



RAND EUROPE

Meeting the Needs of the Royal Navy and Royal Marines Community

Executive Summary

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Foreword

Greenwich Hospital is a unique Crown body which has supported the Royal Navy community since 1694. Accountable to the Crown through the Secretary of State for Defence and with an Advisory Board chaired by the Second Sea Lord, we generate income from our investments and property holdings to fund both the Royal Navy directly and charitable organisations that deliver wider support.



Our funding covers the full spectrum of activities, responding to acute need as well as providing proactive support to personnel and families. We also focus on providing free, enriching activities and educational support to children from Royal Navy backgrounds.

Two years ago, in partnership with the Royal Air Force Benevolent Fund, Greenwich Hospital commissioned RAND Europe to undertake a granular survey of the Royal Navy and Royal Air Force serving and former serving communities.

For Greenwich Hospital, the objectives were to:

- Obtain the best estimate of the current and projected size and key demographics of the Royal Navy and Royal Marines community out to 2040;
- Characterise the support needs of the serving and former serving communities; and
- Identify recommendations for future service provision.

The final report, 'Meeting the Needs of the Royal Navy and Royal Marines Community', has been well received by the Royal Navy community. In collaboration with the Royal Navy and naval charities, we are addressing its recommendations to enhance the delivery of support both in the immediate and longer term.

This work represents the first time that such granular, evidence-based insight into the Royal Navy community is available. Used alongside financial modelling, it is enabling Greenwich Hospital and its partners to develop a realistic and sustainable funding profile for the sector through to 2040. The report, therefore, marks an important milestone in collaborative planning, accountability, and the long-term stewardship of resources, and I commend it to you.

Deirdre Mills

**Director
Greenwich Hospital**

1. Research objectives and approach

Greenwich Hospital and the wider Naval welfare sector provide support to a sizeable community of Serving and former-Serving Royal Navy (RN) and Royal Marines (RM) personnel and their families. However, it is widely acknowledged that the size, demographics and support needs of the RN&RM community are changing due to various factors, including the changing strategic context, the UK Defence environment as well as broader societal and demographic trends.

To inform future strategic planning around the delivery of support to the community, Greenwich Hospital commissioned RAND Europe to undertake research into the evolving size, demographics and support needs of the RN&RM community. The objectives of this research were to:

- 1 Obtain the best estimate of the current and projected size and key demographics of the RN&RM community out to 2040,** comprising Service Personnel (SP), former SP and partners and children of Serving and former SP.
- 2 Characterise the support needs of the Serving and former-Serving RN&RM community** by identifying key issues and challenges faced by members of the RN&RM community in relation to day-to-day living, physical and mental well-being, social and family relationships, employment and training, financial well-being and housing.
- 3 Identify recommendations for future service provision,** including assessing awareness and perceptions of available support among the RN&RM community and identifying priorities and options for optimising current support provision.

While the study engaged with stakeholders from the sector to gain a broad understanding of current service delivery, it did not serve as a strategic review of current service provision or gather feedback on specific support services. Instead, it aimed to provide an external perspective based on engagement with the RN&RM community to support future strategy development and the prioritisation of funding by Greenwich Hospital and others in the sector.

Reflecting the multifaceted aims of this research, the study employed a mixed-methods research design, drawing on existing and newly collected data as well as various analytical methods. The key elements of the research approach were:

- The development of estimates of the current and projected future size and demographics of the RN&RM community based on available data and a two-step population forecasting stocks-and-flows model.
- A survey of 225 RN SP, 191 RM SP, 143 partners of RN SP and 40 partners of RM SP, combined with qualitative interviews of 8 RN SP, 3 RM SP, 10 partners of RN SP and 12 partners of RM SP to understand the serving community's support needs and experiences of support.
- Qualitative interviews with 24 RN former SP, 9 RM former SP, 5 partners of former RN SP and 3 partners of former RM SP, complemented by a review of existing data on the prevalence of various issues and challenges among the UK former-Serving community. No survey was conducted with former SP and partners of former SP due to challenges in surveying this community within the project's timeline and resource constraints, as well as the existence of recent survey data from the OVA (Veterans' Survey) that can be leveraged

to understand the prevalence of outcomes among the former-serving community.

- Engagement with stakeholders within the Naval welfare sector through scoping interviews, Advisory Group consultations and analytical workshops.

The study methodology, including caveats and limitations, is described in Chapter 2 of the full study report.

2. The size and demographics of the Serving RN&RM community

- **Number of Regular and Reserve personnel:** The number of RN&RM Regulars has declined since 2012, but is likely to remain constant out to 2040. In April 2025, there were 32,150 Regular personnel, comprising 25,650 RN personnel and 6,500 RM personnel. Despite consistent declines in the number of Regular SP between 2021 and 2024, there was a slight increase in both the number of RN and RM Regulars in 2025. The number of Maritime Reserves has fluctuated over time, but increased overall since 2012, with the Volunteer Reserves growing from 2,565 to 3,240 personnel.
- **Forecasts for Regular and Reserve personnel:** The projection of historical trends indicates that there will likely be between 32,000 and 33,000 Regular Personnel in 2040, while the number of Volunteer Reserves is expected to decrease. However, policy-based personnel targets are likely the best predictor of the future size of both communities. The RN is currently planning for the active RN workforce (combining Regular and Reserve personnel across the spectrum of Service) to include 35,000 personnel, of which 4,000–5,000 are personnel in training. If the number of Reservists continues to increase in line with current targets, the Reserves will likely expand to approximately 3,500–4,500 personnel.
- **Age of personnel:** Most RN&RM Regulars are aged 20–39, while most Maritime Volunteer Reservists are aged 25–59. There are likely differences in age profiles among different RN Fighting Arms¹, given their varying responsibilities and training requirements. Officers are generally older than Other Ranks (OR) within both the Regulars and Volunteer Reserves. The population forecasts suggest that the age profile of Regulars is unlikely to change substantially out to 2040, while the number of Volunteer Reserves aged 18-29 is likely to decline out to 2040.
- **Gender and ethnicity of personnel:** The number of female personnel has increased among both Regulars and Volunteer Reserves since 2012 and is likely to continue increasing out to 2040. The majority of Regulars and Volunteer Reservists are White British, although the number of UK ethnic minority personnel and non-UK personnel has increased from 1,450 in 2021 to 2,430 in 2025. However, some of this increase may be the declining numbers of SP with 'Unknown' nationality or ethnicity.
- **Location of personnel:** Almost all RN&RM Regular personnel (98 per cent) are stationed within the UK, though this does not account for RN&RM personnel on sea service, whose location is recorded as the home port of their ship. Most UK personnel are located in counties with RN or RM

1 These are the Surface Fleet, the Submarine Service, the Royal Marines, the Fleet Air Arm and the Royal Fleet Auxiliary.

bases, including Hampshire, Devon, Argyll and Bute, Cornwall and Somerset.


- **Relationship status of personnel; number and forecast of partners:** More than two-thirds of RN&RM Regulars and Volunteer Reservists are married or in a long-term relationship, although there has been a slight decline in the proportion of RN&RM personnel with a partner since 2012 and an increase in the proportion of Maritime Volunteer Reservists with a partner. There were approximately 25,000 partners in the Serving RN&RM community in 2024, and there will likely be 23,000–27,000 partners in this community in 2040.
- **Number and forecast of children:** There are approximately 26,900 children of RN&RM Regular Personnel, of which 7,320 are under 5 years old and 3,380 are over 18 years.² There are also approximately 2,470 children of Volunteer Reservists. The total

number of children in the RN&RM Serving Community may decrease, but there is significant uncertainty around this forecast. The number of children is likely to remain constant among Regulars and decrease among Volunteer Reserves, resulting in a likely range of between 19,000 and 34,000 children in the RN&RM Serving community by 2040.

3. The support needs of the Serving RN&RM community




The study employed a survey and interviews with Serving RN&RM SP and partners to understand the issues and challenges RN&RM families face in relation to several issue areas, as well as the issues RN&RM SP and partners are most worried about in the short- and long-term. Table 1 presents a summary of the key findings drawn from the survey and interviews.

Table 1. Key findings: The support needs of the Serving RN&RM community

Issue area	Key findings:
 <p data-bbox="269 1538 479 1566">Service experience</p>	<ul style="list-style-type: none"> • While satisfaction with Service life is lower among RN and RM personnel compared to other Services, most interviewed SP were positive about Service life. Interviewed partners often had more mixed views. This was based on the perceived impacts of Service demands on family life and a view that military policies and culture often place an excessive burden on non-Serving partners. • Separation due to operational or overseas postings or due to 'weekending' was identified as the main challenge associated with RN&RM Service. Interviewed SP and partners often felt that deployments were increasing in number, length and unpredictability, putting increasing strain on SP and their families. These challenges may be exacerbated by the changing strategic environment and increasing geopolitical volatility. • Experiences of Service life can differ significantly between SP across the RN's five Fighting Arms.

² 'Children' includes 'financially dependent children' of SP.

Issue area	Key findings:
 <p data-bbox="269 585 488 644">Physical health and mental well-being</p>	<ul data-bbox="517 437 1436 943" style="list-style-type: none"> Physical health conditions were more prevalent among participating SP than partners, while partners were more likely to report mental health conditions and low mental well-being. This may be explained by mental strain, which partners particularly experience around deployment periods. The study also identified high levels of loneliness and social isolation among RN&RM partners. The survey revealed a higher rate of loneliness among partners not living in a county with a Naval base, suggesting that geographically dispersed partners may be at a greater risk of social isolation. A higher proportion of RN&RM SP than partners reported alcohol consumption and gambling at potentially harmful levels.³ Interviewees stressed resilience and self-reliance as key to managing Service life, even where these displaced positive coping strategies. The changing Defence environment, which includes evolving operational requirements and the integration of new technologies (e.g. autonomous systems) in military operations, may yield new physical and psychological risks for RN&RM personnel.
 <p data-bbox="269 1126 462 1185">Social and family relationships</p>	<ul data-bbox="517 978 1436 1507" style="list-style-type: none"> SP and their partners reported high levels of relationship satisfaction in the survey. However, interviews indicated that the unique demands of military Service can put relationships between SP and their partners under pressure. While survey results indicate that the majority of SP and partners believe their childcare arrangements are adequate, interviews highlighted that many families struggle with childcare provision, particularly during deployment periods. Interviewees who had children with special needs reported facing more severe challenges in accessing adequate childcare. Participants felt that Service life had varied impacts on their children. Many children were reported to struggle with aspects of RN&RM life, particularly disruption to family routines due to operational deployments and 'weekending'. Both SP and partners identified challenges with their social relationships and broader social life. While the survey showed that SP were happier with their social life than their partners, SP often also reported challenges in maintaining social connections. Partners highlighted how the need to balance professional and family responsibilities limited their ability to build and maintain social relationships.
 <p data-bbox="269 1691 411 1726">Employment</p>	<ul data-bbox="517 1542 1436 1907" style="list-style-type: none"> The survey showed high levels of job satisfaction among SP and employed partners. Where SP reported challenges with employment, these were typically related to frustrations with career management and career progression. Despite the reasonably high levels of job satisfaction among SP, data from AFCAS highlights lower levels of satisfaction with Service life and lower unit morale among RN&RM SP than SP in other Services. In interviews, partners highlighted challenges with finding employment that allowed them to balance childcare responsibilities and other household tasks, particularly during deployments. Structural barriers to partner employment, such as the need to balance childcare arrangements with employment and frequent moves, were seen as having a wider impact on partners' mental health and sense of self, alongside constraining the household budget.

Issue area	Key findings:
 <p>Financial well-being</p>	<ul style="list-style-type: none"> The survey indicated reasonable levels of financial well-being among respondents. Factors such as rising living costs, challenges with partner employment, high childcare expenses, and a comparative erosion of military compensation were seen as constraining families' financial security.
 <p>Housing</p>	<ul style="list-style-type: none"> The survey indicated that the majority of SP and their partners find their housing appropriate, but a minority perceive barriers to accessing the type of housing they would like. Both interviewed SP and partners expressed mixed views about the adequacy of Service housing. They balanced the benefits of low-cost Service housing against the challenges, including low-quality housing and difficulties with maintenance.
 <p>Future concerns</p>	<ul style="list-style-type: none"> When asked about concerns in the short term (two years) and the long term (ten years), SP and partners were most concerned about financial security (either their own or their children's) and maintaining good health. Interviewees also expressed concerns about geopolitical volatility and potential future increases in operational tempo, as well as the impact of Service life on children's well-being and educational continuity.

4. Perceptions of support among the Serving RN&RM community

- SP generally showed more confidence than partners that they would be able to access adequate support if needed. Both SP and partners were less confident that they could access adequate support for childcare than for other kinds of services, reinforcing that childcare availability and affordability are key challenges for many families.
- Some interviewed partners felt that they faced barriers to accessing information and support without assistance from the SP. These findings suggest that there may still be obstacles in communication between the RN&RM and partners of SP (including due to data protection, which can inhibit direct communication with partners, and information being formulated in a way that is difficult for partners to understand).
- There is evidence of persistent psychological barriers that may be hindering help-seeking among RN&RM SP. These include a significant cultural emphasis on resilience and self-reliance in the RN&RM, with SP and partners seeking support only when this resilience or self-reliance is severely strained. There is also continued concern about the stigma associated with seeking Service welfare support. These barriers appear deeply culturally embedded in the community and emphasise the need for careful and culturally sensitive awareness-raising to mitigate them.
- Positive experiences with support services were typically associated with service providers being flexible and holistic in their support of families, adopting a personal approach and developing trusted relationships with beneficiaries. Conversely, poor experiences with accessing support were associated with poor communication,



perceived fragmentation and complexity of the support landscape, and perceived 'short-termism' in support.

- Participants highlighted several aspects of 'what works' for supporting RN&RM families: a) having community spaces that can provide a direct support route as well as signposting for families, b) direct communication and information-sharing with partners about available support, and c) community spaces and support organisations having a 'go to' contact (e.g. advisory or caseworker who can help families navigate the support landscape).

5. The size and demographics of the former-Serving RN&RM community




- **Number and forecast of former SP:** The number of former SP of all Services has decreased substantially since 2014 and is likely to continue declining. There were approximately 2.63 million former SP in 2014 and 2.03 million in the UK in 2021, of which approximately 435,000 (21 per cent) were RN&RM former SP. The number of RN&RM former-SP in 2040 is likely to fall to between 260,000 and 280,000 people.
- **Age of former SP:** The former-Serving population is likely to be increasingly inter-generational. Today, approximately 53 per cent of former SP are over 65, and many of the working-age former SP aged 16–64 years are over 50 years old. However, out to 2040, the number of former SP in all age groups is likely to decline, except for an increase in the number aged 18–29. The sharp decrease in former SP aged 80 and above from 2014 to 2021 is likely to continue until 2030, but will then stabilise. The increase in young former SP likely reflects changing patterns of Service, with some personnel viewing their time in the Armed Forces as a first job rather than a lifelong career.
- **Number and forecast of partners:** There were approximately 226,000 spouses and civil partners of RN&RM former-SP in 2021. This is likely to decrease to between 140,000 and 180,000 partners by 2040. In 2021, there were likely an additional 32,000 partners living with RN&RM former SP who were not spouses or civil partners.





6. The support needs of the former-Serving RN&RM community

In contrast to research on the support needs of the Serving community, the study relied exclusively on qualitative interviews with former SP and partners to understand their

families' support needs and experiences with the support landscape. Where relevant, we reviewed data from the England and Wales Census, the Veterans' Survey, as well as other existing research to indicate the prevalence of different issues and challenges among the community. The key findings from this research are outlined in Table 2.

Table 2. Key findings: The support needs of the former-Serving RN&RM community

Issue area	Key findings:
 <p>Military-to-civilian transition</p>	<ul style="list-style-type: none"> Experiences of transition among interviewed former SP were generally mixed, reflecting the highly individual nature of the transition process. Poor transition experiences were predominantly associated with abrupt or unexpected departures from Service, such as medical discharge. In these circumstances, SP felt they lacked both time and agency to navigate the transition effectively. Many transition experiences featured a shift in SP's personal identities during transition, with some describing a stark sense of identity loss that made it challenging to adjust to civilian life.
 <p>Physical health and mental well-being</p>	<ul style="list-style-type: none"> Existing data suggest that former SP may have poorer general health and higher levels of disability than the general population; however, this is likely due to the demographic characteristics of the former-Serving population. A significant minority of former SP face challenges with their mental health, with a higher prevalence of PTSD, common mental disorders and loneliness among former SP compared to the civilian population. Interviews highlighted the interconnected nature of support needs, with poor mental health impacting participants' employment outcomes, family life and financial well-being. Experiences of other mental health conditions often persisted or recurred during or after transition, showing how mental health conditions often evolve dynamically. While some interviewees sought formal support for mental health challenges, others relied on informal coping mechanisms and their community. This reflected, again, the emphasis former SP place on resilience and self-reliance, which could deter people from accessing formal support services.
 <p>Social and family relationships</p>	<ul style="list-style-type: none"> Repeated and extensive separation between SP and their families during Service was often seen as having long-term impacts on family relationships. This highlights the need for robust upstream interventions to support family resilience and cohesion, starting during Service life. Some interviewees shared that Service life produced a long-term strain on their relationships with their partners, which sometimes only emerged after they transitioned to civilian life. Several interviewees expressed a sense of community loss after transitioning to civilian life.

Issue area	Key findings:
 <p>Employment</p>	<ul style="list-style-type: none"> • Most interviewees reported no difficulties with finding civilian employment and indicated that they enjoyed their jobs. Positive employment outcomes were particularly reported by former SP who moved into civilian employment that still embedded military culture and values. However, many former SP struggled with differences between military and civilian workplace cultures. • Employment challenges were most associated with abrupt or unexpected transitions from military Service, such as medical discharge.
 <p>Financial well-being</p>	<ul style="list-style-type: none"> • There is a poor understanding of financial well-being and financial stability among the UK's former-Serving population. • Most interviewees reported feeling financially secure, which was typically related to home ownership and the size of their Service pensions. Interviews also indicated that former SP experiencing mental health difficulties (e.g. PTSD) and their families may be at greater risk of financial instability.
 <p>Housing</p>	<ul style="list-style-type: none"> • No interviewees reported significant housing-related challenges, reflecting a high rate of home ownership. This finding is broadly reflective of what is known about the housing situation of the former-Serving community. • Existing research shows that some structural and individual-level barriers can make some former SP and their families vulnerable to housing insecurity.
 <p>Future concerns</p>	<ul style="list-style-type: none"> • Similarly to Serving SP and partners, most former-Serving interviewees expressed concerns about their long-term financial well-being, which was linked to job security, the inability to support their children financially, or being financially dependent on their partner. • Several interviewees also worried about ageing, potential worsening of physical and mental health conditions, and not being able to continue to manage day-to-day challenges independently.

7. Perceptions of support among the former-Serving RN&RM community

- Interviewed former SP and partners generally had some awareness of the Naval welfare sector, the wider Armed Forces charity sector and statutory services. Awareness of available support was often linked to personal experiences or connections to the RN&RM sector. Many former SP continue to rely on informal information-sharing channels and word of mouth to access information about available support, which raises concerns
 - about potential inconsistency in access to information about available support.
- Community networks are an important information-sharing and signposting mechanism, as well as a vital form of support in their own right. For many former SP, the RN&RM community provides an opportunity to maintain social connections, share experiences, and reflect on the value and meaning of Service.
- Many former SP's attitudes reflect a reticence about accessing formal support services, an emphasis placed on individual resilience and self-reliance, and a perceived hierarchy of needs and injuries (i.e. not



seeking support because other members of the former-Serving community are considered more deserving of it). This highlights the need for continued efforts to address psychological barriers to help-seeking embedded in cultural norms and stigmas.

- Similar to the Serving RN&RM community, many former-Serving interviewees associated positive experiences with support services with the ability to build up a personal relationship with support providers or peers. This reinforces the value of peer-to-peer support mechanisms and having nominated points of contact among support providers who can easily engage and develop trusted relationships with beneficiaries.
- Several interviewees reported difficulties accessing good-quality care from the NHS and other statutory services, often

attributed to a lack of understanding of military Service among service providers. Improving awareness of the Armed Forces community and trauma-informed care among civilian and general statutory support providers may therefore be a persistent requirement that the Naval welfare sector can help address in the future.

8. Implications and recommendations

Based on the study findings and consultations with stakeholders in the sector, we have identified 26 recommendations for future support provision, summarised in Table 3 below. Further sub-recommendations are listed in Chapter 10 of the report. Recommendations are numbered for ease of reference and do not imply a priority order.

The recommendations are not based on a review of current service provision, but rather on an external perspective of the evolving size, demographics, and support needs of the RN&RM community. When developing future strategies for support provision, we

recommend that service providers consider the study findings and recommendations in conjunction with internal data (e.g. administrative datasets and service feedback from beneficiaries) to build a comprehensive picture of future service requirements.

Table 3. Overview of study recommendations

 Health, well-being and resilience:
<ol style="list-style-type: none"> 1. Ensure physical and mental health support services for Serving and former-Serving personnel align with a changing strategic and societal landscape. 2. Increase awareness-raising efforts to mitigate psychological barriers to help-seeking. 3. Expand social and mental health support for partners, particularly in relation to loneliness and social isolation. 4. Expand upstream support provision oriented at building individual and family resilience.
 Family and relationships support:
<ol style="list-style-type: none"> 5. Enhance holistic family support for partners, children, and wider family relationships, recognising the unique challenges of Naval service. 6. Expand support for Service children as well as resources to support RN&RM parents' ability to help their children cope with the demands of Service life. 7. Improve access to affordable childcare for Serving and former-Serving families, supplementing statutory childcare provision. 8. Improve communication and information-sharing with families.
 Employment and financial well-being:
<ol style="list-style-type: none"> 9. Reinforce partner employment support and efforts to mitigate structural barriers for the employment and career development of RN&RM partners. 10. Improve career transition pathways and encourage awareness and recognition of Service-leaver skills among civilian employers to reduce barriers to successful employment for Service leavers. 11. Strengthen upstream and downstream financial well-being support, particularly for those who may be most vulnerable to financial insecurity.



Housing and local infrastructure:

12. Ensure access to affordable, good quality and well-maintained housing for RN&RM families.
13. Collaborate with local authorities to enhance local government services and infrastructure in areas with a high presence of RN&RM.
14. Maintain awareness of the risk of housing insecurity that former SP and their families may experience.



Inclusive and holistic service delivery:

15. Foster joined-up and holistic approaches to improving beneficiary well-being, recognising intersectionality and the interconnected nature of support needs.
16. Improve service navigation and signposting to mitigate potential fragmentation of the support landscape.
17. Continue to improve communication and information provision about available support.
18. Carefully balance in-person and online support services and provide flexibility for beneficiaries to access support in different formats.
19. Use peer-to-peer and community-based models to build trusted support networks.
20. Ensure that services are acceptable and accessible to all segments of the beneficiary population, including those from minority and underrepresented groups
21. Encourage trauma-informed service delivery and improve military understanding among public service providers.



Strategic future planning and community growth:

22. Ensure that non-statutory support is sufficiently flexible to respond to geopolitical uncertainty and evolving deployment demands.
23. Consider the increasingly intergenerational character of the former-Serving population in the design of support services for former SP and their families.
24. Adapt services for anticipated growth in the Maritime Reserves and female personnel.
25. Strengthen support for members of the RN&RM community with caring responsibilities.
26. Strengthen support for the bereaved community, recognising the bereaved community as part of the RN&RM community in its own right.