United Way UK

The Memory Matters Charity Ball

Michael Cornish Charitable Trust

Miller Homes Scotland West

Mills and Reeve Charitable Trust

MK Rose Charitable Trust

Moondance Foundation

Mrs MA Black's Charitable Trust

Nationwide Building Society

NatWest England

NFU Mutual

The Openwork Foundation

Richard Pearson

Persimmon Homes West Yorkshire

The P F Charitable Trust

Platform Housing Group

The Porta Pia 2012 Foundation

Tom Porter and family

Premia Solutions

James Price

RJ and AH Daniels Charitable Trust

Rothley Park Golf Club

Katherine Russell

Search Recruitment Group

Stuart Service

ShareGift

Sid Valley Memory Cafe

Siemens Energy

Sisters of St Joseph

Max Smith

Dermot Smurfit

Paul Snowden through the Tony James Fund

Ali Stearn

The Swire Charitable Trust

SYSTRA Limited

Taylor Maxwell Employee Benefit Trust

Thomas the Baker

Thurlow Nunn Group of Companies

Tokio Marine HCC International

Tolkien Trust

Tresidor Investment Management (UK) Limited

UHY Hacker Young

UKSE

Voyce Pullin

Steve Woodford

Zurich Community Trust

We also thank all of the kind legators who generously left a gift in their Will, as well as our supporters who wish to remain anonymous.

How we can support you

‘Dementia: what next?’ online sessions

To learn more about what to expect after a dementia diagnosis, register for our free online sessions, ‘Dementia: what next?’, at **dementiauk.org/dementia-what-next**

Dementia UK Helpline

To speak to a dementia specialist Admiral Nurse on our free, confidential Helpline, call **0800 888 6678** or email **helpline@dementiauk.org**

Virtual clinic appointments

To book a free, confidential phone or video appointment with an Admiral Nurse at a time to suit you, please visit **dementiauk.org/book**

How you can support us

Our life-changing work is only possible because of the kindness of supporters like you. To find out how you can support Dementia UK by fundraising, donating, campaigning, partnering with us or volunteering, please visit **dementiauk.org/get-involved**

Together, we can make sure no one faces dementia alone.

dementiauk.org • 020 8036 5400 • info@dementiauk.org

Registered with FUNDRAISING REGULATOR

Dementia UK is a registered charity in England and Wales (1039404) and Scotland (SC 047429). Company number: 02944156