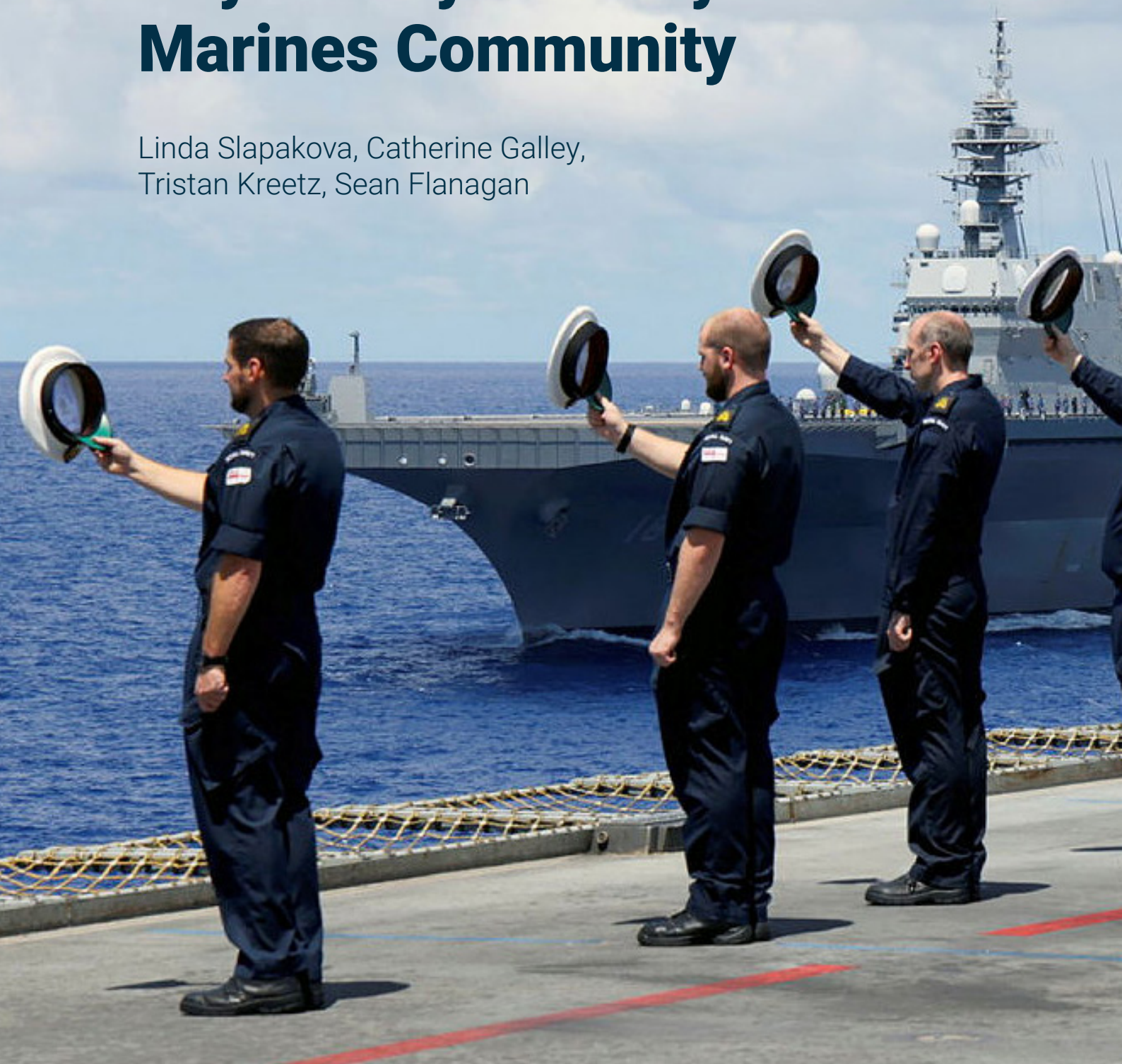




EUROPE

Meeting the Needs of the Royal Navy and Royal Marines Community

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Preface and acknowledgements

The Naval welfare sector provides support to a sizeable community of Serving and former Serving Royal Navy and Royal Marines (RN&RM) personnel and their families. 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. This research involved estimating the current and future size and demographics of the Serving and former Serving community, assessing key issues and challenges the community faces and may require support with, and exploring the community's perceptions and experiences with existing support. This report describes the study's findings and discusses their implications for the Naval welfare sector.

This research benefited from the support of many individuals who offered their time to participate or advise the research team. We would like to thank all Serving and former Serving personnel and partners who participated in the survey and interviews for this research, as well as all members of the Advisory Group and stakeholders from the Naval welfare sector who provided feedback, participated in research workshops and supported recruitment for the survey and interviews. Additionally, we thank our Quality Assurance reviewers, Dr Mary Keeling and Ruth Harris, for their feedback on the study outputs. Lastly, we would like to thank Greenwich Hospital, particularly Jonathan Ball, Jilly Carrell and Maria Theofanous, for sponsoring and supporting the study from its inception. Despite these contributions, the authors are solely responsible for the content of this report.

RAND Europe is a not-for-profit research institution that helps improve policy and decision-making through objective research and analysis. RAND researches multiple policy areas, including military personnel, former Service personnel, and military families.

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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**

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Abbreviations

AFCAS	Armed Forces Continuous Attitude Survey
APS	Annual Population Survey
CEAFC	Centre for Evidence for the Armed Forces Community
FAMCAS	Families Continuous Attitude Survey
FTRS	Full-Time Reserve Service
GH	Greenwich Hospital
HSPC	Human Subjects Protection Committee
MOD	Ministry of Defence
MODREC	Ministry of Defence Research Ethics Committee
NCO	Non-Commissioned Officer
OECD	Organisation for Economic Cooperation and Development
OR	Other Ranks
OVA	Office for Veterans' Affairs
PTSD	Post-Traumatic Stress Disorder
RAF	Royal Air Force
RAFBF	Royal Air Force Benevolent Fund
RESCAS	Reserves Continuous Attitude Survey
RFA	Royal Fleet Auxiliary
RM	Royal Marines
RMA	Royal Marines Association
RN	Royal Navy
RN&RM	Royal Navy and Royal Marines
RN FPS	Royal Navy Family and People Support
RQ	Research Question
SDR	UK Strategic Defence Review

Meeting the Needs of the Royal Navy and Royal Marines Community

SFA	Service Families Accommodation
SLA	Service Living Accommodation
SP	Service Person / Service Personnel

1. Introduction

1.1. Background

The Naval welfare sector provides support to a sizeable and diverse community of Royal Navy (RN) and Royal Marines (RM) Serving Personnel (SP), former SP and their families and the bereaved. This support encompasses services addressing individuals' physical and mental well-being, employment, housing and finances, among other areas. While significant work has been conducted in the UK to better characterise the support needs of the Armed Forces Community at large, most research is conducted at the tri-Service level, where Army SP, former SP and families make up the majority of many research samples. However, there are known differences in service patterns and cultures between the three single Services that shape the experiences of families from each¹ and may not be captured in tri-Service research.

As such, Greenwich Hospital and the Royal Air Force Benevolent Fund (RAFBF) commissioned RAND Europe to research the current and future size, demographics and support needs of the RN, RM and Royal Air Force (RAF) communities, respectively. This report focuses on the project's findings relating to the RN&RM community. It aims to support Greenwich Hospital and the Naval welfare sector in providing adequate support to the RN&RM community and shape service delivery in line with anticipated trends in the size, shape and needs of these communities.²

1.2. The RN&RM community context out to 2040

The size, demographics and support needs of the RN&RM community are widely acknowledged to be changing due to various factors, including the changing strategic context for UK Defence, as well as broader societal and demographic trends.

UK Defence has recognised in recent years that it faces a starkly different and rapidly changing strategic environment compared to the post-Cold War era. Threats posed by Russia following its invasion of Ukraine and growing challenges posed by China contribute to a more 'complex, dynamic and competitive' strategic environment for the UK.³ The 2025 Strategic Defence Review (SDR) has, correspondingly, called for the Armed Forces to move to warfighting readiness to deter and respond to threats in the Euro-Atlantic region.⁴

¹ See, for example, Monahan (2018).

² Findings relating to the RAF community are being published separately.

³ Ministry of Defence (2023: 18).

⁴ Ministry of Defence (2025a).

In contrast to the post-Cold War era's focus on expeditionary counter-terrorism operations, the UK Armed Forces are expected to focus on regional deterrence and supporting NATO Allies up to 2040. Technological change and persistent competition from peer and near-peer adversaries are also shaping the character of warfighting and military activity (e.g. increasing the importance of cyber, space and electromagnetic warfare capabilities).⁵

These trends have various implications for the role of the RN's Fighting Arms, the nature of operations and what the 'ask' on military personnel and their families may be:

- Although the size of the Armed Forces has been declining since the end of the Cold War,⁶ the UK's changing security environment has sparked calls to reverse this trend. Specifically, the 2025 SDR calls for 'no further reduction' in the number of Regular personnel, growing the strength of the Regular forces as well as the UK's Active Reserve (by at least 20 per cent) when funding allows, and reinvigorating engagement with the Strategic Reserve.⁷ In relation to the RN, the SDR calls explicitly for the Service to 'adjust its personnel balance to include greater numbers of Reservists to generate efficiencies and release Regulars for front-line operational roles'.⁸
- Alongside the shifting personnel balance, military Service is expected to increasingly feature flexible and non-linear career pathways, with personnel moving more seamlessly across the spectrum of Regular, Reserve and civilian employment through 'zig-zag careers', as well as entering Defence laterally in later career stages.⁹ Aligned with this, the forthcoming Armed Forces Bill plans to remove the current distinctions between Regular and Reserve personnel, thereby reinforcing a whole-force-oriented approach. This change may mean that the community's support needs change more dynamically in the future, with personnel and families having different relationships and associations with the RN&RM community.
- In light of the changing security environment, the roles of the RN are also evolving. To reinforce the UK's nuclear deterrence through the continuous-at-sea deterrent and ability to secure and defend the Euro-Atlantic, the SDR committed to expanding the UK's Submarine fleet to 12 boats, indicating an increasing 'ask' of Submariners. Additionally, the RN is expected to play a larger role in protecting the UK's critical undersea infrastructure and maritime traffic, which could affect operational tempo and the demands placed on the Surface Fleet. The RN's evolving roles also draw attention to personnel and skills shortages driven by recruitment and retention issues, which have undermined operational readiness and increased pressure on serving seafarers in recent years.¹⁰ If left unaddressed, these challenges are likely to intensify in the future.

⁵ Ministry of Defence (2025a).

⁶ Ministry of Defence (2023).

⁷ Ministry of Defence (2025a).

⁸ Ministry of Defence (2025a).

⁹ Ministry of Defence (2023).

¹⁰ Navy Lookout (2024).

- Technological change has various implications for the composition of the RN&RM workforce and demands placed on individual personnel.¹¹ The socio-economic profile of the RN&RM workforce may change with evolving skills requirements stemming from increasing adoption of uncrewed and autonomous systems and the emergence of what the SDR terms a new ‘hybrid Navy’.¹² The adoption of new technologies in military operations may also increase operational risks and personnel vulnerability. For example, advancements in sensing, processing and long-range strike capabilities are understood to ‘make expeditionary forces more vulnerable both at sea and on land’, which may increase the risk of physical and psychological harm for RN and RM personnel.¹³

From a broader socio-demographic perspective, various trends signal changes in the socio-cultural context of RN&RM Service:

- Current estimates show that the UK population is growing and ageing.¹⁴ This trend will likely put an increasing strain on public services, affecting the Armed Forces Community’s access to public health and social care services. As people are likely to live longer and experience more complex health issues in older age, these demographics will also likely increase the number of people providing unpaid care, including in the Armed Forces Community.¹⁵
- Evolving social norms and demographic trends are reshaping the character of modern families, increasing the prevalence of cohabitation, family separation and single-parent families, as well as changing gender roles.¹⁶ These shifts have implications for families’ support needs (e.g. divorce or separation can lead to challenges in finding new housing or maintaining regular contact between the Serving parents and their children), and how support is delivered (e.g. ensuring that social support includes parents and partners with different individual circumstances).¹⁷
- One important socio-economic and socio-cultural trend shaping the military family context is the increasing prevalence of dual-earner couples, i.e. couples where both partners are employed, have careers and earn income. Driven by increases in educational attainment among women, female participation in the labour market and shifting gender norms, dual-earner couples now account for the majority of households in developed economies, including the UK.¹⁸ As Chapters 4 and 7 discuss further, this trend is also mirrored in military families, drawing attention to the challenges that non-Serving partners can face in finding and maintaining suitable employment.¹⁹

¹¹ Bellasio et al. (2021).

¹² Black et al. (2022).

¹³ Kaushal & Totten (2024: 3).

¹⁴ Barton et al. (2024).

¹⁵ Jitendra & Bokhari (2024).

¹⁶ A ‘family’ has been traditionally defined as consisting of a married, heterosexual couple with children. Non-traditional families are therefore often understood as single-parent families, couples without children, cohabitating couples, as well as homosexual couples with or without children (Ministry of Defence 2022).

¹⁷ Walker et al. (2020).

¹⁸ OECD (2017); Yu et al. (2025).

¹⁹ Walker et al. (2020).

- Alongside these trends, societal attitudes also shape the context of RN&RM Service, as reflected in the expectations, preferences and associations of personnel and their family members regarding military life. Generations entering the labour market are likely to seek out more varied and flexible career pathways and thus serve for shorter periods. This change underpins the previously described developments in personnel policy, including enabling personnel to ‘zig-zag’ between Regular, Reserve and civilian Service.²⁰ Changing societal attitudes also affect how RN&RM personnel and families interact with available support. For example, increasing societal awareness of mental health and decreasing mental-health-related stigma means personnel and family members are more likely to seek help for mental-health-related issues.²¹
- Several other trends in the UK’s socio-economic environment contribute to the growing complexity for Serving and former Serving families, amplifying the risks of poor employment, housing, financial and health and well-being outcomes. For example, research suggests that the financial resilience of UK society is declining and has been negatively affected by the cost-of-living crisis and declining housing affordability, which is likely to be reflected in the financial resilience of military families.²²

1.3. Objectives and scope of this report

To assist the Naval welfare sector in planning for the changing RN&RM community context described above, this research aimed to:

1. **Obtain a best estimate of the current and projected size and key demographics of the RN&RM community out to 2040:** Specifically, this project sought to provide an understanding of the current size and demographic make-up of the RN&RM community, comprising SP, former SP and partners and children of SP and former SP, as well as provide a projection of the size and key demographics of the RN&RM community out to 2040.
2. **Characterise the support needs of the Serving and former Serving RN&RM community:** To support the Naval welfare sector’s ability to provide adequate support to the RN&RM community, the research characterises the challenges faced by members of the RN&RM community in terms of day-to-day living, physical and mental well-being, social and family relationships, employment and training, financial well-being and housing. In addition, the research aimed to identify the RN&RM community’s support needs, participants’ understanding of the support available to them and existing gaps in the support currently offered.
3. **Identify recommendations for future service provision:** To inform future policy and service provision, the research team collaborated with sectoral stakeholders to identify key implications of

²⁰ Ministry of Defence (2023).

²¹ Juškaitė et al. (2025).

²² See Slapakova & Suman-Chauhan (2025) for further discussion of these trends.

the study findings for the Naval welfare sector supporting the RN&RM and wider Armed Forces Community.

There are several caveats regarding the scope of the study and the findings presented in this report:

- Firstly, the future is inherently uncertain, and while the study aimed to obtain the best estimate of the future size and demographics of the community, estimates presented in the report should not be interpreted as exact predictions. As noted throughout the report, there is significant uncertainty surrounding some projections due to the limited availability of data.
- Secondly, while this study sought to characterise the RN&RM community's support needs, its purpose was not to collect feedback on any specific support services. It also did not aim to provide a strategic review of current service provision across the Naval welfare sector. Rather, the research aimed to understand the perceptions of issues and challenges within the RN&RM community and highlight key considerations and potential priorities for future support.
- Thirdly, due to known challenges associated with collecting data from truly representative samples of Serving and former SP and partners, it is problematic to estimate the exact prevalence of various support needs among the RN&RM community. As such, the report *indicates* the likely prevalence of key issues and challenges based on a triangulation of data we collected and what is known about the RN&RM or Armed Forces Community more widely. This is supplemented by qualitative analysis, which helps in understanding the context in which military families experience issues and challenges, how these issues arise, and their impact.

Further methodological limitations are discussed in Chapter 2, which includes the full research methodology.

1.4. Report structure

This report is divided into nine chapters, as indicated in Table 1.1 below. Summaries of key findings and corresponding recommendations are included at the beginning of Chapters 3–8. Three supporting annexes provide supplementary information about the methodology employed in demographic modelling and survey analysis, including additional tables with forecasting results and descriptive statistics of survey and interview samples.

Table 1.1. Structure of the report

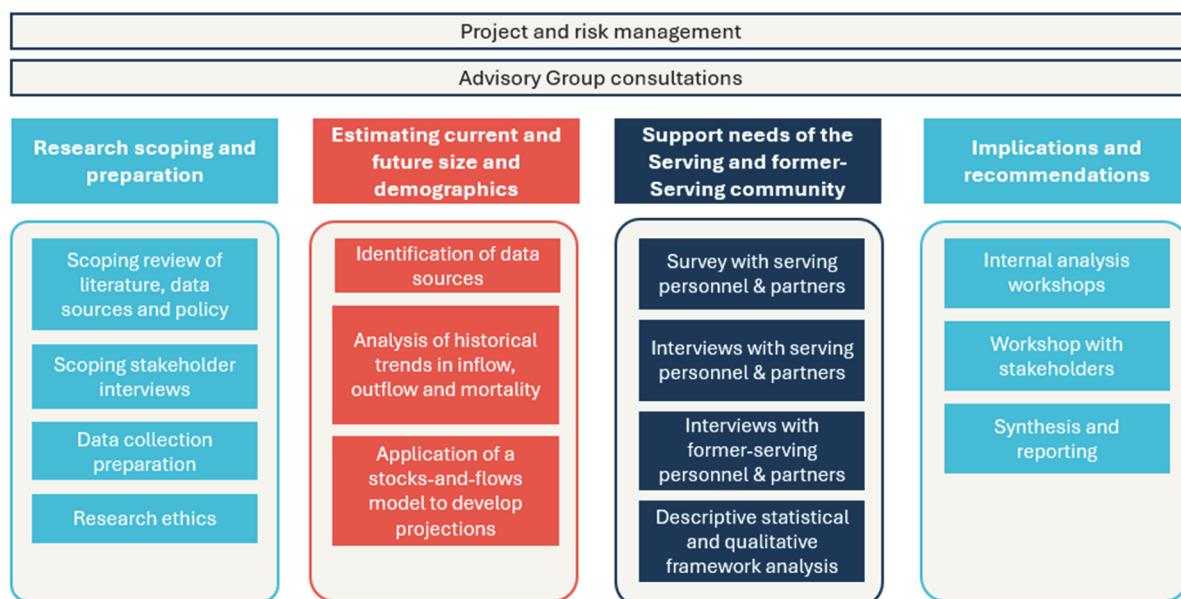
<p>Front matter</p>	<p>Chapter 1: Introduction. Chapter 2: Methodology.</p>
<p>Size, demographics and support needs of the Serving RN&RM community</p>	<p>Chapter 3: Size and demographics of the Serving RN&RM community. Chapter 4: Support needs of the Serving RN&RM community. Chapter 5: Perceptions and experiences of the support landscape of the Serving RN&RM community.</p>
<p>Size, demographics and support needs of the former Serving RN&RM community</p>	<p>Chapter 6: Size and demographics of the former Serving RN&RM community. Chapter 7: Support needs of the former Serving RN&RM community. Chapter 8: Perceptions and experiences of the support landscape of the former Serving RN&RM community.</p>
<p>Conclusions and recommendations</p>	<p>Chapter 9: Conclusions and recommendations.</p>

2. Methodology

This chapter presents the key features of the study methodology, with further details about the methods and study participants available in Annexes A and B.

Reflecting the multifaceted aims of this research, the study employed a mixed-methods research design, drawing on both existing and newly collected quantitative and qualitative data about the Serving and former Serving RN&RM community, and utilised various analytical methodologies. Figure 2.1 below provides a summary overview of the research approach structured into four key phases: 1) research scoping and preparation, 2) estimation of the current and future size and demographics research on the support needs of Serving and former Serving communities, 3) synthesis of the findings and their implications and 4) associated recommendations.

Figure 2.1. Research approach overview



2.1. Research scoping and preparation

To guide subsequent research tasks, the research team first conducted a scoping review of key research on the experiences and needs of the RN&RM community, existing historical data on the size and composition of the Serving and former Serving population, and key policy documents to understand anticipated changes

and trends in the military workforce. To assess the sector’s understanding of trends, issues and challenges facing the RN&RM community, the team conducted eleven scoping interviews with stakeholders from the RN&RM welfare sector, service charities, policy-making and government.²³

Informed by the scoping review and interviews, we developed data collection materials, including the design of a survey and a pre-interview questionnaire for SP and former SP, as well as their partners, along with protocols for semi-structured interviews, information sheets, privacy notices and participant consent forms. We conducted a research ethics review through the Ministry of Defence (MOD) Research Ethics Committee (MODREC) and the RAND Human Subjects Protection Committee (see Section 2.6 below).

2.2. Size and demographics of the Serving and former Serving RN&RM communities

We used publicly available data to estimate the current and future size and demographics of the RN&RM community. Table 2.1 outlines the key data sources used in the analysis. As we conducted this research in 2024 and early 2025, we only included data up to 2024 in the modelling. However, we have updated the current size and demographics analysis to incorporate data published in 2025.

Table 2.1: Data sources for size/demographic analysis and modelling

Data	Source
Number of SP (Regular and Volunteer Reserve), including annual joiners and leavers (2013–2025)	Biannual Diversity Statistics ²⁴
Number of SP by gender, rank, age, ethnicity and nationality (2013–2025)	
Number of trained and total SP by Service and Service category (2013–2025)	Quarterly Personnel Statistics ²⁵
Number of entrants to the Volunteer Reserves with previous service (2023–2024)	
Location of Regular Personnel (2025)	Annual Location Statistics ²⁶
Percentage of personnel by relationship status (2013–2025)	Armed Forces Continuous Attitude Survey (AFCAS) ²⁷ , Reserves
Percentage of personnel with children, including number of children (2013–2025)	

²³ We also conducted an additional five interviews with stakeholders in the RAF welfare sector, service charities and policymakers as part of this research.

²⁴ Ministry of Defence (2025a).

²⁵ Ministry of Defence (2024c).

²⁶ Ministry of Defence (2024a).

²⁷ Ministry of Defence. (2024a).

Data	Source
	Continuous Attitude Survey (RESCAS) ²⁸
Percentage of partners with children (2015–2025)	Families Continuous Attitude Survey (FAMCAS) ²⁹
Number of former SP (2014–2017, 2021 (England and Wales), 2022 (Scotland))	England and Wales Census ³⁰ , Scotland Census ³¹ , Annual Population Survey (APS) ³²
Number of former SP by gender, age, ethnicity and marital status (2014–2017, 2021 in England and Wales)	England and Wales Census, APS
Age, Service and Rank of former SP (2022)	Veterans' Survey ³³
Number of partners and children/step-children living with an Armed Forces Veteran (2021)	England and Wales Census
Target for the number of trained strength personnel	UK defence personnel statistics ³⁴
Mortality rate	Deaths registered in England and Wales, 2022 ³⁵

We generated the population forecasts presented in this report using a two-step population forecasting model. First, we projected historical trends in inflow and outflow from the Armed Forces, as well as the mortality rate of former SP. We then used these projections in a stocks-and-flows model to estimate the number of individuals in each group.

We conducted this analysis at the cohort level, categorising the Armed Forces community by the following variables:

- Service (RN&RM)
- Gender (male and female)
- Rank (Officers and Other Ranks)
- Service category (Regulars, Volunteer Reserves, Former SP).

²⁸ Ministry of Defence (2024e).

²⁹ Ministry of Defence (2024d).

³⁰ Office for National Statistics (2022).

³¹ Scottish Government (2024)

³² Ministry of Defence (2017).

³³ Knipe & Hill (2023).

³⁴ As reported in Kirk-Wade (2025)

³⁵ Office for National Statistics (2024a).

In addition to forecasting the size and demographics of SP and former SP, we also estimated the number of partners, parents and children within these communities. To achieve this, we first projected historical trends in the number of partners, parents and children by each Service category. Secondly, we multiplied these projections by both the forecasts and published Service-specific personnel targets to estimate the number of partners, parents and children in each Service category up to 2040. Annex A provides additional methodological details and data sources, while Annex C presents additional results.

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

To characterise the support needs of the Serving RN&RM community, we employed a mixed-methods approach that combined data from an original survey with RN&RM SP and partners with semi-structured qualitative interviews conducted with a smaller sample of SP and their partners. We also drew on existing literature where relevant. We deemed this approach suitable for indicating the prevalence of various issues and challenges among a larger (though not representative) sample of RN&RM SP and partners, alongside an in-depth exploration of the experiences of those issues and challenges, as well as the support landscape.

We employed convenience sampling to identify participants, i.e. any Serving Regular and Reserve personnel, as well as their partners, could self-select to participate. We recruited participants through open, non-personalised invitations disseminated via social media, engagement with RN&RM stakeholders, community networks within the RN&RM, support organisations, and employers with Gold Awards from the Defence Employer Recognition Scheme. We consulted with the Advisory Group to identify avenues for participant recruitment and provide feedback on the overall data collection approach.

Table 2.2 summarises the survey and interview participants. Additional information on the demographic profile of survey respondents and interviewees is available in Annex C, which shows a good representation of survey and interview participants across rank, gender and age. Most survey and interview participants were from White ethnic backgrounds. Both the survey and interviews had minimal representation of male partners of SP, who may have different experiences than female partners. While the RM survey was generally representative of the wider RM, the RN survey responses overrepresented older and more senior SP.

Table 2.2. Numbers of survey and interview participants

Method	Category	Number of RN participants	Number of RM participants
Surveys	Serving personnel	225	191
	Serving partners	143	40
Interviews	Serving personnel	8	3
	Serving partners	10	12

We conducted the survey online via SmartSurvey, including questions about the following:

- Participants’ demographic and service characteristics (e.g. rank, length of service).

- Thematic issues indicating potential support needs, including physical and mental health and well-being, social and family relationships, employment satisfaction, financial well-being, housing experiences and short and long-term concerns.
- Participants' understanding of and engagement with support services.

Where feasible, we incorporated validated measures to ensure the measurement's validity and enable comparisons with other populations during the analysis.³⁶ Where validated measures were not available or did not meet the data requirements, we developed original multiple-choice questions, Likert-scale measures (e.g. satisfaction with housing) and some open-text questions that invited participants to share more information about their experience if they wished to do so.

We conducted interviews in a semi-structured format, with an interview protocol organised around five broad themes:

- Reflections on overall Service experiences in the RN&RM (or being a military family, for partners).
- Perceptions of the impact of military service on family life.
- Perceptions of key issues and challenges experienced by personnel, partners and their children, as well as their wider families throughout service.
- Engagement with support services, including whether participants have accessed support, and what their experiences were with formal and informal support services.
- General concerns and worries, as well as those related to the study's thematic issues.

We conducted interviews either in person, by telephone or via Microsoft Teams, recording all interviews with the participant's consent and transcribing them verbatim. We offered participants the opportunity to enter the project's prize draw in recognition of their participation in the research.

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

In contrast, our research with the former Serving communities focused exclusively on providing a qualitative understanding of experiences and perceived support needs of former RN&RM personnel and their partners. We deemed a qualitative-only approach suitable for this aspect of the study due to the significant challenges of recruiting former SP and their partners for survey research within the project's timeframe and budget, as well as the existence of recent data from a survey commissioned by the Office for Veterans' Affairs (OVA) and conducted by the Office for National Statistics (ONS) – the OVA-ONS Veterans' Survey - that could help assess the prevalence of various issues and challenges among the broader veteran population.

³⁶ Validated measures used in the survey included the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS), UCLA 3-item Loneliness Scale, AUDIT-C, Short-form Problem Gambling Severity Index, Brief Grief Questionnaire, Relationship Quality Index, Caregiver Strain Index (CSI), Short Index of Job Satisfaction, CFPB Financial Well-Being Scale (abbreviated), and Mental Readiness for Military Transition Scale (MT-Ready, personnel only). Further information on the use of validated measures is provided in Annex C.

Our interviewee recruitment mirrored the approach we took with the Serving communities, but we supplemented it with engagement with veterans' groups. The final sample of interviewees consisted of former RN SP (n=24), former RM SP (n=9), partners of former RN SP (n=5) and partners of former RM SP (n=3). Annex B provides additional information on the demographic characteristics of interviewees. We conducted interviews in a semi-structured format, using a topic guide that mirrored the one used for the Serving communities, but with additional questions about participants' experiences of transitioning from military to civilian life. We conducted interviews primarily through Microsoft Teams or by telephone. In addition, we asked interviewees to complete a short pre-interview questionnaire, which enabled the research team to gather additional contextual information about participants' characteristics.³⁷

2.5. Survey and interview analysis

Our analysis of the survey data focused primarily on identifying the prevalence of different participant characteristics and outcomes across the relevant themes (see Section 2.3). We first cleaned the survey data to remove invalid responses (due to non-completion or lack of consent). We then employed descriptive statistical analysis to understand the prevalence of each outcome of interest within the sample and identify potential differences between subgroups, including those based on gender, age, rank and parental status. To provide context for the survey findings, we also compared the survey sample to the known population of RN&RM Serving communities to understand potential underrepresentation or overrepresentation of particular subgroups.

We analysed the interviews with Serving and former Serving respondents using framework analysis, chosen due to its suitability for analysing large amounts of data and ensuring the analysis focuses on key topics of interest for the Naval welfare sector. We first familiarised ourselves with the interview data, then iteratively coded it against a pre-defined topical framework, mirroring the study's Research Questions (RQs). The framework consisted of: 1) reflections on service experiences, 2) issues and challenges with day-to-day living, 3) physical and mental health and well-being, 4) social and family relationships, 5) employment and training, 6) financial well-being, 7) housing, 8) future concerns and worries, 9) perceptions of the support landscape, 10) experiences with support, and 11) transition experiences (former Serving participants only). Iterative coding subsequently helped identify thematic sub-themes under each part of the topical framework.

2.6. Identifying implications and recommendations

To validate the analysis, identify implications for future support and refine recommendations, we held several workshops with Greenwich Hospital and stakeholders from the broader Naval welfare sector.

³⁷ During the data collection period (June 2024 to March 2025), the research team contacted approximately 100 charities and veterans' groups, associations and breakfast clubs, as well as approximately 200 employers.

2.7. Study Advisory Group

Throughout the project's duration, we received periodic input from the Meeting the Needs Research Advisory Group. This group included 18 members from the charity sector (RAFBF, Greenwich Hospital, RAF Association, Royal Navy and Royal Marines Charity, Naval Children's Charity, Royal Marines Charity (RMA)), research sector (RAND Europe, Meri Mayhew Consulting) and the Armed Forces (RAF, Royal Navy Family and People Support). The Advisory Group guided the direction and development of the research project, offering specialist advice and opinions on its overall conduct and delivery. Specifically, members provided advice, guidance and input to ensure the project was a robust and pragmatic piece of research. Furthermore, they supported the project's delivery, e.g. by providing support during the recruitment of interview participants.

2.8. Research ethics

This study received ethical approval for the research involving SP and partners through the MOD Research Ethics Committee (MODREC, Ref. 2299/MODREC/24) and from RAND's Human Subjects Protection Committee (HSPC) for the research involving former SP and partners. Additionally, RAND Europe's Data Protection Officer reviewed all data collection materials to ensure that the research team incorporated all relevant data protection safeguards.

2.9. Methodological limitations

We note that this study was subject to several methodological limitations:

- Our size/demographics forecasts relied on limited data and assumed that historical trends would continue through to 2040. As the forecast period exceeds the availability of historical data, this approach can exaggerate trends and produce implausible results in some cases. To address this, we bounded projections of inflow and outflow at 95 per cent of historical limits, incorporating an assumption of self-correction over the forecast period.
- Due to limited data availability for both the Serving and former Serving communities, our analysis relied on data that is likely unrepresentative, particularly AFCAS, RESCAS, FAMCAS and the Veterans' Survey. This approach may have introduced bias into the results by treating non-representative data as if it were representative. FAMCAS data only includes spouses and civil partners of Regular Personnel, not partners in long-term relationships with Regular Personnel or any partners of Volunteer Reserve Personnel.
- Various assumptions and caveats underpin the size/demographics estimates due to the limited availability of historical data, particularly for the former Serving community. Data on the size of the former Serving community is only available for the years 2014–2017 and 2021 and is provided solely at the tri-Service level. Therefore, the analysis assumes that the distribution of former SP across Services has remained historically consistent with the distribution reported in the 2022 Veterans' Survey. Furthermore, we assumed no differences between former SP from different

Services in their distribution across age, gender, marital status, number of children or location categories. Additionally, data on former SP includes only those residing in England, Scotland and Wales; therefore, the analysis excludes former SP living in Northern Ireland or overseas. Lastly, minimal data is available on partners of former SP, including their gender and sexual orientation.

- As described above, this study aimed to understand the support needs of the RN&RM community, their prevalence in the larger sample and the impacts of these support needs within a smaller sample. To achieve this goal, both the survey and interviews relied on SP or former SP and their partners describing their support needs and experiences. While we used validated survey measures where possible, a significant portion of the collected data reflects the participants' self-identified needs and particular experiences. In addition, since all our data were self-reported, they are open to various forms of reporting bias.
- We recruited survey and interview participants through open advertisement, with survey participants self-selecting based on relevant inclusion criteria. Due to challenges in reaching all relevant cohorts and the absence of more direct sampling and recruitment avenues, we were unable to obtain a fully representative sample of the target cohorts. For the Serving cohort, the study underrepresents participants from ethnic minority backgrounds and overrepresents female SP. We struggled to recruit partners to participate in the research among both Serving and former Serving communities, particularly partners of former SP.
- A further limitation of our survey and interview sample was that participant recruitment relied on dissemination via employers, veterans' groups, military charities and partner organisations. This approach may have introduced bias into the samples, as participants were likely to overrepresent members of the RN&RM community who already identified a need for support or who had established ties to the Naval welfare sector. Nevertheless, more than half of survey respondents and several of the interviewees responded that they had not accessed support in the last five years.



**Part A: The size,
demographics and support
needs of the Serving RN&RM
community**

3. The size and demographics of the Serving communities

This chapter discusses the evolving size and demographic characteristics of the Serving RN&RM community. Key findings and implications are described in Table 3.1 below.

Table 3.1. Chapter summary: The size and demographics of the Serving RN&RM community

Research questions addressed in this chapter:
<ul style="list-style-type: none">• What is the current size and demographic make-up of the Serving RN&RM community, comprising SP, former SP, partners and children of SP and former SP?• What is the projected size and demographic make-up of the Serving RN&RM community, comprising SP, former SP, partners and children of SP and former SP?
Key findings:
<ul style="list-style-type: none">• The number of RN&RM Regulars has declined since 2012, but is expected to remain fairly constant until 2040, likely reaching 32,000–33,000 personnel if historical trends continue. This forecast suggests that the RN’s target of 30,450 trained personnel (approximately 33,700 personnel in total) is likely to be the best predictor of the size of the RN&RM out to 2040.³⁸• While forecasting the number of Maritime Reservists is challenging due to substantial changes in the size of the Maritime Reserve between 2012 and 2024, the RN workforce is expected to include approximately 3,500–4,500 Reservists in 2040.³⁹• Most RN&RM Regulars are aged 20–39 years, while the majority of Maritime Volunteer Reserves are aged 25–59 years. Officers are generally older than Other Ranks (OR) within both the Regulars and Volunteer Reserves. The number of regulars in each age group is unlikely to change substantially up to 2040; however, the number of Volunteer Reservists aged 18–29 will likely decline.• The RN&RM will likely become increasingly diverse in terms of gender and, to a lesser extent, ethnicity. 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, though there may have been slight increases in the number of UK ethnic minority personnel and non-UK personnel since 2012.• More than two-thirds of RN&RM Regulars and Volunteer Reservists are married or in a long-term relationship. The proportion of RN&RM personnel with a partner has slightly declined since 2012, while the proportion of Maritime Volunteer Reserves with a partner has increased.• The number of RN&RM partners is likely to remain relatively constant until 2040, although this is highly dependent on the number of RN&RM personnel. There were approximately 25,000 partners in

³⁸ Note that the RN is increasingly focusing planning on the combined active RN workforce (Regular and Reserves), which will include 35,000 personnel on different spectrums of Service, including 4,000–5,000 personnel in training.

³⁹ This corresponds to part-time SP from the perspective of a combined active RN workforce.

the Serving RN&RM community in 2024, and there will likely be 23,000–27,000 partners in the RN&RM Serving community in 2040.

- The total number of children in the RN&RM Serving community may decrease, but this forecast is subject to significant uncertainty. There are approximately 26,000 children currently in the RN&RM Serving community, and this figure is expected to remain constant among Regulars and decrease among Volunteer Reservists. By 2040, there will likely be 19,000–34,000 children in the RN&RM Serving community. However, this will depend on the number of Regular and Reserve personnel.

Key implications and recommendations (see Chapter 10 for the complete list):

- Uncertainty surrounding potential future increases in the size of the Regular force, as well as the number of partners and children in the RN&RM community, highlights the need for support providers to embed flexibility and agility into their business planning (Recommendation 22).
- The Naval welfare sector should adapt the support offered to RN&RM personnel to the anticipated growth in the Maritime Reserves (Recommendation 24).
- Reflecting the changing age profile and growing gender diversity of RN&RM personnel, support is needed to ensure that services are inclusive and accessible to all segments of the beneficiary population, including those from minority and underrepresented groups (Recommendation 20). Increasing numbers of female personnel may also require tailored support services (Recommendation 24).

3.1. Number of personnel

As of 2025, there are 32,150 RN&RM Regular personnel and 5,750 Active RN&RM Reserves (see Table 3.3 for definitions). The number of RN&RM SP has fluctuated since 2012, with consistent decreases in the size of the RM Regular Force and Maritime Sponsored Reserves, but periods of growth and shrinkage in the size of the RN Regular Force and Maritime Volunteer Reserves (see Table 3.3 below for an overview and definition of the Reserve categories).⁴⁰ In contrast to previous years, the number of RN and RM personnel both increased slightly in 2025. The number of Volunteer Reserves increased from 2,565 personnel in 2012 to 4,075 personnel in 2021 and then decreased to 3,240 personnel in 2025. Over this period, the number of ex-Regulars serving on Full-Time Reserve Service (FTRS) contracts (Serving Regular Reserves) has consistently increased.

Table 3.2. Number of personnel by category in 2012 and 2025

Personnel category	2012	2025
RN Regulars	27,660	25,650
RM Regulars	7,890	6,500
Volunteer Reserves	2,565	3,240
Sponsored Reserves	1,950	1,630
Serving Regular Reserves	285	880

⁴⁰ All data in this chapter draws on publicly available data from the Biannual Diversity Population Statistics, AFCAS, RESCAS, FAMCAS, Annual Location Statistics and Quarterly Personnel Statistics. Additional information on data sources and methodology is presented in Chapter 2.2 and Annex A.

Table 3.3. Active RN&RM Reserves

Maritime Volunteer Reserves	Maritime Sponsored Reserves	Serving Regular Reserves
<p>Maritime Volunteer Reservists have volunteered to serve in the RN or RM on Part-Time Volunteer (PTVR) contracts, including Higher Readiness Reserves (HRR). Most Volunteer Reservists perform reservist duties (and requisite training) on a part-time basis alongside a civilian job.</p>	<p>The Sponsored Reserves serve through a third-party contract, often by a private sector contractor. The Royal Fleet Auxiliary is classed as a sponsored Reserve.</p>	<p>The Serving Regular Reserves are ex-Regulars serving on Full-Time Reserve Service (FTRS) contracts. FTRS personnel perform military jobs on a full-time basis. Although Volunteer Reserves can also serve on FTRS contracts, this category of Reserve is excluded from published MOD data.</p>

3.2. Personnel rank and gender⁴¹

The overall decrease in the size of the RN Regular Force is most pronounced in the reduction in the number of male OR personnel, which fell from 17,860 in 2012 to 16,780 in 2025. Since 2012, the number of male Officers has also decreased slightly, while the number of female personnel has increased modestly.

The decrease in the number of RM Regulars is also most pronounced in the reduction in male OR personnel, from 6,700 in 2012 to 5,490 in 2024. There has been a slight increase in the number of male Officers and female personnel over the same period.

In the Volunteer Reserves, both male and female OR personnel increased between 2013 and 2021; however, both categories of personnel declined between 2022 and 2025. There was a slight but consistent increase in the number of both male and female Officers between 2013 and 2025.

⁴¹ The analysis of demographic data and forecasts for Reserves includes only the Volunteer Reserves, as sufficient publicly available data is not available for Sponsored Reserves or ex-Regulars (Serving Regular Reserves) on FTRS contracts.

Table 3.4. The number and proportion of personnel by rank and gender (2024)

		Male ORs	Male Officers	Female ORs	Female Officers
RN Regulars	Number	16,780 ↓	5,360 ↓	2,560 ↑	960 ↑
	Percentage	65%	21%	10%	4%
RM Regulars	Number	5,490 ↓	890 ↑	120 ↑	<5 ↑
	Percentage	84%	14%	2%	<0.1%
Volunteer Reserves	Number	1,740 ↑	1,020 ↑	250 ↓	230 ↑
	Percentage	54%	31%	8%	7%

Note: Arrows in this table and the subsequent graphs represent the general trend in the number of personnel in each category between 2012 and 2025.

3.3. Ethnicity and nationality

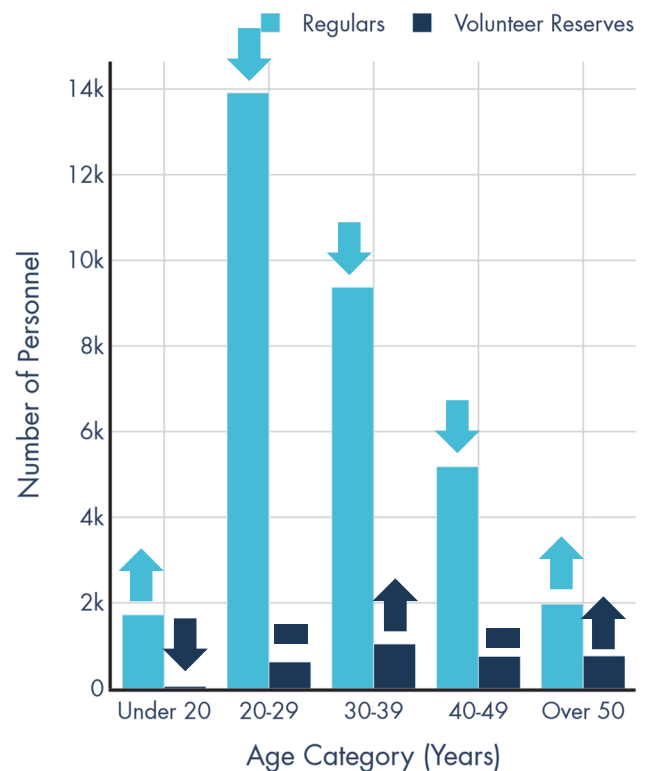
The majority of RN&RM Regulars (91 per cent) and Volunteer Reserves (94 per cent) are White British. In 2025, 1,110 Regular personnel (3 per cent) were UK nationals with an ethnic minority background, and 1,320 (4 per cent) were from non-UK backgrounds. The data suggest a slight increase in the number of UK ethnic minority and non-UK personnel from 1,450 in 2021 to 2,430 in 2025. However, this may be partly due to declining numbers of personnel with unrecorded ethnicity.

3.4. Age

Most RN&RM Regulars (73 per cent) are aged 20–39, while most Maritime Volunteer Reserves (88 per cent) are aged 25–59 years. There are likely to be differences in the age profiles between different Fighting Arms of the RN&RM, given their differences in responsibilities and training requirements.

Officers are generally older than OR personnel within both the Regulars and Volunteer Reserves.

Figure 3.1. Age distribution of personnel (2025)



Between 2013 and 2024, the number of Regular personnel aged 25–29 decreased while the number of personnel aged 20–24 increased between 2019 and 2024.

The increasing size of the Maritime Reserves was primarily observed through the increasing numbers of personnel aged 30–39, while the decrease in the number of personnel has primarily resulted from a decrease in the number of personnel aged 55–59 since 2018.

3.5. Family status

The majority of RN&RM Regulars and Volunteer Reservists are married or in a long-term relationship. Analysis of AFCAS and RESCAS data suggests that the RN&RM Serving community includes approximately 25,370 SP partners and 29,380 children (see Table 3.5).

Table 3.5. Estimated number of partners and children in the Naval Serving Community (2025)

	Estimated number of partners	Estimated number of separated/divorced partners	Estimated number of children
RN Regulars	18,780	1,280	21,430
RM Regulars	4,900	270	5,480
Maritime Reserve	1,935	160	2,470
Total	25,610	1,710	29,380

Source: RAND Europe analysis of MOD data.

As Table 3.6 shows, a slightly lower proportion of RN&RM Regular personnel are married, and a slightly higher proportion are in long-term relationships compared with the tri-service average. Since 2013, there has been a slight decrease in the percentage of RN married personnel and a slight increase in the number of single personnel and personnel in long-term relationships. In contrast, there has been a slight increase in the proportion of RM personnel who are married or in a long-term relationship, and a corresponding decrease in the number of single RM personnel.

Table 3.6. Relationship status of personnel (2025) and working age population (2021)

Relationship status	Regulars			Volunteer Reserves		England & Wales working age population
	RN	RM	Tri-Service	Maritime	Tri-Service	
Married	44%	42%	46%	48%	44%	41%
Long-term relationship	29%	33%	27%	24%	27%	N/A
Separated/divorced	5%	4%	4%	4%	8%	11%
Single	20%	19%	21%	19%	19%	47% ⁴²

Source: RAND Europe analysis of MOD data and data from the England and Wales Census (2021).

A slightly lower proportion of RN&RM Regulars (43 per cent) have children compared to the tri-Service average (47 per cent), potentially reflecting the slightly lower proportion of married personnel among RN&RM Regulars. As expected, a higher proportion of partners (79 per cent) have children, as data on partners likely reflects higher rates of parenthood among individuals in relationships. Table 3.7 shows the estimated number of children of RN and RM Regular personnel by children's age, including financially dependent children aged 18 and above.

Table 3.7. Estimated number of children by age group

	Estimated number of children aged <5	Estimated number of children aged 5–17	Estimated number of children aged 18+ financially supported by an SP
RN Regulars	5,570	13,070	2,780
RM Regulars	1,750	3,130	600
Total⁴³	7,320	16,210	3,380

The relationship profile of Maritime Volunteer Reservists is similar to that of Regular personnel. There is also a similar rate of parenthood in the Volunteer Reserves as the Regulars: 39 per cent of Maritime Reserves have children.

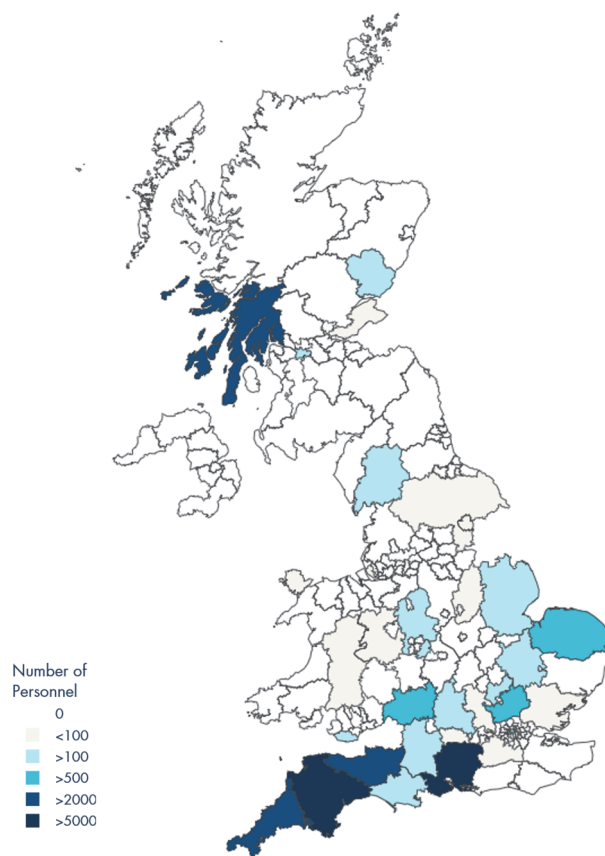
⁴² This category within the census is 'Never married and never registered a civil partnership' and thus includes individuals in a long-term relationship.

⁴³ Volunteer Reserves are not included, as RESCAS does not ask questions about the age of children.

3.6. Location

Almost all RN&RM Regular personnel (97 per cent) are stationed within the UK, though this does not account for RN&RM personnel on sea service, whose location is recorded as their ship’s home port. Between 2012 and 2025, the number of personnel located in the South-West decreased from 17,840 (51 per cent) to 12,830 (40 per cent), while the number of personnel located in the South-East increased from 10,280 (30 per cent) to 11,400 (36 per cent). Within the UK, most personnel are located in counties with RN or RM bases: Hampshire, Devon, Argyll and Bute, Cornwall, and Somerset. Out to 2040, the number of personnel based in Faslane, Scotland, is likely to increase due to the relocation of the Submarine School and the expansion of the AUKUS submarine programme (SSN-A) to up to 12 boats.

Figure 3.2. Location of Regular personnel within the UK (2025)



3.7. Forecasts of Serving personnel

RAND’s forecasts suggest that the number of RN&RM Regulars is unlikely to change substantially out to 2040 (as shown by the solid line in Figure 3.3). If historical trends continue, there will likely be 32,000–33,000 Regular personnel in 2040.⁴⁴ This figure would put the number of Regulars very slightly below the RN&RM’s published target of 30,450 trained personnel, which equates to approximately 33,700 Regular personnel.⁴⁵ However, the improvements to recruitment and retention in 2025 (not included in the

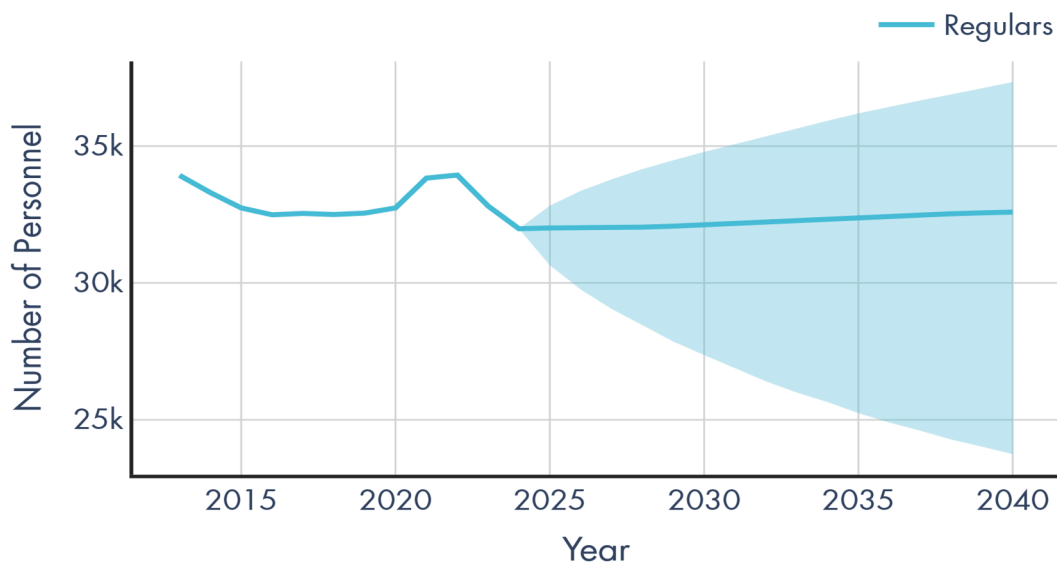
⁴⁴ Given the inherent statistical uncertainty in projecting forward historical recruitment and retention levels, the 95 per cent credible interval (shown by the blue shaded area in Figure 3.3) for the number of Regular personnel ranges from 24,000 to 37,000. While this interval reflects the statistical uncertainty in the data, the extreme ends of the range are highly unlikely. This is partly because policies and incentives would likely be adjusted if RN&RM personnel numbers differed substantially from the targets set by the RN&RM.

⁴⁵ The target of 30,450 personnel was first published in the 2015 SDR and unchanged in the Defence in a Competitive Age publication. The SDR included an ambition to grow the Regular Force but did not include updated targets. The estimated number of personnel required to reach this target is based on historical data, which shows that trained personnel typically make up approximately 90 per cent of the total RN&RM personnel. The research team consulted the RN Workforce Planning Team during the study to confirm whether these targets reflected their planning. The Workforce Planning Team stated that they intended a small increase in numbers up to 2040, but clarified that this increase would not consist solely of ‘Regular’ personnel (see below for further discussion on the Spectrum of Service). For further information on trained personnel numbers and targets, see Kirk-Wade (2025) and the Quarterly Personnel Statistics.

model⁴⁶) increased the size of the Regular Force in 2025, and, if these continue, the RN&RM could likely sustain its target workforce size. This means that the RN&RM's published targets are likely the best predictor of the size of the Regular Force. While RN&RM policy includes an increase in platforms (such as the growing number of attack submarines in the SSN-A programme), this is unlikely to necessitate substantial changes in the size of the RN workforce due to increasing automation and the use of shore-based civilians. However, there may be some minor adjustments in workforce requirements between the RN's different fighting arms.

In line with the SDR's ambition to grow the size of the Regular forces when funding allows, the target size of the RN&RM may increase slightly out to 2040. However, the upcoming Armed Forces Bill will remove the distinction between Regular and Reserve personnel, focusing instead on the whole active RN workforce.⁴⁷ This accompanies the increasing focus on 'zig-zag careers' where personnel may move between different 'spectrums' of Service. In total, the RN is currently planning for the assumption that the active RN workforce will comprise 35,000 personnel (across various service spectrums), including 4,000–5,000 personnel in training.⁴⁸

Figure 3.3. Forecast of RN&RM Regular personnel



Note: Coloured shading in this graph and subsequent graphs represents the 95 per cent credible interval.

Looking across gender, rank groups and age groups, there may be a slight decrease in the number of male Officers and a slight increase in the number of female OR personnel (as shown in Figure 3.4).⁴⁹ As Figure 3.5 illustrates, the number of personnel in most age groups is unlikely to change substantially.

⁴⁶ Inflow and outflow rates from 2025 are not included in the statistical model because the data were released after the model was complete.

⁴⁷ Authors' communications with the RN Deputy Director People Strategy.

⁴⁸ Authors' communications with the RN Deputy Director People Strategy.

⁴⁹ Corresponding tables are available in Annex C.

Figure 3.4. Forecast of RN&RM Regular personnel by age

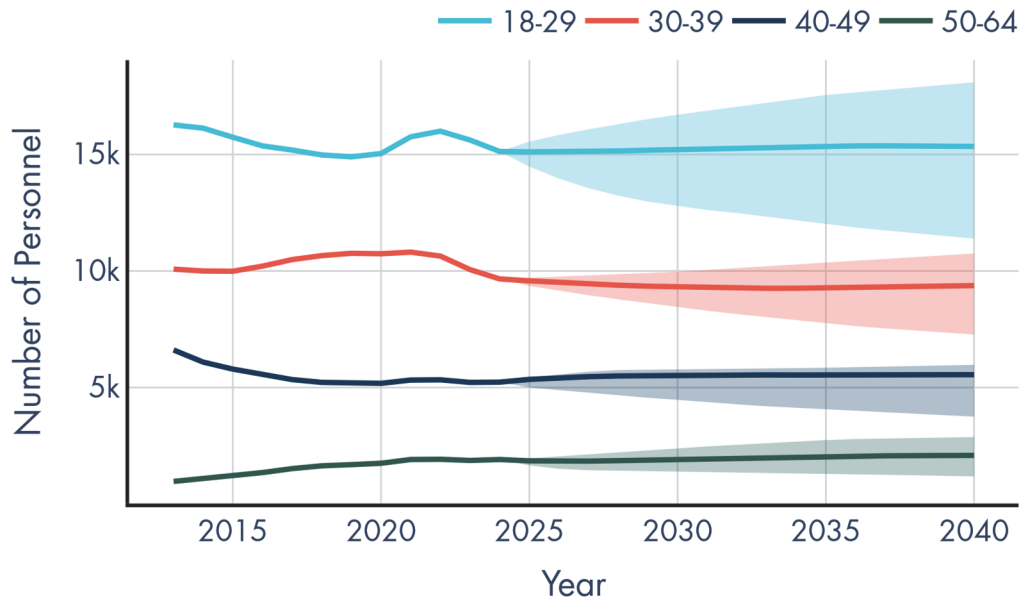
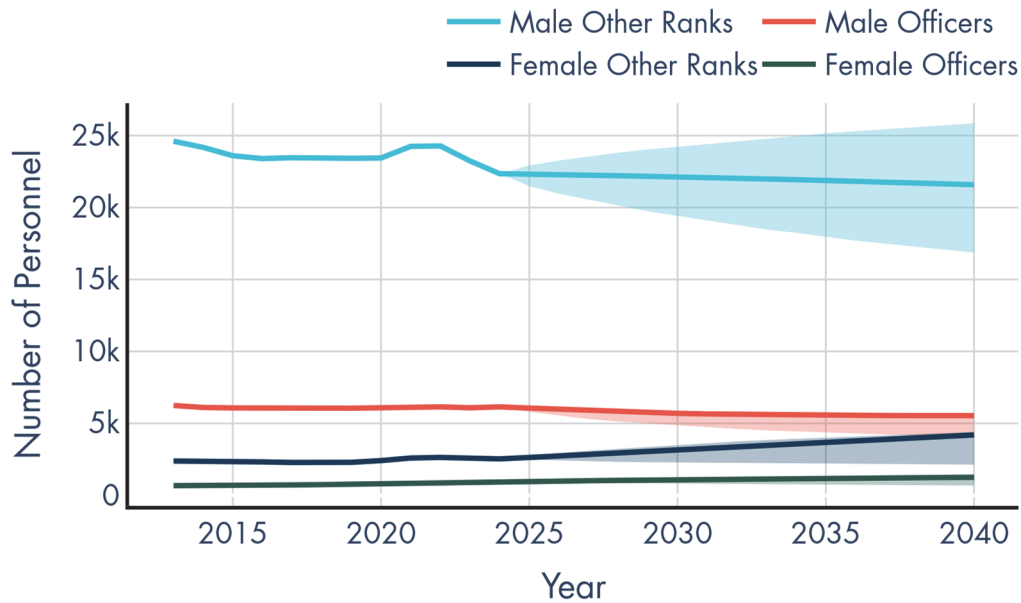


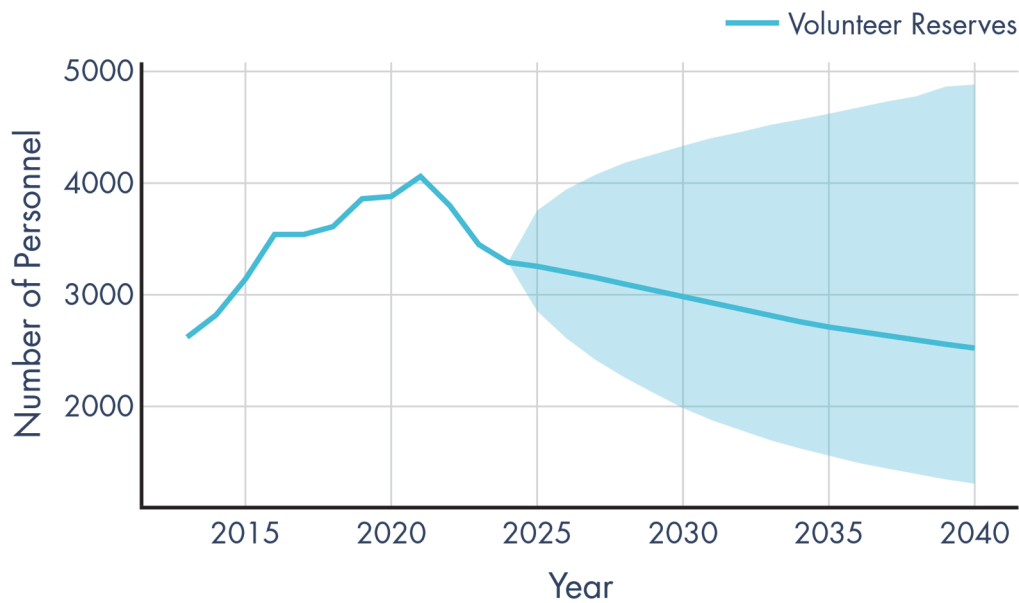
Figure 3.5. Forecast of RN&RM Regular personnel by rank and gender



As Figure 3.6 shows, statistical modelling indicates substantial uncertainty regarding the size of the RN&RM Volunteer Reserves out to 2040. This uncertainty reflects significant changes in the size of the Volunteer Reserve from 2013 to 2024, including the decrease in the inflow of male ORs from 790 people per year in 2016 to 190 people per year in 2023. If this historical trend continues, RAND’s forecasting suggests the size of the Volunteer Reserve would decrease substantially by 2040. As Figures 3.7 and 3.8 show, the forecasts suggest a potential decrease in the number of male Officers, a slight increase in the number of female ORs and Officers and a slight decrease in the number of personnel aged below 30, with little change in the number of personnel in other age groups.

The distinction between Regular and Reserve personnel will be removed in the upcoming Armed Forces bill.⁵⁰ However, given the likely differences in commitment between individuals at different ends of the ‘spectrum’ of Service, the RN&RM targets will likely still provide useful information on the number of part-time personnel in the RN&RM. As such, given the RN&RM published target of 3,100 trained personnel (approximately 3,800 personnel) and the recommendation of the SDR to increase the Active Reserve⁵¹ in the 2030s, it is likely that the number of part-time personnel may increase to between 3,500 and 4,500 personnel, particularly where new trades are included in the ‘Reserves’.

Figure 3.6. Forecast of RN&RM Volunteer Reserves



⁵⁰ Authors’ communications with the RN Deputy Director People Strategy.

⁵¹ This includes Part-Time Volunteer Reserves (including HRR), Sponsored Reserves, Volunteer ex-Regular Reserves and personnel on FTRS and Additional Duties Commitment contracts. It excludes the Regular Reserve and Recall Reserve, i.e. Service leavers and former SP with liability for call-out.

Figure 3.7. Forecast of RN&RM Volunteer Reserves by rank and gender

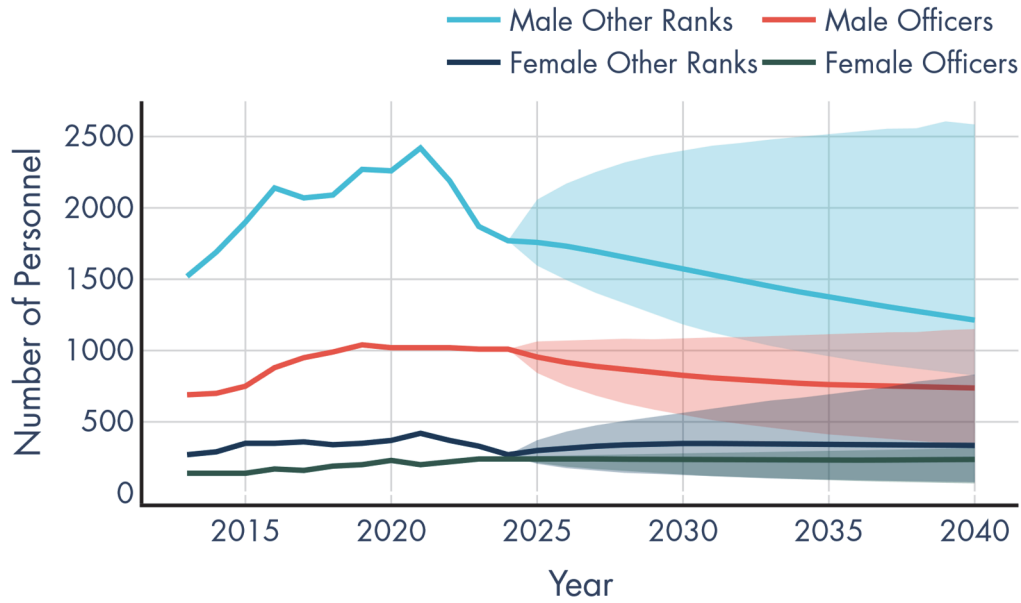
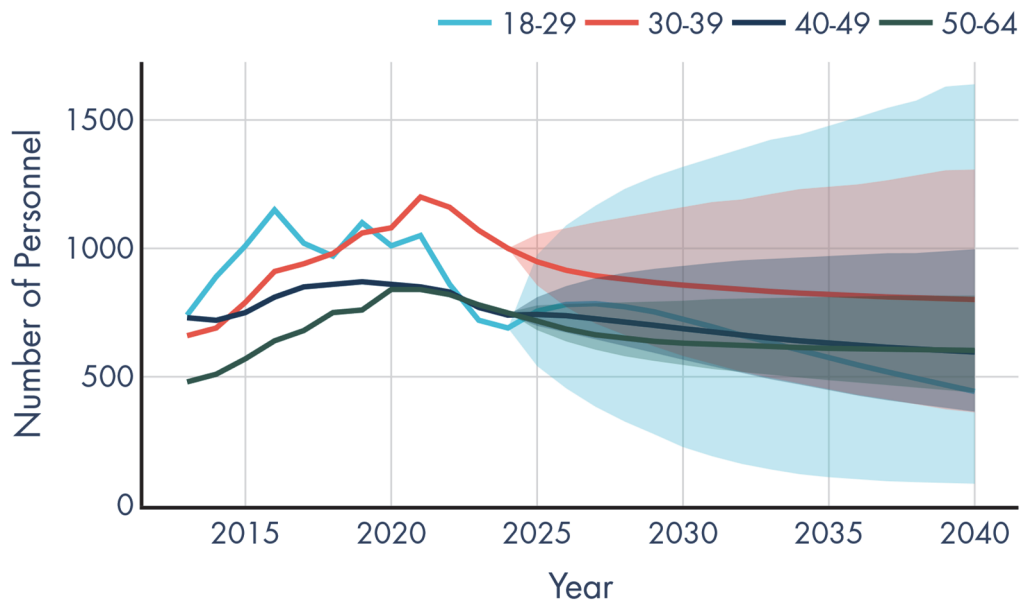


Figure 3.8. Forecast of RN&RM Volunteer Reserves by age



3.8. Forecasts of partners

The historical data show that there has been, on average, a slight decrease in the percentage of RN&RM Regulars with a partner (among both Officers and ORs), which suggests there may be a slight decrease in the number of partners of Regular RN&RM personnel from 23,600 in 2023 to between 21,000 and 25,000 by 2040. Conversely, the proportion of Volunteer Reservists OR personnel with a partner has substantially

increased, although the proportion of Volunteer Reserve Officers with a partner has remained relatively unchanged. However, our forecasts suggest that there could be a substantial decrease in the number of Volunteer Reservists, which makes it challenging to forecast the number of partners.

3.9. Forecasts of parents and children

The historical data indicate a slight decrease in the number of RN&RM personnel with children, suggesting a corresponding decrease in the number of parents among Regular personnel. There has also been a minimal decrease in the average number of children per person, suggesting that there are likely to be 18,000–31,000 children of RN&RM Regulars in 2040.

The proportion of Volunteer Reserve Officers with children has decreased over this period, as has the average number of children per officer. Conversely, both the proportion of volunteer Reserve OR personnel with children and the average number of children per person have increased, suggesting that the number of children of OR personnel and the number of OR personnel with children may be increasing. However, the total number of children and parents is most likely determined by the number of Volunteer Reservists.

4. The support needs of Serving communities

This chapter presents findings from the surveys and interviews with Serving RN&RM personnel and their partners about issues and challenges facing the Serving RN&RM community. Survey and interview findings are described jointly in relation to participants' cross-cutting reflections on Service life, physical health, mental well-being, social/family relationships, employment, financial well-being, housing and future concerns of RN&RM families. Where relevant, we have included interview quotes to illustrate broader themes in participants' testimonies.

Table 4.1. Chapter summary: The support needs of the Serving community

Research questions addressed in this chapter:	
<ul style="list-style-type: none"> • What issues or challenges with regard to day-to-day living, emotional and mental wellbeing, social and family relationships, employment and training, financial wellbeing, and housing have been experienced by Serving RN&RM personnel and their families? • How prevalent are these issues and challenges among a sample of RN&RM families? • What support needs does the RN&RM community have in light of the identified issues and challenges? 	
Issue area	Key findings:
Experience of Service life (Section 4.1)	<ul style="list-style-type: none"> • While satisfaction with Service life was lower among RN and RM personnel compared to other services, most interviewed SP were positive about Service life. However, interviewed partners often held more mixed views of Service life due to their perceived impacts of Service demands on family life and the view that military policies and culture often place an excessive burden on non-Serving partners. • Separation due to operational or overseas postings, or 'weekending', was identified as the main challenge associated with RN&RM Service. Interviewed SP and their partners often felt that deployments were increasing in number, length and unpredictability, putting an 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 personnel serving in the RN's five Fighting Arms.
Physical and mental health (Section 4.2)	<ul style="list-style-type: none"> • In the study survey, SP were more likely to report physical health conditions, whereas partners were more likely to report mental health conditions. A higher proportion of partners also reported having both a diagnosed physical and health condition compared with SP. • The survey also indicated a high prevalence of low mental well-being among RN SP, RN partners and RM partners. However, a much higher proportion of RM SP

	<p>reported average mental well-being. Findings from interviews highlighted that the demands placed on partners of SP, particularly around deployments, may often contribute to mental strain and poor mental well-being among partners.</p> <ul style="list-style-type: none"> • Interviewees stressed resilience and self-reliance as key to managing Service life, even where these displaced positive coping strategies. • The survey and interviews revealed significant challenges around loneliness and social isolation, particularly among RN&RM partners. • In the survey, a higher proportion of RN&RM SP than partners reported drinking and gambling at potentially harmful levels.
<p>Family and social relationships (Section 4.3)</p>	<ul 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 pressure on relationships between SP and their partners. • While the majority of SP and their partners described their childcare arrangements as adequate, many struggle with accessing affordable and suitable childcare arrangements, particularly during deployment periods. Interviewees who had children with special needs reported facing more severe challenges in accessing adequate childcare and balancing family responsibilities with employment. • SP and their partners identified a range of impacts on children related to Service life, particularly when family routines get disrupted by operational deployments. • Both SP and their partners identified challenges with their social relationships and broader social life. While the survey showed that SPs were happier with their social life than their partners, SP often also reported challenges in maintaining social connections. Partners highlighted the need to balance childcare and employment, as this limits their opportunities for socialising.
<p>Employment (Section 4.4)</p>	<ul style="list-style-type: none"> • Survey results suggested high levels of job satisfaction among SP and their employed partners. Where SP raised challenges with employment, they were typically related to frustrations and concerns about career management and progression. • In interviews, partners highlighted the challenges they face in finding jobs that allow them to balance childcare responsibilities and other household tasks, particularly during deployments. They considered structural barriers to employment as having wider impacts on their mental health and sense of self, as well as constraining the household budget.
<p>Financial wellbeing (Section 4.5)</p>	<ul style="list-style-type: none"> • Survey results indicated medium levels of financial well-being among respondents, with younger, Junior OR RM SP highlighting higher levels of financial well-being. • When prompted about their financial well-being, interviewees typically cited resilience and self-reliance as crucial in enabling them to live within their means. Factors such as rising living costs, being reduced to a single-income household, high childcare costs, and a comparative erosion of military compensation were seen as constraining families' financial well-being.
<p>Housing (Section 4.6)</p>	<ul style="list-style-type: none"> • The survey indicated that the majority of SP and their partners find their housing to be appropriate, but a minority face challenges in accessing the type of housing they would prefer. • Both interviewed SP and partners expressed mixed views of the adequacy of Service housing. Interviewees balanced the advantages of low-cost Service housing against challenges, including the low quality of housing and difficulties maintaining Service housing.

<p>Future concerns (Section 4.7)</p>	<ul style="list-style-type: none"> • When asked about short-term (two-year) and long-term (ten-year) concerns, SP and partners most often worried about financial security (either their own or their children's) and maintaining good health. • Interviewees were also concerned about political and geopolitical events and how these might affect Service demands, particularly the increasing frequency and unpredictability of deployments. • Providing stability for children was also raised as a concern by interviewees, both during their Service and upon transition into civilian life.
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Implications and recommendations (see Chapter 10 for the complete list):

- Perceptions of the increasing number, length and unpredictability of operational deployments, as well as the demands this places on families, may be amplified in the future, given the changing strategic environment. This possibility underscores the importance of providing holistic support to partners and families (Recommendation 5) as well as implementing upstream interventions that promote individual and family resilience (Recommendation 4).
- Continued attention is needed to address potential barriers to help-seeking stemming from stigma around mental health, particularly among SP. Looking out to 2040, the changing character of warfare may also introduce new physical and psychological pressures for SP, reinforcing the need for comprehensive physical and mental health support services for the SP population (Recommendations 1 and 2).
- RN&RM partners highlight experiences of loneliness and social isolation, alongside challenges in finding suitable employment, as key challenges. This indicates a persistent need to reinforce social, mental health and employment support for RN&RM partners (Recommendations 3 and 9).
- Interventions that build individual and family resilience can be part of effective 'upstream' support for RN&RM families, particularly given concerns over the increasing operational tempo and length of deployments. However, resilience-building must not reinforce barriers to help-seeking (Recommendation 4).
- As many participants highlighted challenges accessing affordable childcare, continued efforts are needed to improve childcare support for RN&RM families (Recommendation 7). This support is particularly critical given the knock-on effects of childcare-related challenges on partner employment.
- Given concerns over the impact of Service life on children, there is a need to maintain robust support services for children in the RN&RM community, as well as develop resources for parents to help children cope with demands such as separation (Recommendation 6).
- Serving SP's and partners' concerns about their finances highlights the continued importance of providing a financial safety-net for families via downstream financial support. However, this support should be balanced with 'upstream' interventions to help mitigate the spill-over of short-term support needs into more complex, longer-term challenges (Recommendation 11).
- Alongside planned investments in Service housing, access to affordable, good-quality and well-maintained housing for RN&RM families must be ensured (Recommendation 12). In areas with high concentrations of RN&RM families, support organisations should collaborate with local authorities to enhance local government services and infrastructure, e.g. through local Covenant partnerships (Recommendation 13).
- Given the high recorded levels of caregiving strain and problematic grief among those with caring responsibilities and bereavement experiences, there may be a need to strengthen support for people in these communities (Recommendations 25 and 26).

4.2. Experiences of Service life

Most interviewed SP were positive about their experience of Service life, with many highlighting the varied nature of their work, international deployments and participation in ceremonial events as positive formative experiences. They also often highlighted various ‘perks’ of military Service, notably the low cost of Service housing and opportunities to spend time abroad during international deployments. RM SP in particular stressed feelings of camaraderie and community as an important aspect of their Service:

‘There’s a lot you can get out of being in the military. I mean, obviously, I can only speak for the Royal Navy, but there [are] a lot of perks that come with the job, like the housing, for instance. There’s a lot of things that aren’t perfect with the housing, but it’s not going to be, is it? You get a house with your job, and it’s fantastic.’ (S112, RN SP)

Recognising this, AFCAS data shows that satisfaction with Service life among RN and RM personnel is lower than among personnel in the Army and RAF and has decreased in recent years. In the 2025 AFCAS survey, 32 per cent of RN personnel and 33 per cent of RM personnel reported being satisfied with Service life, compared to 44 per cent of Army and 37 per cent of RAF personnel. Dissatisfaction with Service life is also higher among RN and RM personnel: 42 per cent (RN) and 43 per cent (RM) reported being dissatisfied with Service life, compared to 30 per cent of Army and 37 per cent of RAF personnel.⁵²

Interviewed partners tended to express more feelings about Service life. While recognising many of the same benefits of military Service as SP, they often sensed a lack of control over aspects of their lives due to their partner’s Service. In some cases, partners expressed resentment about this loss of agency, highlighting that it had not been their choice to join the Armed Forces:

‘Yeah. I think you are, as a military wife, expected to just function around your husband. That is still very much the mentality that is within the forces. As a wife, you support your husband. Or, not just as a wife, but if it’s the other way around – wife in and man out, you are just there to serve your husband. Still very much the case.’ (S419, partner of RM SP)

A minority of SP described having challenging experiences of discriminatory workplace behaviours such as bullying and racism. Participants with these experiences often believed that structural issues, such as high workloads, created challenging workplace environments. Experiences of bullying and racism had significant impacts on the mental well-being of interviewed SP and were cited by interviewees as leading to deteriorating mental health episodes, such as periods of depression, and, in one instance, suicidality:

‘[T]here have been a couple of times in my career where I have been actively bullied by my chain of command, and again, at those times, you’re almost second-guessing yourself. Is this because I’m brown, I’m from a different socio-economic background, whatever it might be? [...] And it could be any kind of combination or permutation of any of that, right? [...] So, I ended up being signed off work, downgraded. [...] That was quite difficult.’ (S484, RN SP)

The most significant challenge associated with Service life for both the interviewed SP and partners was the extensive separation due to operational deployment. While deployment-related separation affects SP and their families across all single-service branches, the RN Service, in particular, features more frequent

⁵² Ministry of Defence (2025a).

and prolonged deployment periods at sea. Although the operational tempo differs by Fighting Arm (as discussed later in the section) and even ship classes, AFCAS data correspondingly show that significantly more personnel in the RN than other Services report that their deployments are too long.⁵³ The interviewed SP often associated this separation with missing key life events, such as birthdays, school events or weddings, which contributed to the weakening of their relationships with family and the broader social circle. Partners associated prolonged periods of separation with careful and challenging balancing of childcare responsibilities, other household duties and maintaining employment. Many interviewed SP recognised their partners' ability to effectively function as a single parent during operational tours, showing an awareness of the increased demands they faced.

Furthermore, **many partners felt that Service policies and culture conflicted with the reality of many families' lives and imposed excessive demands on non-Serving partners.** The military was still seen as assuming that the SP would be the working member of the family, with partners carrying household and childcare responsibilities.⁵⁴ Partners particularly felt that this underpins a lack of childcare support, which can consequently undermine partners' career development and wider wellbeing. Partners of RM SP also expressed concern about the extent to which RM Service led to SP becoming highly institutionalised in a male-dominated environment, which they saw as causing the SP to compartmentalise Service and family life in a way that made them less readily able to understand the challenges their partners faced:

'[T]he bare minimum is normalised in the Marines in particular. It's a male environment. Lots of people who succeed in the Marines do so because they don't spend time with their family, and they don't prioritise their family. [...] Like, he has been penalised in the past for supporting his family, for taking paternity. And the whole culture ... I think it's even worse than probably across the rest of the military because there isn't a female influence.' (S707, partner of RM SP)

Several interviewed SP and partners also shared the view that deployments were increasing in number, length and unpredictability. This change was linked to crew shortages, underpinned by recruitment and retention issues, combined with increasing operational demand. The unpredictability of deployments posed a particular challenge for partners, who felt that it limited the family's ability to make plans, such as booking holidays, and negatively impacted the mental well-being of children, who struggled to adapt to the uncertainty surrounding separation. Strategic trends and geopolitical volatility suggest these dynamics may become more challenging in the future, particularly if crewing shortages persist:

'[B]ecause of too many tasks and not enough ships, it means that the ships that we have got deploy more often and for longer. So, it means that – we mention the seven or eight-month deployments are not uncommon. The strain on a family to be able to function with an element of that family not in the scene for that length of time is a challenge that is not faced by the RAF or the Army. It is only faced by the Navy. We still don't recognise that enough, and we lose people every year because they say, "I don't want to go through another eight-month deployment.' (S567, RN SP)

'I think they are incredibly busy. From what I've sort of heard, it has been fed back that it was just ridiculous. [...] And part of that is how much he has been away. I think a lot of people even said to

⁵³ Ministry of Defence (2025a).

⁵⁴ Similar findings have been reported elsewhere. See, for instance, Gribble et al. (2019) and Spikol et al. (2024).

me, "how is he away that much?" He's gone for absolutely everything. Whether or not that's a shortage of men and they're struggling to recruit or operational needs, it's incredibly busy at the moment and it does seem to just be constant.' (S360, partner of RM SP)

Apart from deployments, many interviewed families' day-to-day experiences were defined by 'weekending', whereby SP would spend the weekends at home and commute to their place of work during the week. Families often had 'weekending' arrangements to provide stability for their children, support the partner's employment or maintain proximity to wider family for childcare support. However, 'weekending' also resulted in challenges, including the exclusion of the SP from family life routines. Some interviewed partners believed that this made their children more dependent on them for emotional and other support. 'Weekending' SP, on the other hand, struggled with making the most of time spent with their family during weekends, stating that it was challenging to balance childcare responsibilities with a need to spend time with their partners and maintain broader social relationships:

'I do quite a bit of rugby refereeing. But in order to do that, rugby refereeing and games on a Saturday involve me going away and spending time away from my family in order to do that refereeing. And it becomes a choice of, well, I haven't seen my kids during the week. Do I not see them again for, let's say, a Saturday afternoon so I can go refereeing?' (S912, RN SP)

Notably, experiences of Service life and corresponding support needs may vary significantly across the five RN Fighting Arms. Table 4.2 provides an overview of the Fighting Arms and their differences from the perspectives of SP and their families.

Table 4.2. Differences in Service life issues and challenges faced by personnel in the RN's five Fighting Arms

Role	Service patterns, unique issues and challenges
Surface fleet	
Fulfils a variety of roles, ranging from the safeguarding of territorial waters and anti-submarine activities to anti-piracy missions and hydrographic surveys. Due to the variety of vessels utilised by the surface fleet, service patterns differ depending on the specific role fulfilled by SP and the type of vessel they are assigned to.	Data from interviews suggests that the increasing length, frequency and unpredictability of deployments are a key challenge for SP belonging to the surface fleet. Interviewees also expressed concerns about staffing levels and retention, as well as their impact on career management and workloads. Challenges around deployment and separation affect both SPs and their families. These challenges differ depending on the SP's role. Interview data suggests, for instance, that roles on Towed Array Patrol Ships (TAPS) come with particularly unpredictable deployments.
Submarine Service	
Fulfils several roles enabled by the capacity of submarines to operate covertly, such as nuclear deterrence, intelligence, surveillance and reconnaissance, anti-submarine warfare, and protection of naval assets.	Research indicates that submariners face heightened concerns due to the unpredictable nature of deployments and the limited contact possible with partners and families during these periods. ⁵⁵ This lack of contact during deployment heightens uncertainty for families and may add more strain on family relationships.

⁵⁵ Marcinkiewicz (2024).

	<p>Additionally, submariners experience significant mental strain during deployment due to the workload and irregular working patterns. Interviews suggest that access to welfare and other support is more limited during deployments, due to the restricted number of crew on submarines.</p>
<p>Fleet Air Arm</p>	
<p>Provides the RN with aerial capabilities to support its operations.</p>	<p>Little evidence is available about the particular issues faced by RN personnel associated with the Fleet Air Arm. However, as the role of the Navy’s aviation component evolves and the FAA moves toward greater integration of uncrewed and autonomous systems, personnel may face heightened uncertainty about their careers and future operational demands.⁵⁶</p>
<p>Royal Marines</p>	
<p>The Royal Navy’s fighting force – trained for combat, rapid deployment and amphibious operations as well as disaster relief.</p>	<p>Physical demands associated with Service in the RM differ from those of the rest of the RN due to the RM’s role as a commando force, which brings with it heightened and unique physical requirements (e.g. operating in cold weather environments).⁵⁷</p> <p>Anecdotal evidence suggests that the operational tempo among RM personnel varies significantly. While AFCAS data shows that many RM personnel report dissatisfaction with not deploying frequently enough, other personnel face a high operational tempo.⁵⁸ Interviews suggested a similar impact of crew shortages on RM personnel as in the RN, which may be reinforcing strain on some RM personnel.⁵⁹</p> <p>There are also indications of cultural differences between the RM and other RN Fighting Arms (e.g. deeply embedded stoicism, a powerful sense of community and camaraderie among RM personnel).</p>
<p>Royal Fleet Auxiliary (RFA)</p>	
<p>Provides logistical and operational support to the RN. Rather than being based at particular military establishments, RFA SP are directly assigned to vessels.</p>	<p>Due to being considered Sponsored Reserves rather than Regulars, RFA personnel have access to more limited benefits and a civil service pension scheme. Although little evidence is available about the support needs of RFA personnel, this may impact the financial well-being and transition experiences of Royal Fleet Auxiliary personnel and families.</p> <p>Data from interviews suggests that the RFA community is particularly dispersed geographically, as SP are directly assigned to vessels. This might indicate that families of RFA SP may be less aware of available support and more disconnected from RN social and support networks.</p> <p>In addition, there are reports of challenges in recruitment, retention and low morale among RFA personnel (possibly linked to the poor condition of RFA vessels), with crew shortages adding strain on</p>

⁵⁶ Dee & Kleeberg (2024).

⁵⁷ Ferraby et al. (2023).

⁵⁸ Ministry of Defence (2025b).

⁵⁹ Brown (2024).

serving RFA personnel and prompting a review of the RFA's employment conditions.⁶⁰ This is underpinned by a global shortage of trained mariners.⁶¹

4.3. Physical health and mental well-being

4.3.1. Physical and mental health

The survey found that **more SP reported diagnosed physical health conditions than partners** (see Table 4.2). Conversely, **partners (particularly of those in the RM) reported more diagnosed mental health conditions in the survey**. This result may reflect findings from previous research that SP (and former SP) perceive there to be a stigma in reporting mental health issues.⁶² A higher proportion of partners also reported having both a diagnosed physical and health condition compared with SP. As Figure 4.1 shows, the nature of reported physical and mental health conditions varied between the four groups. Among SP, the three most common physical health conditions were problems with the legs and feet, back/neck issues and hearing difficulties.⁶³ Among partners, the most common (current or historic) diagnoses were anxiety and back/neck problems.

⁶⁰ Langford (2025); Wharton (2025).

⁶¹ Shan (2024).

⁶² Williamson et al. (2019); Murphy & Busuttil (2015); Iversen et al. (2010).

⁶³ This aligns, to an extent, with the RN&RM medical discharges, where the largest proportion of discharges (41 per cent) were for musculoskeletal injuries, with 12 per cent of discharges due to knee pain, 7 per cent due to back pain and 5 per cent due to injuries and disorders of the knee/foot. While it is likely that these injuries are also common among SP that are not serious enough for medical discharge, some caution is needed in using this as a source of common health conditions among SP. Source: Ministry of Defence (2024a).

Table 4.3: The prevalence of health conditions among survey respondents⁶⁴

	Any physical health condition		Any mental health condition		Both a physical and mental health condition	
	N	%	N	%	N	%
RN SP	121	54%	43	19%	33	15%
RM SP	77	40%	25	13%	28	9%
RN partner	56	39%	50	35%	18	19%
RM partner	11	28%	22	56%	10	26%

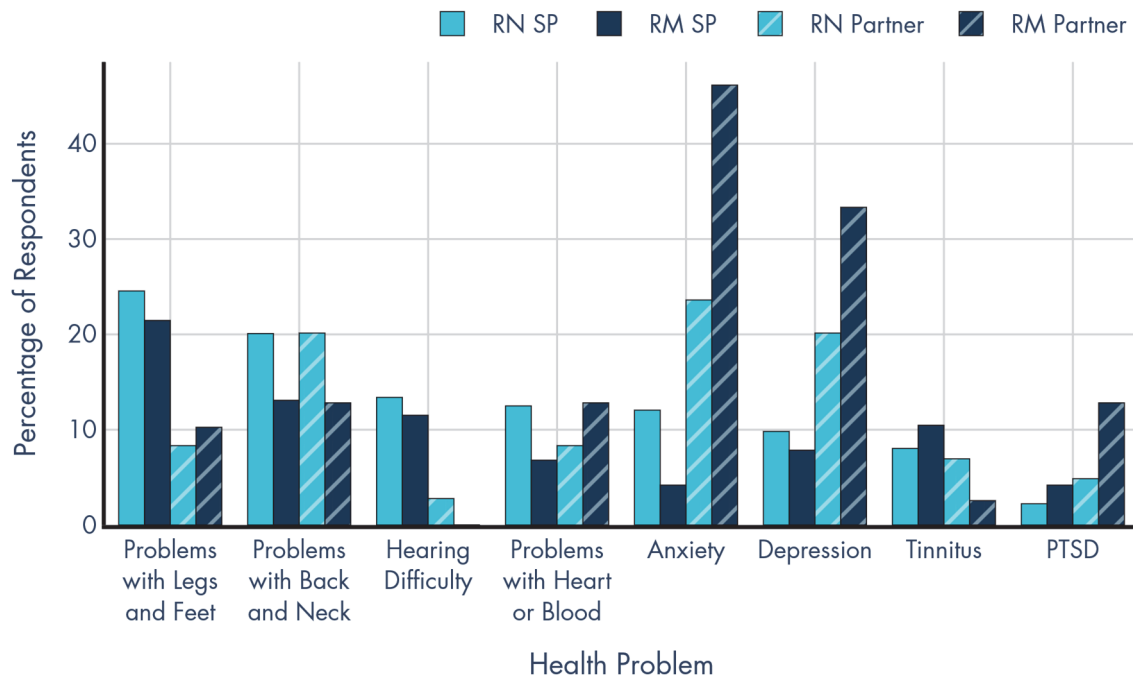
Note: The numbers in this table are the percentage and number of respondents who reported a physical or mental health condition. Respondents who reported both a physical and mental health condition are counted in all three columns. Survey respondents selected any health conditions that applied to them from a list of almost 30 health conditions, which the research team classified into physical or mental health during the analysis. Source: RAND Europe survey analysis.

Among both SPs and partners, the prevalence of physical health conditions was higher among older respondents, but the prevalence of mental health conditions was consistent across age groups.

Survey data also revealed a higher prevalence of physical health conditions among RN personnel in the Surface Fleet (59 per cent reported being diagnosed with a physical health condition compared with 45 per cent of Submariners) and a higher prevalence of mental health conditions among Submariners (29 per cent of Submariners reported being diagnosed mental health condition compared with 17 per cent of RN personnel in the Surface Fleet). Due to small sample sizes, it is unclear whether these differences are statistically significant.

⁶⁴ It is challenging to compare this with the UK population, as limited data is collected on the prevalence of general physical and mental health conditions. Most data is not limited to the working-age population, which makes comparisons challenging as there is a higher prevalence of (particularly physical) health conditions among older age groups. Most data focuses on specific conditions or on disabilities. Furthermore, the question asked if the respondent had ever been told they had each condition by a health professional, and so may include conditions that are not currently impacting the respondent. Nevertheless, the 2014 Adult Psychiatric Morbidity Survey found that 17 per cent of adults aged 16 and above had experienced a common mental health problem in the last week (more recent results from the 2023/2024 Adult Psychiatric Morbidity Survey have not yet been published). Source: McManus et al. (2016).

Figure 4.1: Health problems reported by survey respondents



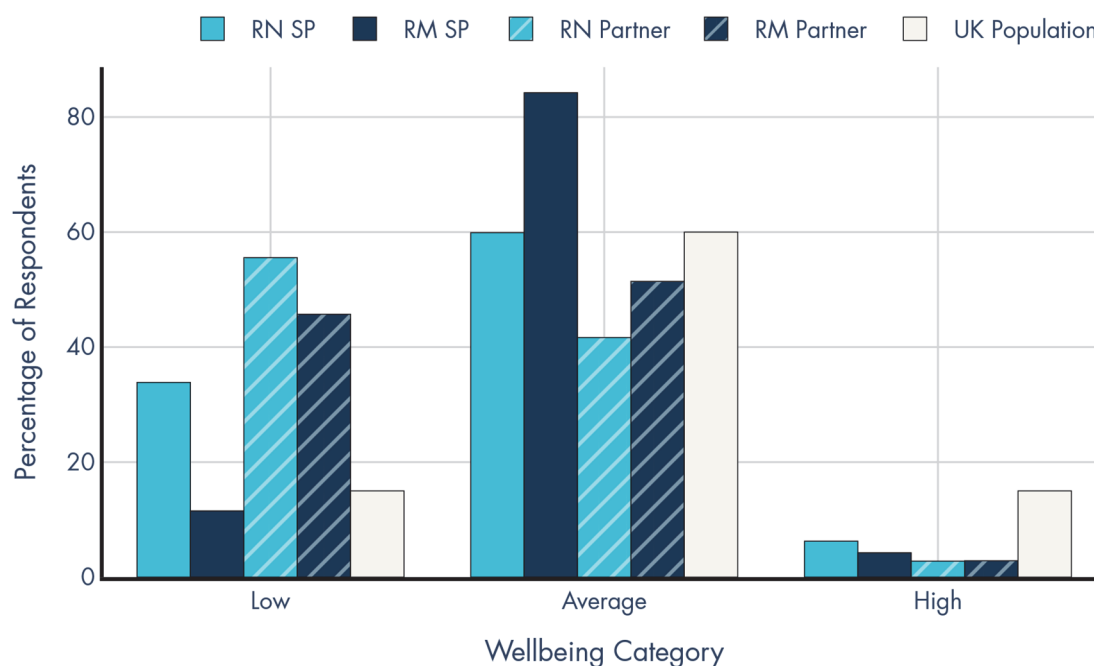
Source: RAND Europe survey analysis.

In addition to diagnosed mental health conditions, the survey also asked respondents questions about their mental well-being.⁶⁵ The survey **highlighted low well-being levels among RN SP, RN partners and RM partners**. However, a much higher proportion of RM SP reported average mental well-being (see Figure 4.2). Across all four groups, a lower proportion of respondents reported good mental well-being compared with the UK population. Among SP, a higher proportion of female respondents reported low well-being compared with male respondents (43 per cent and 22 per cent, respectively), and a higher proportion of RN Senior Officers reported low well-being compared with the other rank groups.⁶⁶

⁶⁵ The survey used the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) to measure the mental wellbeing of respondents. This is a validated measure that focuses on the positive aspects of mental health, such as optimism, clear thinking and feeling close to others. The scores were grouped using the metric scores (which range between 7 and 35, where scores below or equal to 19.5 are indicative of low wellbeing, scores between 19.6 and 27.4 are indicative of average wellbeing and scores equal to or above 27.5 are indicative of high wellbeing. These cut points were established using the Health Survey for England (2011), with 15 per cent of the population in the low and high categories and the remaining 60 per cent in the average category. Source: Ng Fat et al. (2016), University of Warwick. (2025).

⁶⁶ Within this report, RN Senior Officers refer to SP of Commander (OF4) and above.

Figure 4.2: Mental wellbeing of survey respondents



Source: RAND Europe survey analysis.

Findings from interviews with SP and partners highlighted that the **demands placed on SP's partners, particularly around deployments, may often contribute to mental strain and poor mental well-being**. As discussed in the previous section, partners were sometimes effectively functioning as 'single parents', having to balance their own employment with increased family caring responsibilities. These demands often carried over to periods where SP returned from deployment, as partners had to support their children and navigate potentially challenging disruptions to family routines:

'[M]y wife had a near-fatal car crash probably three years ago, where she blacked out behind the wheel. And one of the assessments was that part of the reason why she blacked out behind the wheel was essentially stress. And some would argue, or many would argue, and I think it's probably a fair point, that that was caused by the fact that she was a single mum running around trying to do a full-time job with me being away in the military.' (S912, RN SP)

Among interviewed SP, experiences of stress and mental strain were associated predominantly with challenges related to either their workload or negative Service experiences, such as workplace bullying. These experiences often led to diagnosed and undiagnosed adverse mental well-being outcomes, ranging from feelings of anxiety and depression to suicidality.

Many interviewees identified mental resilience and self-reliance as crucial for navigating the challenges associated with Service life. Some interviewed SP and partners attached significant pride to their resilience, and recognised that their partners' resilience was indispensable for the family's ability to cope with deployment-related separation and 'weekending'.⁶⁷ However, others saw their family's resilience as a

⁶⁷ Previous research suggests that this may reflect a sense of guilt on the part of SP, with mentions of partners' strength or resilience serving as a way to alleviate this guilt. Source: Keeling, Woodhead and Fear (2016).

necessity and recognised that it can detract from positive coping strategies.⁶⁸ This indicates that fostering individual and family resilience, while an important part of support for the RN&RM community, needs to emphasise and encourage rather than undermine coping strategies:

'I don't know, I think we're quite independent. We're really motivated and strong to deal with things, even if at certain times some support could have been given with some things, we just cracked on with things. I don't think there's been any times where we really needed something.' (S668, partner of RM SP)

'And I think, I'm very fortunate that my wife is as strong as she is and that she has been able to support not only the family, but me while I've been away and returned. Although it has had a detrimental effect, I think it has shaped us as a family to [be] a bit more resilient, it's given us opportunities as well as taken things away.' (S733, RN SP)

4.3.2. Loneliness and social isolation

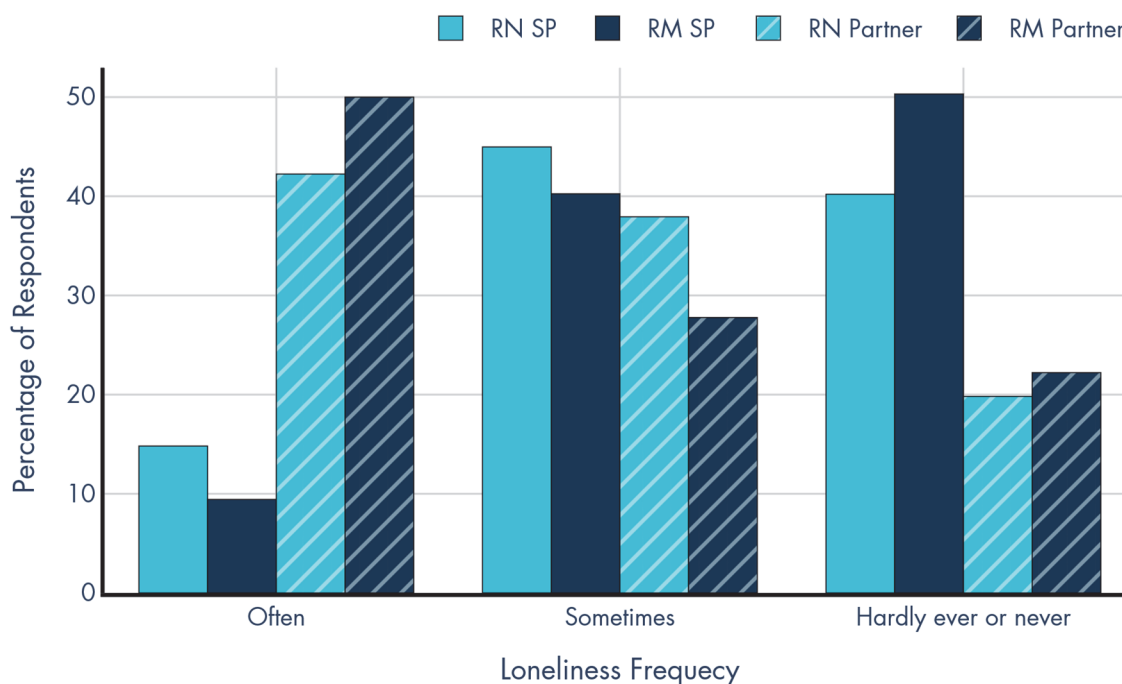
The survey and interviews indicated that **loneliness and social isolation may be playing a significant role in the low mental well-being among the RN&RM Serving community**, as shown in Figure 4.3. Among survey respondents, 12 per cent of SP and 44 per cent of partners reported that they were often or constantly lonely, compared with only 8 per cent of the UK general population.⁶⁹ Among SP, a higher proportion of personnel serving in the Surface fleet reported being often lonely (15 per cent) compared with Submariners (7 per cent) and RM personnel (9 per cent). Among partners, a higher proportion of both RN and RM partners living in counties without a Naval base reported being often lonely compared with partners living in counties with a Naval base.⁷⁰ This suggests that proximity to a Naval base may reduce loneliness in partners, potentially through increased social support from other naval families or an increased presence of the Serving partner.

⁶⁸ For an overview on coping and coping strategies, see Stephenson and Delongis (2020).

⁶⁹ A large UK study found that loneliness negatively impacts well-being. This rate is substantially higher than reported in FAMCAS, which found that 19 per cent of RN&RM spouses reported feeling lonely often or always, although FAMCAS also has limitations in its representativeness. Source: Seifert (2024), Ministry of Defence (2024e).

⁷⁰ For this analysis, the research team compared responses from partners living in counties with a Naval base (i.e. Hampshire, Devon, Cornwall, Somerset, Argyll & Bute, Angus and Fife) with those from partners living in any other county. Thirty-nine per cent of RN partners and 44 per cent of RM partners living in a county with a Naval base reported being often lonely, compared with 48 per cent of RN partners and 60 per cent of RM partners not living in a county with a Naval base. Although the survey asked respondents whether they live inside or outside the base or station premises, only one partner reported living inside the base, so responses could not be analysed by whether respondents live on or off base.

Figure 4.3: The frequency of loneliness among survey respondents



Source: RAND Europe survey analysis.

Interviews suggested that deployment-related separation may be a significant factor contributing to loneliness and social isolation among partners. Interviewees often explicitly or implicitly framed partners as ‘single parents’ during SP deployments. Separation resulted in a complex interplay of stressors, including increased childcare and household responsibilities, difficulty balancing these with a job, separation from the wider family, a lack of community interaction, and a perceived lack of communication from the Services with military partners. Together, these factors made partners feel unsupported, as if they were ‘on their own’, or abandoned by the Services. Interviewed SP showed mixed awareness of these dynamics. While some acknowledged them and highlighted a need for better support for partners, others appeared to overestimate the level of community support available to partners:

‘I think the focus always has to be on the husband, as opposed to the detriment that it has on the wife, like the strain and the responsibility and the mental load, and the fact that everything is down to the wife, to the partner and the spouse to run the house. They don’t have that responsibility. They are quite often walking out of the door on a Monday or a Sunday night and not coming home until Friday. That’s what we would consider a good draft. With no idea or responsibility for what it entails.’ (S419, partner of RM SP)

4.3.3. Problematic alcohol consumption and gambling

In addition to the general health and well-being measures reported above, the survey also asked participants questions about alcohol consumption and gambling behaviours.⁷¹ The survey findings are presented in Table 4.4. **Among both RN and RM respondents, a higher proportion of SP reported drinking and gambling at potentially harmful levels⁷² compared to partners.⁷³** RM SP, male SP and SP aged under 25 reported higher levels of drinking and gambling compared with other respondents. Submariners reported higher levels of alcohol consumption compared with SP in the Surface Fleet, but slightly lower levels of gambling, though these patterns may not be statistically significant given the limited sample size.

Table 4.4. The prevalence of problematic alcohol consumption and gambling harms among survey respondents

Category	Alcohol consumption level				Gambling harm	
	Low risk	Increasing risk	High risk ⁷⁴	Possible dependence	No gambling harms	Any gambling harms
RN SP	61% (n=116)	30% (n=57)	7% (n=14)	1% (n=2)	93% (n=173)	12% (n=13)
RM SP	56% (n=88)	34% (n=54)	10% (n=16)	0% (n=0)	87% (n=138)	19% (n=20)
RN partners	83% (n=96)	16% (n=18)	2% (n=2)	0% (n=0)	99% (n=114)	2% (n=1)
RM partners	83% (n=30)	14% (n=5)	3% (n=1)	0% (n=0)	97% (n=34)	3% (n=1)

Source: RAND Europe survey analysis.

⁷¹ AUDIT-C was used to measure problematic alcohol consumption and assess the frequency and volume of alcohol consumption. Individuals who drink frequently (four or more times per week) and consume high volumes (regularly having six or more drinks in one sitting) have higher scores on the AUDIT-C measure, which correspond to higher risk levels. Individuals with a score of eight or more (out of 12) have a high risk of their alcohol consumption impacting their health, and individuals with a score of ten are considered as possibly dependent on alcohol (which is likely to negatively impact their health and well-being). The Short-form Problem Gambling Severity Index was used in relation to gambling. Individuals reported a gambling harm if, in the last twelve months, they have bet more than they could afford to lose, have been criticised about their betting or told they have a gambling problem or have felt guilty about their gambling. Source: Office for Health Improvement and Disparities (2020), Gambling Commission (2021).

⁷² Within this study, potentially harmful levels of alcohol consumption correspond to AUDIT-C levels of 'high risk' and 'possible dependence', and individuals who report any gambling harms are considered to gamble at potentially harmful levels.

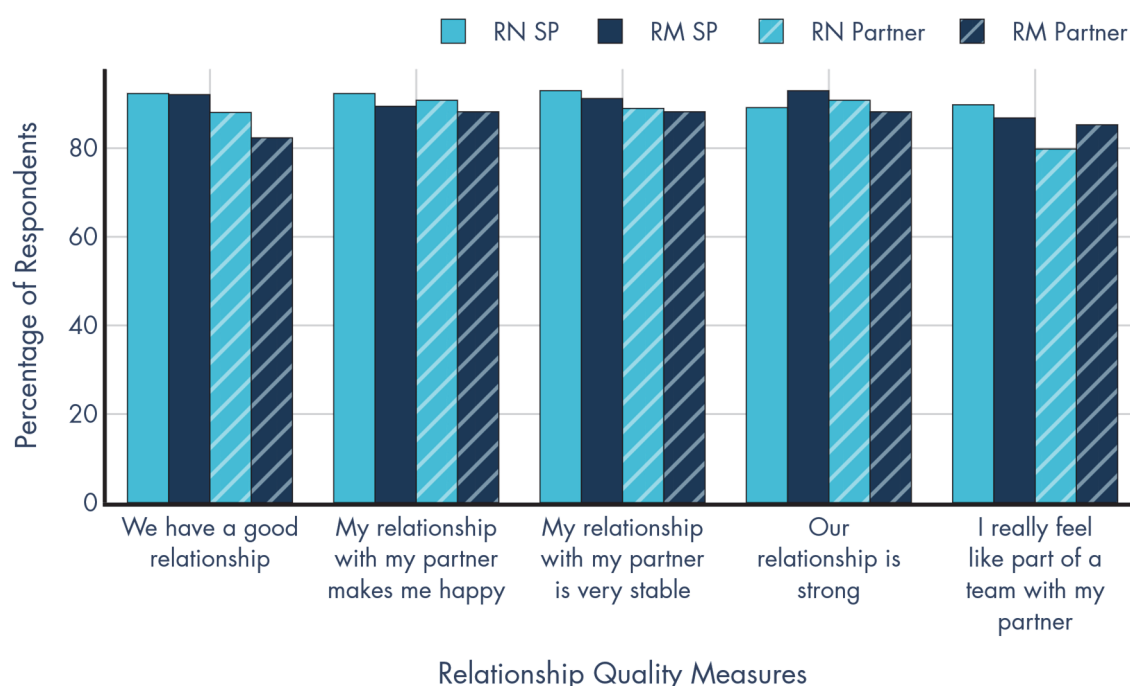
⁷³ This mirrors findings from the KCMHR Cohort Study, which found higher levels of alcohol misuse among Serving and former SP than among the general population, and recent research with the US and Australian Armed Forces and UK former SP, showing higher levels of gambling compared with the general population. Sources: Sharp et al. (2024); Aguirre et al. (2014), Pritchard & Dymond (2022) and Dymond et al. (2021).

4.4. Social and family relationships

4.4.1. Relationships with partners

The survey responses highlighted a high level of relationship satisfaction among both SP and partners, as represented in Figure 4.4. RN and RM partners indicated lower relationship satisfaction in relation to some aspects of the survey measure. For example, a slightly lower proportion of both RN and RM partners agreed that they ‘feel like part of a team’ with their partner, and a slightly lower proportion of RM partners agreed that they ‘have a good relationship’ with their partner.⁷⁵

Figure 4.4. Perceptions of relationship quality among survey respondents



Numbers in this figure are the percentage of respondents who ‘agree’, ‘strongly agree’ or ‘slightly agree’ with each measure. Source: RAND Europe survey analysis.

Data from interviews adds important context to these findings. **Several partners of SP felt that the demands of Service life had negatively impacted their relationship.**⁷⁶ Reflecting the discussion in Section 4.1, this was chiefly due to the structural demands placed by the Service and culturally embedded norms and expectations that prioritise Service over family life. Some partners also felt that Service has an ‘institutionalising’ effect on their partner, adding to SP’s reticence to seek support when necessary and

⁷⁵ Relationship quality was measured using the Relationship Quality Index. Source: Norton (1983).

⁷⁶ For further discussion of the factors affecting relationships among Armed Forces personnel in the UK, see Keeling et al. (2015) and Keeling et al. (2016).

showing a lack of concern for their partner's well-being.⁷⁷ These effects could, at times, lead to tension between partners or make it more challenging to resolve relationship difficulties constructively:

'I think that the Navy does make it difficult to have a family because it just assumes that once you sign up, that's it, you're under [the] ownership of the Navy and anything else is irrelevant. You will just come and fix this machine, you will just come and work on the ship forever, and that's absolutely fine. It doesn't work like that anymore. It doesn't, the world doesn't run like that.' (S423, partner of RN SP)

Although deployment periods often present unique stressors for family relationships, it is essential to consider more broadly how deployments impact family dynamics. Couples and families often have to adjust not only to separation, but also to SP returning from operational tours. Partners described that they developed new routines while SP were away, and that SP can struggle to adjust to these routines, upending them in the process and causing tensions within the family. These routine disruptions were often particularly challenging for children, with some partners of SP reporting that their children struggled with sleep disruptions and increased anxiety, requiring added support. This support is often provided by the partners themselves, with partners highlighting the importance of creating habits and rituals to help children maintain a sense of routine despite broader disruptions in the family life (e.g. through writing letters to the SP on a fixed day of the week or the daily marking off days on a calendar of the SP's deployment):

'When they go away, when the husbands go away, it's an adjustment when they go away... As much of an adjustment it is when they go away, it's also an adjustment when they come back, because you have to maintain your normal life, make your appointments, do your thing, and then when they come back... It's like... you have to fit them in again. Everything changes, and it's a big adjustment again. So sometimes you're like "Just go away again! Just for a minute!'" (S113, partner of RM SP)

4.4.2. Childcare, demand on partners and impacts on children

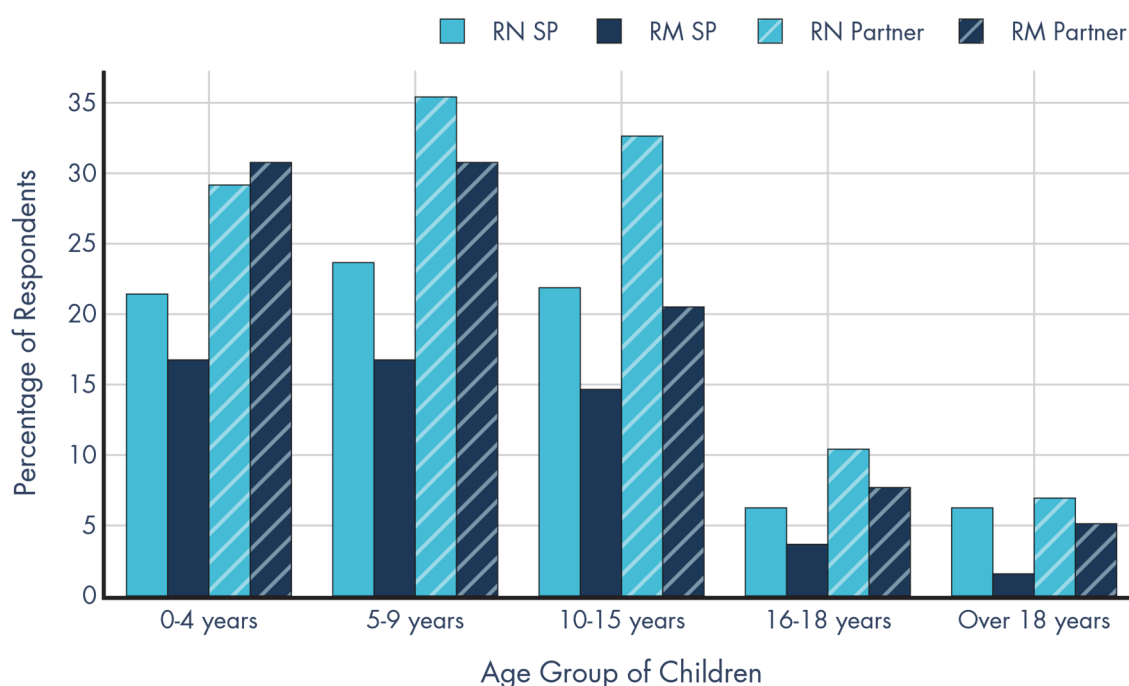
Among survey respondents, the majority of partners, as well as more than half of RN SP respondents, had dependent children (see Table 4.5). A small minority of respondents had non-dependent children. The lower proportion of RM SP reporting children is likely because of the high proportion of young OR personnel in the RM sample. In contrast, the RN sample overrepresented older age groups. Figure 4.5 shows the distribution of children's ages among SP and partners within the sample.

⁷⁷ This aligns to an extent with data from FAMCAS, in which 40 per cent of RN&RM partners reported that Service life had negatively impacted their relationship with their spouse or civil partner. However, given the small and likely non-representative sample within the FAMCAS and our interview sample, readers should not assume these findings are necessarily representative. Source: Ministry of Defence (2024e).

Table 4.5. The parental status of survey respondents

Do you have children in your household?	Yes - dependent children		Yes - all children are non-dependent		No	
	N	%	N	%	N	%
RN SP	128	59%	16	7%	73	34%
RM SP	75	40%	10	5%	101	54%
RN partners	110	77%	7	5%	26	18%
RM partners	26	67%	3	8%	10	26%

Figure 4.5. Age distribution of children among survey respondents



Source: RAND Europe survey analysis.

Most respondents with children reported utilising some form of childcare (childcare carried out by anyone other than the respondent or their partner). Childcare use was highest among respondents with young children (83 per cent of respondents with a child aged under five and 75 per cent of respondents with a child aged between five and nine).⁷⁸ Of those who used childcare, 29 per cent used just one form of childcare, 20 per cent used two forms of childcare and 45 per cent used between three and six different

⁷⁸ There may be a significant overlap between these two groups, as a respondent could have one or more children in each age category.

forms of childcare. The most common form of childcare used across all categories was after-school clubs and schemes.

Among survey respondents, **many agreed that their family's childcare arrangements were adequate for their needs, but also that they faced difficulties finding suitable or affordable childcare.** The responses were similar across groups (see Table 4.6). However, a higher proportion of RM partners reported difficulties finding affordable childcare, and a lower proportion of RN partners agreed their childcare arrangements were adequate. The data indicated that challenges in finding suitable and affordable childcare may differ across regions (e.g. respondents in Scotland reported greater challenges), but the small number of respondents did not allow for more in-depth analysis. Interviewees who had children with special needs also reported experiencing greater challenges in accessing adequate childcare and balancing it with employment.

Table 4.6. Summary of survey responses on childcare arrangements

Category	My family's childcare arrangements are adequate for my/our needs	My family has faced difficulties finding suitable childcare arrangements	My family has faced difficulties finding affordable childcare arrangements
RN SP (n=62)	62%	58%	49%
RM SP (n=39)	59%	50%	52%
RN partners (n=55)	51%	66%	52%
RM partners (n=12)	58%	63%	79%

Numbers in this table are the percentage of respondents who 'agree' or 'strongly agree' with each measure in each respective group (n = the number of respondents in each group). Source: RAND Europe survey analysis.

Interviews with RM and RN partners highlighted that **finding adequate childcare arrangements can be a dynamic process, with arrangements changing over time and influenced by a multitude of factors.** Some interviewees needed to identify a range of childcare options, such as nurseries, friends or wider family, to be able to shift between these sources as circumstances demanded, as potentially reflected in the 45 per cent of survey respondents who used between three and six different forms of childcare. It also highlights how the process of finding childcare can require persistent and significant effort from parents, potentially adding to the stress and mental strain felt by RM and RN SP partners:

"It's a lot to ask friends ... to have your children overnight and - although my friends never mind, I have to keep my favour bank running because there will be times where [...] I will need friends to pick my children up from school, take them to their house, feed them and look after them until I get there. I've become very good in repaying favours in food [...] because I don't want people to think that I'm taking advantage, and that's really, really hard." (S376, partner of an RN SP)

Some partners described leaving employment to focus on childcare as a cost-saving measure, with the cost of childcare offsetting the income they could have generated. However, such decisions can have different long-term effects, as they can undermine partners' career development and ability to grow their income over time. This, in turn, may affect families' long-term financial well-being.

4.4.3. Children's experiences of Service

Both interviewed SP and partners felt that Service life had varied impacts on their children. Some interviewees, particularly those with older children, believed that the experience of Service life had a positive influence, making children more resilient and self-reliant and leading to stronger ties within the family:

'Like all these experiences, all these different types of families my children are around, that they wouldn't normally have had if we'd just stayed where we lived, didn't move anywhere. And they are really resilient little children. They are used to their friends moving away, used to their dad not being here.' (S386, partner of an RN SP)

However, some children were described as having more challenging experiences, particularly with prolonged and recurrent periods of separation due to deployments and 'weekending'. These ranged from 'temper tantrums' and sleep disruptions to severe anxiety and fear over the safety of the Serving parent. Some partners reported that their children were strongly dependent on routine and struggled with disruptions to it or unexpected developments (e.g. the SP's delayed return from deployment). These challenges had, in some cases, detrimental impacts on parent-child relationships. Due to greater restrictions on contact between deployed SP and their families, these dynamics may particularly affect Submariner families⁷⁹:

'She gets upset because she doesn't know when he's going to be back. She can't quite understand time effectively. Yeah, we do countdowns and stuff, which is great. But then, if things get moved, then you add two weeks on or, in the last case, a month and a half, and that's a long time for them to deal with.' (S360, partner of an RM SP)

Generally, interviewees with younger children spoke about their children's struggles with Service life more than those with older children. This may indicate that, over time, children develop a deeper understanding of the nature of Service and their own strategies for coping with periods of separation. However, this is not a linear or assured process, as some interviewees' children continued to struggle with separation until older age:

'So, my eldest, she struggles, she's a very, very anxious child. Every little thing she gets very nervous about. Yeah, she finds it incredibly hard. Most recently, when my husband was last deployed, you know, she was paranoid that he was going to die. All the time, and every night, tears from both of the older ones. Now that they're getting older [it's] tears about daddy not picking us up, tears about why can't we go on holiday?' (S360, partner of an RM SP)

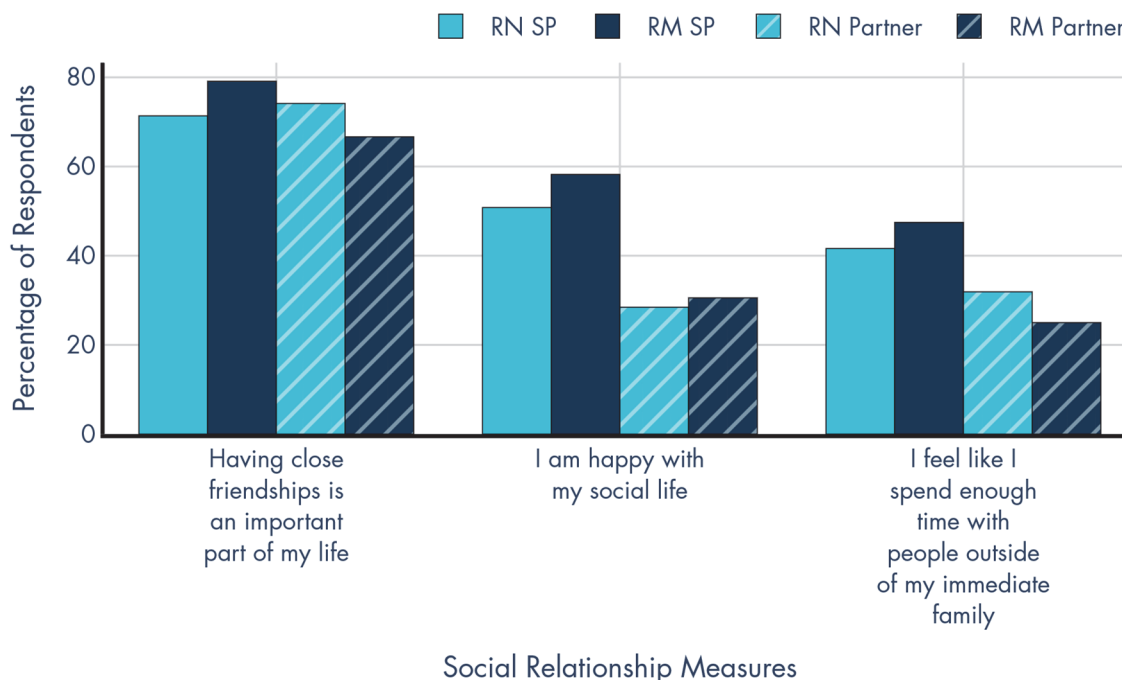
4.4.4. Social relationships

The survey showed a substantial difference between SP and partners' happiness with their social lives and the amount of time they spend outside of their immediate family (see Figure 4.6). **Survey responses**

⁷⁹ Marcinkiewicz et al. (2024).

highlighted that SP were happier with their social lives than partners, even when considering only SP and partners who have children.

Figure 4.6. Perceptions of social relationship quality among survey respondents



Numbers in this figure are the percentage of respondents who 'agree', 'strongly agree' or 'slightly agree' with each measure. Source: RAND Europe Survey analysis.

These findings align with interview themes regarding **experiences of social isolation among RN and RM personnel** (see Section 4.2.2), which often stem from **an interplay between employment and partner responsibilities surrounding childcare**. Some interviewed RN partners, for instance, stated that they struggled to maintain a social life during their SP partner's deployments because they were unable to find or afford childcare, or had to balance employment and childcare responsibilities. Other interviewees (particularly those living outside of main base areas) described a general sense of isolation from the RN&RM community during the absence of their SP partners. Where partners could find ways to socialise, it often offered them a way to cope with deployment-related separation, highlighting the important role that social connections play in wider partner well-being:

'I think it's the evenings [that] are the loneliest time, when the children go to bed and you've got that moment ... The running joke for me at the moment is "I have a lunchtime." I love going into the office at work, just so I can talk to adults, because I know that by the time I leave work at 4:00 in the afternoon, I won't talk then to another adult until about half-eight the next morning.' (S376, partner of an RN SP)

'I don't tend to go out when my husband is away, because obviously I've got the boys. So I don't have a social life in the evenings. I've got a few friends who also have kind of military families who understand that, but you know it has impacted friendships [...]. You kind of fall off the radar, and then it's quite hard to pick that back up again.' (S463, partner of RFA SP)

Interviewed RN SP highlighted two kinds of challenges in maintaining a social life outside their families.

The first was separation, either in the form of deployment or 'weekending', which meant they felt they had to prioritise spending time with their partner and children, and thus forego opportunities to socialise outside their families. The second was related to uncertainty regarding deployment and its duration, which led SP to miss out on life events, such as birthdays or weddings, within their wider social circle. This was perceived by SP, who discussed how this challenge put a strain on these relationships, particularly over the longer term. Interviewed RM SP did not report any particular challenges with maintaining a social life, instead highlighting the camaraderie they felt within the RM community:

'Social friends, yes, because they sometimes don't understand that you can't make different events, and they're like, "Are you being funny because you can't make my birthday?" And it's like, "Well, no, just recently I couldn't commit to something because I was on 24-hour standby to move to go out to the Caribbean for hurricane relief.' (S858, RN SP)

4.4.5. Caring and bereavement

The survey asked respondents about their caring responsibilities and experiences of bereavement to better understand the prevalence and impact of these specific issues within the Serving RN&RM community.

Few survey respondents reported having caring responsibilities, but a high proportion of carers reported caregiving strain. Among respondents, 4 per cent of RN SP, 8 per cent of RN partners, 6 per cent of RM SP and 3 per cent of RM partners said they had caring responsibilities for a relative or friend living with them.⁸⁰ Among those with caring responsibilities, 56 per cent of RN personnel, 72 per cent of RM personnel and 72 per cent of RN partners reported experiencing caregiving strain.⁸¹ As discussed in Chapter 1, due to population growth and ageing, the number of people with caring responsibilities is expected to increase, and more people in the RN&RM community are therefore likely to be affected by caregiving strain in the future.

All RN respondents (both SP and partners) who reported caregiving strain also had dependent children. This suggests that RN&RM SP and partners with dependent children may experience added challenges when faced with caring responsibilities for older relatives or friends. Sectoral stakeholders reported that this 'sandwich effect' has been observed to create significant strain on individuals and households, including families' financial well-being.

The survey also found that **almost half of respondents had experienced a bereavement of a loved one in the last five years, and that a quarter of those are affected by complicated grief.** Bereavement experiences were less prevalent among RM SP (35 per cent) and RN SP and partners (44 and 42 per cent, respectively) than among RM partners (68 per cent). Approximately one quarter of respondents with bereavement

⁸⁰ This question was asked as 'Is there anyone living with you who is sick, disabled or elderly whom you look after or give special help to (e.g. a sick, disabled or elderly relative, friend, etc.)'. It does not include normal childcare responsibilities. This is slightly lower than 10 per cent of RN SPs and 8 per cent of RM SP who reported caring responsibilities in AFCAS, potentially because the question is worded slightly differently or because of the different samples. Source: Ministry of Defence (2025b).

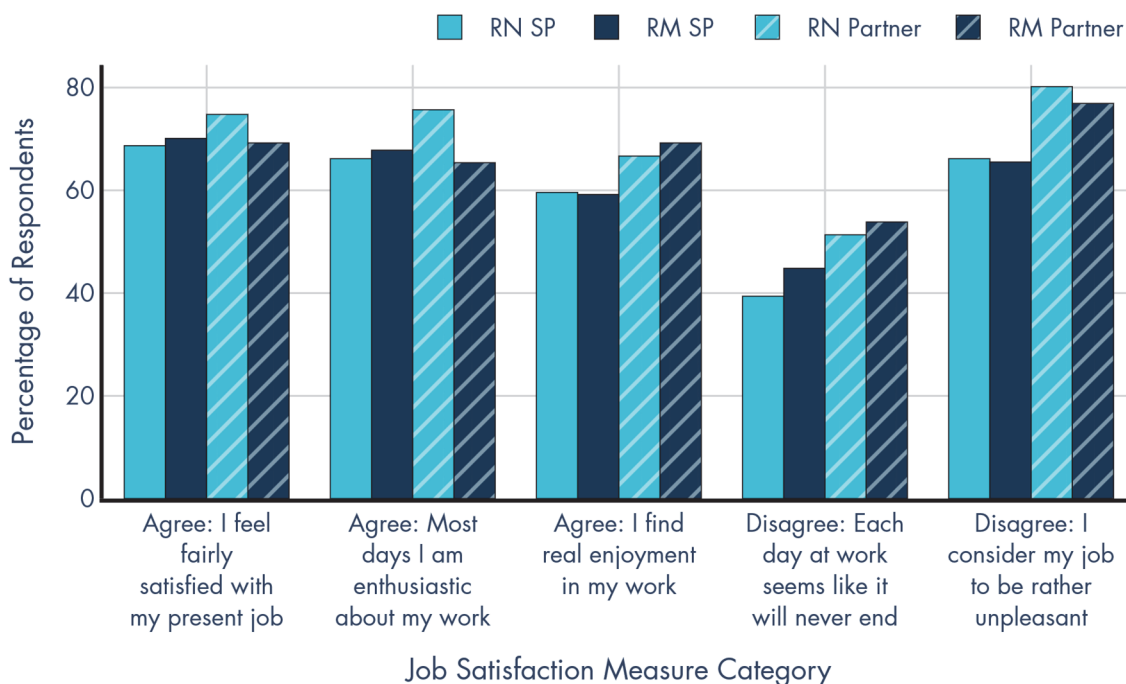
⁸¹ Strain was measured using the Caregiver Strain Index, with a score higher than '7' indicating strain due to caring responsibilities. Only 1 RM partner reported caring responsibilities, so the percentage of RM partners reporting strain due to caring responsibilities has not been reported. Source: Robinson et al. (1983).

experiences reported symptoms of complicated grief.⁸² While the ‘bereaved community’ is often understood as bereaved partners of SP, the high level of bereavement among the Serving community draws attention to the need to consider the multi-faceted nature of bereavement in the Armed Forces community.

4.5. Employment

The survey revealed high levels of job satisfaction among both SP and employed partners, with the majority of respondents agreeing that they are satisfied with their jobs. This result suggests a slightly higher level of job satisfaction among the surveyed SP than is reported in AFCAS (in which 58 per cent of RN SP and 46 per cent of RM SP report being satisfied with their job in general). The lower level of job satisfaction among RM SP may be linked to the fact that more RM SP than SP in other services disagree that their knowledge, skills, and experience are being utilised in their current assignment, that their personnel preferences are being taken into account, and that they are being given opportunities for further service.⁸³

Figure 4.7. Survey respondents’ job satisfaction



The left three bars in this figure are the percentage of respondents who ‘agree’ or ‘strongly agree’ with each measure. The right two are the percentage of respondents who ‘disagree’ or ‘strongly disagree’ with each measure. The higher bars represent a higher proportion of respondents who have a positive view of their job. Source: RAND Europe Survey analysis.

⁸² Symptoms of complicated grief were measured using the Brief Grief Questionnaire. Scores can range between ‘0’ and ‘10’, with scores of ‘5’ or higher indicating increased risk of developing complicated grief. Source: Shear & Essock (2002).

⁸³ Due to small sample sizes in some branches, only RN branches with more than ten respondents have been reported.

Among partners, 48 per cent of respondents were in full-time employment or self-employment, 35 per cent were in part-time employment or self-employment, with a small number of respondents looking after the home/children, in education or unemployed (approximately half of unemployed respondents were looking for work and half were not looking for work).⁸⁴ A higher proportion of RN partners were in part-time employment (39 per cent of RN partners, compared to 24 per cent of RM partners), and a higher proportion of RM partners were looking after the home/children (16 per cent of RM partners, compared to 2 per cent of RN partners). Full-time employed respondents showed higher levels of job satisfaction.

Despite the relatively high levels of job satisfaction among partners, interviewees often raised challenges with the employment of non-serving partners. Interviewed partners with childcare responsibilities consistently reported difficulties with both finding and maintaining suitable employment. Having flexibility in their job arrangements was essential for partners due to the combination of greater childcare responsibilities, the SP's unpredictable working hours or deployment-related separation.⁸⁵ However, this flexibility was often difficult to attain from employers. This constrained partners' employment and career development opportunities, with some interviewees feeling that they simply held jobs and were not pursuing a career. The need to relocate based on SP's postings sometimes added to partners' difficulties with professional advancement, as frequent job changes made partners seem unreliable employees. Stakeholders also noted that partners may face challenges with employment when moving across the UK, due to differences between UK nations (e.g. professional qualifications may not be automatically recognised in Scotland). Some interviewees also saw a gender dynamic at play, with female non-Serving partners feeling forced into roles perceived as appropriate for women. Existing research shows that these structural constraints on partner employment can have important impacts on partners' mental health, sense of self and financial independence:⁸⁶

'[O]nce you decide you want to go back to work – if you can go back to work – you can't, because you've either got to do a job that works within the hours. And that's really narrowing down your choices. So then women are typecast into, well, I'll have to work at a school as a dinner lady or a cleaner, or in hours that I can work. [...] Or I work when they go to bed, and then you're working at night time, and then having to come home and be a mother in a day. And logistically, it was very difficult, because you can never rely on that partner when they're in the military. You just can't. You have to pretend they don't exist.' (S419, partner of RM SP)

In cases where interviewed SPs discussed challenges related to employment and training, they typically related to opportunities for advancement within their respective Service and related issues, such as career management services within the RN&RM. In effect, however, the challenges related to Service life discussed in Section 4.1 already encompass the employment experiences of SP, given that Service is their form of employment. Some RN SP interviewees expressed a desire to transition into civilian employment, but cited

⁸⁴ This aligns with the FAMCAS findings that 85 per cent of RN&RM spouses/civil partners were in employment, of which 54 per cent were in full-time employment, 25 per cent were in part-time employment and 7 per cent were self-employed (Ministry of Defence 2024e).

⁸⁵ Findings from FAMCAS also support this finding, with 56 per cent of RN&RM spouses/civil partners reporting that Service family life had a negative impact on their career. Source: Ministry of Defence (2024e).

⁸⁶ Slapakova et al. (2023).

the comparatively high pay within the RN and the stability of their employment in the Service, compared to a perceived lack of such stability in civilian employment:

'So, like, this job is secure through COVID and all that. I didn't have to worry that I was going to lose my job. [...] So, for me and my family, that's a massive plus, that I'm not going to lose my job, and I'm not going to get a pay reduction.' (S112, RN SP)

4.6. Financial well-being

Survey respondents reported, on average, a fair level of financial well-being.⁸⁷ A higher proportion of RM SP reported high (compared with low) financial well-being (see Figure 4.8). This may reflect the higher proportion of young ORs among respondents, who, despite having lower salaries, are likely to also have fewer additional expenses. Indeed, a higher proportion of RM Junior ORs reported high financial well-being (70 per cent) compared with the other rank groups (55 per cent of Senior NCOs and 46 per cent of Officers). However, this trend was not observed among RN SP and may not be statistically significant. It also contrasts with AFCAS data, which shows that OF personnel are more satisfied with their pay, allowances and pension compared to OR personnel.⁸⁸

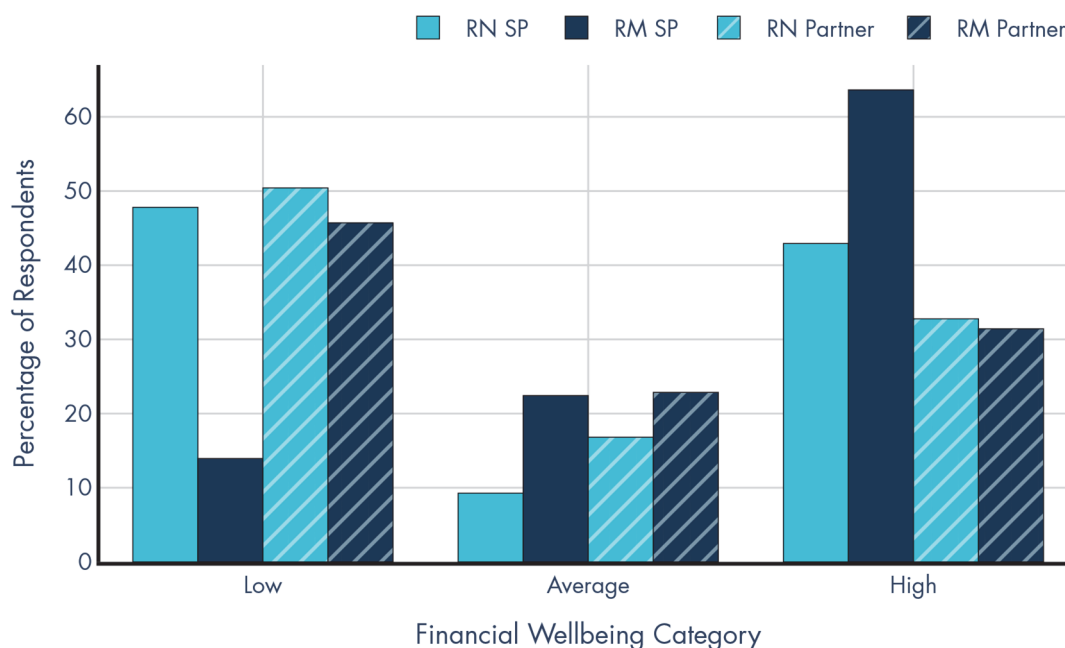


Figure 4.8: Survey respondents' financial well-being

Source: RAND Europe Survey analysis.

⁸⁷ Financial wellbeing was measured using the Consumer Financial Protection Bureau (CFBP) financial wellbeing scale. Source: Consumer Financial Protection Bureau (2015).

⁸⁸ Ministry of Defence (2025a).

Interviewees generally felt that their financial situation was ‘manageable’ but recognised financial benefits and risk factors unique to military families.

The comparatively high job stability associated with military employment, along with the low cost of Service housing, was cited as an important enabler of financial security. However, some interviewees recognised that their long-term financial stability may decline after transition to civilian life. This was partly due to challenges that SP’s partners may face in building a long-term career and growing their income:

‘I think we just – I think from us as a family, we are not huge spenders, we, kind of, live – both my husband and I very much live within our means. [...] The things we tend to do are things that are not – don’t require huge amounts of finance, you know?’ (S376, partner of an RM SP)

‘[A]s I come towards the end of my career I’m planning to engage with the people that do the pensions for a bit of financial planning support and things like that. But I think it’s always a bit like wherever I’ve been, it’s been temporary, so it’s never been a case of, “We need to fix this up,” it’s always been, “We’ll just suck it up until I leave.”’ (S958, RN SP)

Interviewees also recognised financial stressors that affect the wider UK population, including the rising cost of living and challenges accessing affordable childcare. Although these trends are not unique to the Armed Forces community, they may have unique impacts on the community. For example, if military partners face greater challenges in finding and maintaining suitable employment, they may be more severely impacted by increases in the cost of living than civilian families. Similarly, military families are often separated from their wider family, hence cannot rely on family for childcare support, which could amplify the impact of high childcare costs on military families’ budgets.

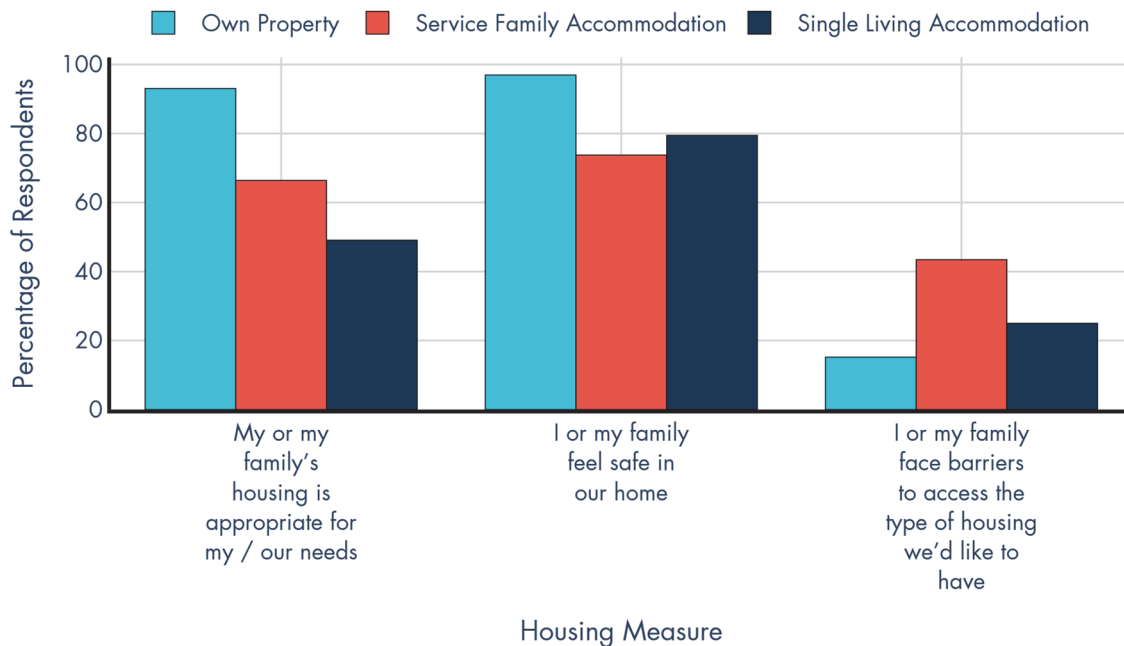
4.7. Housing

The survey results indicated that **a majority of SP and partners find their housing appropriate for their needs. However, a minority perceive barriers to the type of housing they would like to have.** However, respondents living in their own housing were substantially more likely to see their housing as appropriate and to disagree that they faced barriers to accessing the type of housing they would like to have (see Figure 4.9).⁸⁹ This reflects similar responses in the civilian population to satisfaction with rented accommodation vs home ownership: 64 per cent of Britons are happy with their current housing situation (47 per cent of renters and 71 per cent of homeowners).⁹⁰

⁸⁹ This reflects a similar finding to AFCAS, which found that 49 per cent of RN SP and 38 per cent of RM SP were satisfied with their service accommodation and 58 per cent of RN SP and 48 per cent of RM SP living in Service accommodation were satisfied the accommodation meets their needs. However, AFCAS highlighted substantial dissatisfaction with the response to maintenance requests, the quality of maintenance and the allocation of accommodation. Similarly, a lower proportion (37 per cent) of RN&RM spouses and civil partners reported being satisfied with the standard of SFA (or SSFA) and two thirds of spouses and civil partners reported being dissatisfied with the response to requests for maintenance and the quality of maintenance. Source: Ministry of Defence (2025b)

⁹⁰ Ipsos (2025).

Figure 4.9. Housing satisfaction among survey respondents



Source: RAND Europe Survey analysis.

Among survey respondents, 39 per cent lived in their own home, 21 per cent lived in Service Families Accommodation (SFA),⁹¹ and 19 per cent lived in Service Living Accommodation (SLA).⁹² Rates of home ownership were lower among RM respondents, which may reflect the larger number of younger OR respondents in the RM sample.

While housing satisfaction levels were similar among surveyed SP and partners, interviewed SP tended to express higher satisfaction with Service housing than partners, particularly citing the comparatively low cost of Service housing. Interviewed partners expressed a more negative view, underpinned by two key factors.

Firstly, **partners living in Service accommodation often reported difficulties with the maintenance of Service housing.** They described maintenance services as slow to respond to issues, difficult to communicate with, inflexible and unreliable. This was challenging for partners to manage, particularly in the absence of the SP. Challenges with maintenance were particularly pressing for interviewees who needed adjustments to their accommodation due to their or their children's physical conditions. The process of implementing these alterations was described as particularly time-consuming and challenging:

'When you're living in married quarters, when someone is coming out to do a repair, you're waiting in for them all day to do a repair. Your husband is away somewhere; it's always the wife that has that extra responsibility of dealing with everything. [...] So you didn't always get all the jobs done in the house, or call it in because you know you have to wait for a repair, and then you have to take a day off from work just to wait for the repair.' (S462, partner of an RM SP)

⁹¹ Including substitute SFA.

⁹² Including substitute SLA.

Secondly, **Service housing was sometimes described as of very poor quality**. Several interviewees raised concerns about issues such as dampness, mould, and faulty electrical fittings in their Service accommodation. A limited choice of accommodation when moving between military establishments intersected with these issues. For example, some partners felt that they had been forced to accept accommodation that was too small for their family’s needs or required significant adjustments⁹³:

‘In terms of our house, we certainly wouldn’t choose the house we have. We struggle. It’s very small. We outgrew it as soon as we moved into it. It’s not practical for a family. It’s fine if you were a couple or maybe you just had one child, but, for a family, we find it – it’s just not practical. [...] It is a really tricky one because the rent is subsidised; we get it a lot cheaper than private rent. So, we are incredibly grateful for that. But [...] for what my husband earns, we would have a bigger house.’
(S651, partner of an RM SP)

It is worth noting that the SDR has pledged significant funding to improving Service accommodation, as well as supporting SP toward homeownership. Challenges with Service housing quality and upkeep are therefore already acknowledged and being addressed.

Interview findings aligned with the survey findings, as homeowners reported significantly fewer housing-related issues and challenges. However, participants’ testimonies highlight that home ownership is not a panacea. Often, families who choose to settle in a local area and buy a house may need to navigate ‘weekending’ arrangements more frequently, which presents various challenges (as discussed in Section 4.1). Additionally, some interviewees shared that they had to either sell or rent out their property when operational requirements or postings for the SP changed. Processes around these arrangements can be complex and disruptive for family life.

4.8. Future concerns

When asked about which worries they were most concerned about in the short term (the next two years) and long term (ten years), survey respondents expressed the most concern about financial security and health (Table 4.7 and Table 4.8).⁹⁴ Interviews highlighted additional concerns unique to the military environment. Some interviewees expressed concern about **political and geopolitical events, as well as the potential for increased geopolitical instability to lead to more extensive and unpredictable deployments for SPs**. Additionally, some interviewees worried about the extent to which SP would be able to successfully transition to civilian life. These concerns intersected with worries about the long-term impact of Service life on children. Interviewees with young children expressed concern that frequent relocation might compromise their children’s educational continuity and long-term financial well-being:

‘My husband has already done his 22 years He’s changed jobs, so now he works in an IT department in information So he’s learning a new job, so that when he does go to civvie street, it’s going to make it a bit easier for him. But even in his own words, he’s quite institutionalised as

⁹³ Similar issues surrounding Service housing have been widely reported, e.g. Walker et al. (2020).

⁹⁴ OECD (2023).

well, so once you've been in for that long... And I've been in for that long, it feels safe.' (S113, Partner of RM SP)

'Having two young girls, I suppose that's probably one of the biggest issues, making sure that they are looked after long term. And making sure they're financially secure. So yeah, just making sure accessing as much educational help for them as well, where we can.' (S858, RN SP)

A lower proportion of SP and partners, compared with civilians, reported feeling concerned about most of the recorded factors. This finding may reflect that military families generally represent a resilient population and perceive themselves as better able to handle concerns that arise, but also a potential underestimation of some conventional life challenges. Given the small size of the study samples, further research should explore perceptions of risks among military populations in the future to interrogate these trends.

Table 4.7. Summary of survey responses on short-term worries

Worry	RN SP	RM SP	RN partners	RM partners	UK population
Becoming ill or disabled	35%	28%	39%	51%	54%
Not being able to pay all expenses and make ends meet	35%	44%	37%	67%	68%
Not being able to access good-quality childcare or education for children (or young family members)	33%	27%	33%	51%	32%
Not being able to access good-quality long-term care for elderly family members	28%	28%	21%	31%	50%
Not being able to find/maintain adequate housing	27%	31%	26%	41%	45%
Being the victim of a crime or violence	26%	21%	19%	28%	50%
Losing a job or self-employment income	26%	25%	29%	46%	50%
Not being able to access good-quality long-term care for young or working-age family members with an illness or disability	15%	17%	11%	21%	41%

The above table shows the proportion of SP, partners and the UK population who reported being 'very' or 'somewhat' concerned about each worry. Source: RAND Europe survey analysis, OECD Risks that Matter survey.

Table 4.8. Summary of survey responses on long-term worries

Worry	RN SP	RM SP	RN partners	RM partners	UK population
Children (or young family members) not being as well-off and financially secure as the respondent	58%	48%	52%	74%	60%
Not being in good health	56%	42%	57%	64%	67%
Not being as well-off and financially secure as the respondent's parents and/or as they had hoped to be	55%	58%	51%	64%	70%
Not being financially secure in old age	55%	58%	52%	67%	76%
Not having the right skills and knowledge to work in a secure and well-paid job	49%	51%	31%	54%	51%
Not being able to access good-quality long-term care for elderly family members	44%	38%	35%	41%	61%
Not being able to access good-quality long-term care for themselves	41%	40%	38%	51%	68%
Not being able to find/maintain adequate housing	34%	41%	32%	54%	53%
Not being able to access good-quality long-term care for young or working-age family members with an illness or disability	22%	27%	23%	36%	47%

The above table shows the proportion of SP, partners and UK population who reported being 'very' or 'somewhat' concerned about each worry. Source: RAND Europe survey analysis, OECD Risks that Matter Survey.

5. Perceptions of the support landscape among Serving communities

Building on the discussion of key issues and challenges experienced by RN&RM families, this chapter focuses on participants' perceptions of support for families. This focus includes survey and interview findings on their level of awareness of available support, experiences with support services, perceptions of 'what works best' for supporting families and any priorities for improving current support provision. The key findings are summarised in Table 5.1 below.

Table 5.1. Chapter summary: Perceptions of the support landscape among Serving communities

Questions addressed in this chapter:
<ul style="list-style-type: none">• What does the RN&RM community understand about what support is available to them?• What potential gaps exist in the support landscape, and what are the potential barriers to accessing support?
Key findings:
<ul style="list-style-type: none">• SP were generally more confident 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 childcare support compared to other types of services.• Some interviewed partners reported feeling that they faced barriers to accessing information and support without assistance from the SP. These findings suggest that there may still be obstacles in direct communication between the RN&RM and partners of SP.• Interviews indicated two potential psychological barriers to help-seeking: 1) a significant cultural emphasis on resilience and self-reliance in the RN&RM community, with SP and partners only seeking out support when this resilience or self-reliance is severely stretched, and 2) a continued concern about stigma associated with seeking Service welfare support.• Positive experiences with support services were typically associated with service providers being flexible and holistic in their support for families, taking a personal approach to support provision and developing a relationship of trust with beneficiaries.• In contrast, poor experiences with support were associated with poor communication, uncertainty about the support offered by different parts of the naval welfare sector, a lack of support coordination and a perceived 'short-termism' in support.• Participants highlighted several additional aspects of 'what works' to support RN&RM families: 1) having community spaces that can provide a direct support route as well as sign-posting for families, 2) direct communication and information-sharing with partners about available support, and 3) community spaces and support organisations having a 'go to' contact (e.g. advisory or caseworker who can help families navigate the support landscape).

Key implications and recommendations (see Chapter 10 for the complete list):

- A lower confidence in partners' ability to access support suggests that communication with partners may need improvement, allowing them to access better information about available services (Recommendation 8).
- Effective communication and information-sharing about available services remain key avenues for improving support provision for the wider RN&RM community (Recommendation 17). In particular, support providers need to continue raising awareness of support availability among those who may not have previously accessed support.
- The findings reinforce themes from Chapter 4 regarding the need to address deeply culturally embedded psychological barriers that deter some community members from seeking help when it is needed (Recommendation 2).
- Support provision should be holistic and take a comprehensive view of an individual's well-being and support needs (Recommendation 15), as well as ensure that beneficiaries can easily navigate services and be signposted (Recommendation 16). Disjointed and inflexible services often underpin poor help-seeking experiences.
- There is a need to carefully balance online and in-person support provision, as participants value personal engagement with service providers (Recommendation 18). Some segments of the RN&RM community may lack the necessary digital skills to effectively utilise online support.
- Support providers should continue to deliver support through community-led and peer-to-peer models, as the RN&RM community often regards these as best practices (Recommendation 19). This should be accompanied by an improvement in the understanding of the Armed Forces Community among civilian support providers and the encouragement of trauma-informed service delivery (Recommendation 21).

5.1. Awareness of available support

We asked survey respondents whether they had accessed support (from public services or non-governmental organisations) in the last five years, and how confident they were that they could access different types of support if needed. As shown in Table 5.1, **a lower proportion of partners were confident they could access all examined types of support.** Additionally, both SP and partners were less confident in getting support for difficulties accessing childcare. Approximately 40 per cent of surveyed SP and partners had accessed some form of support in the last five years, primarily relating to physical health, mental health or childcare.

Survey participants who had accessed mental health problem or childcare support were more likely to express confidence that they could access support for these issues in the future. This finding suggests that **experience with support may increase confidence in accessing support again.** However, among respondents who accessed physical health support, increased confidence in accessing this support was only reported among RM SPs, with respondents in other categories reporting lower confidence in doing so. This result could suggest low satisfaction with physical health support or barriers in accessing this support.

This finding is reflected in our interview results. Interviewed partners who had received support from either Royal Naval Family and People Support (RN FPS) or Service charities tended to display a greater understanding of the Naval welfare sector in general and were more willing to engage with the sector to elicit further support, again reflecting how engagement with the Naval support sector leads to a greater familiarity and understanding of how the sector works. Therefore, support providers must consider how to convey the same understanding (or at least sufficient information) to those who may not yet have accessed support.

Table 5.2. Survey respondents' confidence in accessing support areas

Measure	Confident				Not confident			
	RN SP	RM SP	RN partners	RM partners	RN SP	RM SP	RN partners	RM partners
Difficulties with physical health	58%	58%	49%	49%	23%	22%	21%	38%
Difficulties with mental health	48%	57%	34%	38%	32%	23%	35%	49%
Difficulties with day-to-day living	51%	54%	35%	41%	28%	25%	34%	46%
Difficulties accessing affordable childcare	38%	41%	26%	28%	29%	27%	31%	46%
Feeling socially isolated	49%	52%	35%	41%	30%	23%	33%	44%
Difficulties with care responsibilities	42%	47%	34%	33%	28%	23%	29%	41%
Difficulties in finding sustainable employment	48%	53%	44%	38%	30%	23%	23%	41%
Getting into debt	55%	52%	40%	46%	20%	24%	24%	36%
Difficulties accessing housing that is suitable for the respondent and their family's needs	51%	50%	40%	44%	25%	25%	26%	38%
Facing poor home security or not feeling safe at home	55%	55%	43%	56%	21%	18%	19%	21%

Source: RAND Europe survey analysis.

Interview themes reaffirm these survey findings. **Most interviewed SP were confident that they could access support if needed, particularly from their respective Service.** In addition, interviewed RM SP believed that informal support from the RM community would be available if they or their family needed it. It is unclear from our data whether the same confidence exists among the RN community and if there are differences between the RN and RM in this regard:

'I've had a couple of short-term deployments where I got a phone call and a few hours later I was in a plane going somewhere, and I think that by the time the wheels landed in another country, there was an arm around the wife and the family. Making sure they were looked after. [...] It's reassuring that that care and love and support is there.' (S733, RM SP)

Awareness of support among partners was mixed. We identified four factors which seem to underpin these variations: 1) a dependence on SP to share information and facilitate access to services for partners,⁹⁵ 2) personal circumstances reflected in support needs, 3) a perceived stigma about accessing Service support for issues such as mental health, and 4) reliance on ‘word of mouth’ and informal information-sharing within the community.

Interviewed partners were correspondingly also more uncertain about the availability of support, reflecting greater perceived challenges in finding information about available services. Some shared a view that specific support was only available when requested by the SP, and partners were thus reliant on the SP to share information and provide an avenue to accessing support. This reliance can diminish partners’ sense of agency in accessing support and reinforce the view that the support landscape exists primarily to support SP. While efforts on the part of the RN&RM are underway to facilitate access to Service support for partners, such as via the RN Forum, these findings suggest that direct communication between the RN&RM and partners of SP still faces obstacles (e.g. due to data protection and RN&RM partners not being registered on the Joint Public Administration System – JPA):

‘I think it’s very much what the service person wants to share. So, because there’s obviously sensitivity to some of the information that’s provided on the platforms is limited as far because they’re not very good at passing things up to home. That is just a cultural thing again [...] If they don’t pass on the joiners’ packs, the Royal Navy Forum thing, there’s only so far it can go out, so because I wasn’t thinking like that and I wasn’t looking to the military for support. I was very much unaware.’ (S250, partner of RM SP)

‘What I did realise was that when my husband has gone away operationally, he fills in forms apparently beforehand for support for your spouse. Which he’s never ticked the support for your spouse box, because he’s like, “Oh, you’ll be fine, you’ll get on with it.” [...] So, I think that there’s probably been support available that we’ve not been aware of purely because my husband’s like, “You’ll be fine, you don’t need that support.”’ (S376, partner of RM SP)

Partners sometimes expressed the view that support was uneven across different geographies and RN&RM establishments. They felt that their understanding of the support landscape fluctuated with relocations, and it could be challenging to ascertain what support was available locally upon arriving at a new establishment:

‘[I]f you start a new school or anything like that, you usually get an information pack, a little guide to how things are. But if you’re – especially with moving from one area to the other, you don’t get that. To move into accommodation and be given necessarily a pack on the local charities around you that help with the MOD and everything, or little bits and bobs like that, would be absolutely amazing.’ (S853, partner of RN SP)

⁹⁵ This was raised by partners in interviews, though there are known efforts from the RN to facilitate more direct information-sharing with partners, e.g. through the Royal Navy Forum.

5.2. Help-seeking and accessing available support

As already discussed in Chapter 4, there is evidence that aspects of military culture may be contributing to psychological barriers to help-seeking among RN&RM SP. Even when SP are aware of available support and have access to relevant information, they may choose not to seek help when they need it. This tendency is underpinned by a **strong cultural emphasis within RN and RM communities on resilience and self-reliance**, with members of the RN&RM community only reaching out to the welfare sector when this resilience or self-reliance is stretched. The comparatively large number of interviewed SP and partners of SP who had children with special needs may be a reflection of this dynamic, with members of the RN&RM community potentially being more willing to seek formal support when it affects the well-being of children:

'I was a little bit overwhelmed when I had my first child... there was nothing; there was no support. I guess that support probably was there, but I didn't know how to access it or have the courage to access it at that point. So, probably, if anything, it needs to be pushed out there a bit more. I think perhaps it's not, especially for people who are having a bit of a tricky time. If you are having more of a tricky time, you're less likely to search out that help, but if it's there... If you have to search for it, it's more difficult.' (S113, partner of RM SP)

A further barrier to engagement with the Naval welfare sector may be the stigma surrounding Service welfare support. Several interviewed SP and partners reported a stigma around accessing welfare support offered by their Service for issues such as mental health, bereavement or family support. This finding indicates persistent views that accessing welfare support, including through RN FPS, may have negative impacts on an SP's career. It also mirrors SP's perceptions with experiences of workplace bullying, who often shared that reporting and seeking support in those circumstances could have negative career implications. This finding aligns with existing research suggesting that the most common reason SP cited for not seeking out support for mental health is the perception⁹⁶ that it would negatively affect their careers⁹⁶:

'[There are concerns about] stigma and the fact that, previously, when he's gone to Welfare, it has had a negative impact. And when he took paternity, it had a negative impact. So, it's been reaffirmed. Like, you look out for your family, it has a negative impact on your career. So, why would he think any different? He said that to me, so I'm, like, "Oh, I'm not going to go to Welfare now because I'm not going to be the one that almost makes that call and has an impact on your career.' (S707, partner of RM SP)

'[T]here is literally nowhere I could turn. So, if tomorrow, say something bad happened, say my wife dies, and I'm struggling with emotionally or whatever, well, I can't talk to anyone in Defence about that because am I gonna be medically discharged?' (S484, RN SP)

Recognising these challenges, **interviews highlighted that community engagement can play an important role in facilitating access to support.** Some interviewed partners credited signposting to relevant Naval welfare services via community events, reporting that learning about experiences with support from peers helped them understand the scope of available support and how it may align with their needs. This insight

⁹⁶ Sharp et al. (2015).

also indicates that isolation and the absence of social connectedness (see Section 4.2.3) may present a barrier to help-seeking:

'I'm lucky that I've got here, that I know that if there are... that if I have a problem, that I can contact the families worker here, and I know there are times where my boys do struggle. And they are quite receptive here to pick up, if we need some support, and I can say "Oh, actually, the boys could do with such-and-such," if [name of families worker] is able to, they're very good at trying to facilitate that. Whether that's a film night, or something like that, that they put on so families can come, or targeting something at a particular age group, that's something they might tend to do as well.' (S463, partner of RFA SP)

5.3. Experiences with support provision

Interviewees reported mixed experiences of accessing support services. **Where interviewees described positive experiences with support, they associated them with support providers being flexible and holistically supportive to families in highly challenging situations** (e.g. bereavement). SP and partners attached significant value to the reliability of support and having confidence that support would be available for them if they ever needed it – a consistent theme relating to accessing statutory and non-statutory support:

'In terms of the military, if there were any issues, I'd say 90% of the time I'd pretty much get what I asked for, in terms of time off to go to appointments, etc. My Royal Marine family looked after me as well, we... what we needed we got.' (S733, RM SP)

"What else do I think is good? When we've really needed something, they have helped us out. As I say, my dad has passed away now but when he initially had a heart attack they put my partner on a helicopter and flew her straight off the ship, rented her a car, got her to Scotland, rented a car so she could get to us – which we thought would be just in time because it was quite a serious heart attack.' (S423, partner of RN SP)

Personal contact with support providers and a personalised approach to service delivery also frequently contributed to positive support experiences. Interviewees often praised specific individuals employed by local charities and having 'someone to go to' when faced with difficult personal circumstances. Having trusted connections with whom SP and partners can discuss challenges they are experiencing was seen as empowering them to 'offload' some of the cognitive burden associated with seeking support, suggesting that support experiences among the RN&RM community could be further improved by raising awareness that there are people whom SP and partners can turn to as an initial port of call.

Further to connections with individual support providers, **broader community connections are a pivotal coping mechanism and source of informal support for many SP and their families.** Partners of SP felt that spending time with other partners was an important part of their social lives and helped them cope with the demands of Service life, as well as jointly organising childcare. Interviewees who had spent time deployed internationally with their families, such as in Gibraltar and Cyprus, felt that their relocations were significantly easier due to community support and a structured approach that helped new families integrate into the community:

'There's been times when my husband has been away that... to come up here to have... it used to be across the road prior to it being here... but to just have other people you can come and talk to with the family centre has been really helpful. To build a network, and also for the children to build a network with other children whose parents deploy and go away for periods of time.' (S463, partner of RN SP)

'So that's nice because obviously then you can meet other serving personnel, wives and sometimes the serving person and the children. So it's just lovely to see that the kids can obviously still intermingle freely as well, make new friends and just have a nice little sit-down as well and chat with some of the charity workers about obviously what's going on, how you're feeling with it all.' (S853, partner of RN SP)

In contrast to these positive support experiences, **several interviewed SP also raised challenges with accessing suitable support**. Regarding mental health, some interviewees pointed to a culture of downplaying mental health concerns, potentially preventing SP and family members from accessing adequate care. Partners also recounted difficulties finding other services for conditions ranging from spinal surgery to stillbirth. Where partners had poor experiences with support services, they often attributed these to poor communication, a lack of clarity about the support service, inconsistency in support or limited follow-up. Particularly in stressful circumstances, a lack of clarity with respect to what support is available and how individuals can access it can reinforce feelings of abandonment on behalf of partners:

'I was heavily pregnant with twins, and one of the twins died while he was deployed in Iraq. So, I did actually use the welfare services then, and I basically phoned them, told them what had happened, and they managed to arrange for my husband to come back. But I never heard from them again after that, never heard a thing after that. Which, looking back on it, I think is quite strange.' (S687, partner of RM SP)

'I wanted some support with my stepson and getting him to and from school, or if there was anything to access or assist with that in any way, and I just didn't get anywhere, to be honest. I think there's so many organisations. I got pushed around from pillar to post with like three people, and then it's, like, "Can you schedule in this phone call? Can we try and call you?" and it just – I almost didn't have time to do the management of finding the help.' (S707, partner of RM SP)

Box 1 summarises interviewees' reflections on 'what works' to support the former Serving RN&RM community.

Box 1. Perceptions of 'what works' for supporting the Serving RN&RM community

- **The importance of community spaces:** Community spaces appear to play a crucial role in supporting families, reflecting the importance of social connectedness and community engagement, and are often supported by local branches of charities within the Naval welfare sector. They serve as a direct support route (e.g. when hosting events or facilitating childcare), help informally signpost support and enable families to learn about available services.
- **Direct communication and information sharing with partners: Our findings suggest that partners sometimes feel excluded from decisions regarding access to support.** This can be mitigated through practices such as directly communicating with partners rather than relying on the SP to share information, and ensuring that information is 'civilian-friendly' (e.g. avoiding military jargon).
- **Having a 'go to' contact:** Interviewees highlighted the value of an advisor or caseworker who can help them navigate the support landscape, signpost relevant services and advocate on behalf of families. Particularly for partners, reinforcing support provision with a personal contact may help mitigate concerns about the appropriateness of available services, assist families in understanding eligibility criteria, and generally build confidence among families that they can access formal support if necessary.



**Part B: The size,
demographics and support
needs of the former Serving
RN&RM community**

6. The size and demographics of the former Serving communities

This chapter discusses the evolving size and demographic characteristics of the former Serving RN&RM community. Key findings and implications are described in Table 6.1 below.

Table 6.1. Chapter summary: The size and demographics of former Serving communities

Research questions addressed in this chapter:
<ul style="list-style-type: none">• What is the current size and demographic make-up of the former Serving RN&RM community, comprising SP, former SP, partners and children of SP and former SP?• What is the projected size and demographic make-up of the former Serving RN&RM community, comprising SP, former SP, partners and children of SP and former SP?
Key findings:
<ul style="list-style-type: none">• The number of former SP from 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 former SP in the UK in 2021, of which approximately 435,000 (21 per cent) were former RN&RM SP. By 2040, there will likely be 260,000–280,000 former RN&RM SP.• Approximately 53 per cent of former SP are 65 and over, and many of the working-age former SP (aged 16–64) are over 50. Partners are, on average, slightly younger than former SP. The number of former SP in all age groups is likely to decline, except for an increase in the number of former SP aged 18–29. The sharp decrease in the number of former SP aged 80 and over from 2014 to 2021 is likely to continue until 2030, but will then likely stabilise. The increase in young former SP likely reflects changing Service patterns, with some personnel viewing their time in the Armed Forces as a first job rather than a lifelong career.• There were approximately 226,000 spouses and civil partners of former RN&RM SP in 2021, which is likely to decrease to 140,000–180,000 partners by 2040. In 2021, there were likely an additional 32,000 partners living with former RN&RM SP who were not spouses or civil partners.
Key implications and recommendations (see Chapter 10 for the complete list):
<ul style="list-style-type: none">• Support providers must consider the increasingly intergenerational nature of the former Serving population in designing support services for the former Serving community (Recommendation 23). The anticipated increase in young, working-age former SP should inform resource allocation across support services in the future and how services are delivered (e.g. as there may be generational differences in communication and engagement preferences).• Older former SP (aged 60–79) will likely remain the largest age group within the former Serving population. In combination with demographic growth and population ageing, and the corresponding pressures placed on public health and social care systems, the sector will need to ensure it can meet the health and social care needs of this demographic (Recommendation 1).

- Younger generations of Service leavers may not have the benefit of substantial Service pensions, which may affect former SP's financial stability and support needs relating to financial well-being (Recommendation 12).

6.1. The size and demographics of the former Serving population

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 former SP in Great Britain⁹⁷ in 2021, of which approximately 435,000 (21 per cent) were former RN&RM SP.⁹⁸ In 2021, an estimated 1.2 million partners⁹⁹ of former SP were living in England and Wales, of which approximately 258,000 were partners of former RN&RM SP.

Data from the 2021 England and Wales census showed that most former SP served in the Regular Forces (85 per cent), were former OR personnel (75 per cent), were male (90 per cent) and were of White ethnicity (96 per cent). Approximately 53 per cent of former SP were aged over 65, and 55 per cent of the working-age former SP aged 16–64 were over 50. Partners were, on average, slightly younger than former SP (see Table 6.2). Approximately 59 per cent of former SP were aged over 70 in 2014; these former SP likely represent the end of the National Service generation. The number of former RN&RM SP aged over 70 has decreased substantially from approximately 332,000 in 2014 to 169,000 in 2021 and 153,000 in 2024.

Table 6.2. The age distribution of former RN&RM SP and partners (2021)

Age	Estimated number of former RN&RM SP in England and Wales	Estimated number of RN&RM partners in England and Wales
16–49 years	83,000 (21%)	63,000 (24%)
50–64 years	103,000 (26%)	76,000 (29%)
65–79 years	84,000 (21%)	71,000 (28%)
80 years and over	126,000 (32%)	48,000 (19%)

⁹⁷ Former SP living in Northern Ireland or overseas are not included in this analysis due to insufficient data.

⁹⁸ As data on former SP are only available at the tri-Service level, all numbers of former RN&RM SP are estimated.

⁹⁹ Spouse or partner living in the same household as a former SP.

Table 6.3. Relationship status of former RN&RM SP (2021)

Relationship status	Estimated number of former RN&RM SP in England and Wales
Married	226,300 (57%)
Never married	58,000 (15%)
Widowed	53,100 (13%)
Divorced	49,400 (12%)
Separated	9,700 (2%)

Of the approximately 258,000 partners of former RN&RM SP, approximately 226,000 were spouses or civil partners, and approximately 32,000 were partners living with a former RN&RM SP. Our analysis indicates that since 2014, the number of married former SP has decreased, while the number of former SP who never married or were divorced has increased, likely reflecting broader population trends and the growing number of younger former SP. While more former SP are married (57 per cent) when compared with the broader England and Wales population (45 per cent), former SP are married at a very similar rate to the retirement age population (57 per cent), who closely resemble the former Serving population.¹⁰⁰

Most former SP (74 per cent) do not have children living in their household, which is expected given the age distribution of the former Serving community. Nevertheless, approximately 85,000 former RN&RM SP were living with children and a cohabiting partner, and 14,000 former RN&RM SP were lone parents. Approximately 79,000 children aged under 16 were living with a former RN&RM SP in England and Wales.

6.2. Forecasts

RAND’s forecasts suggest that the number of former RN&RM SP will decrease substantially out to 2040, from approximately 400,000 in 2024 to 260,000–280,000 in 2040 (see Figure 6.1),¹⁰¹ likely driven by significant decreases in older age groups. The largest drop-off is likely to be in the number of former SP

¹⁰⁰ RAND Europe analysis of 2021 Census data.

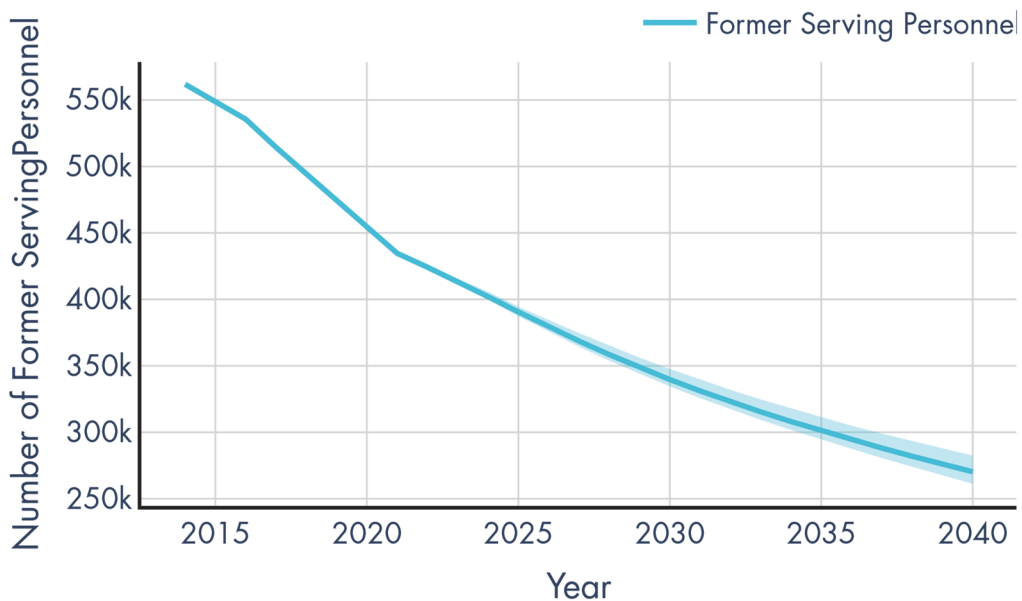
¹⁰¹ The forecasts are based on the assumption that historical trends will continue. If there is a surge in recruitment in the next few years, the size of the former-Serving community may not decrease to this extent. For more information on the forecasting methodology, see Chapter 2.2 and Annex A.

aged 80–89; however, the steep decrease in this population since 2014 (when our data begins) is unlikely to continue beyond 2030. Conversely, the number of former SP aged under 30 is likely to increase slightly out to 2040 (see Figure 6.3). This increase in young former SP likely reflects changing Service patterns, with some personnel viewing their time in the Armed Forces as a first job rather than a lifelong career. As a result, there is likely to be an increase in young, working-age former SP who may require different types of support, such as assistance with employment or childcare and who do not benefit from substantial Service pensions.

Changes within the MOD and RN to adopt a more Whole Force approach and incorporate a Spectrum of Service may also affect the size of the former Serving community. In particular, a more flexible Spectrum of Service could see individuals move between the Serving and former Serving communities, which may have significant implications for the support they require. Similarly, the recall of the Strategic Reserve, if needed for an immediate increase in trained personnel, could create immediate and substantial support needs for that community, even though it would not significantly alter the overall size of the RN community.

The data suggest that there has been a slight decrease in the percentage of former SP who are married over this period. Thus, the number of partners of former SP is also likely to decrease over this period, in line with the overall decline in the number of former SP. Despite the increase in younger former SP, the overall decrease in the number of former SP in all other age groups suggests that both the number of former SP with children and the number of children of former SP will decrease out to 2040.

Figure 6.1. Forecast of former RN&RM SPs



Note: Coloured shading in this and subsequent graphs represents 95 per cent credible intervals.

Figure 6.2. Forecast of former RN&RM SP by rank and gender

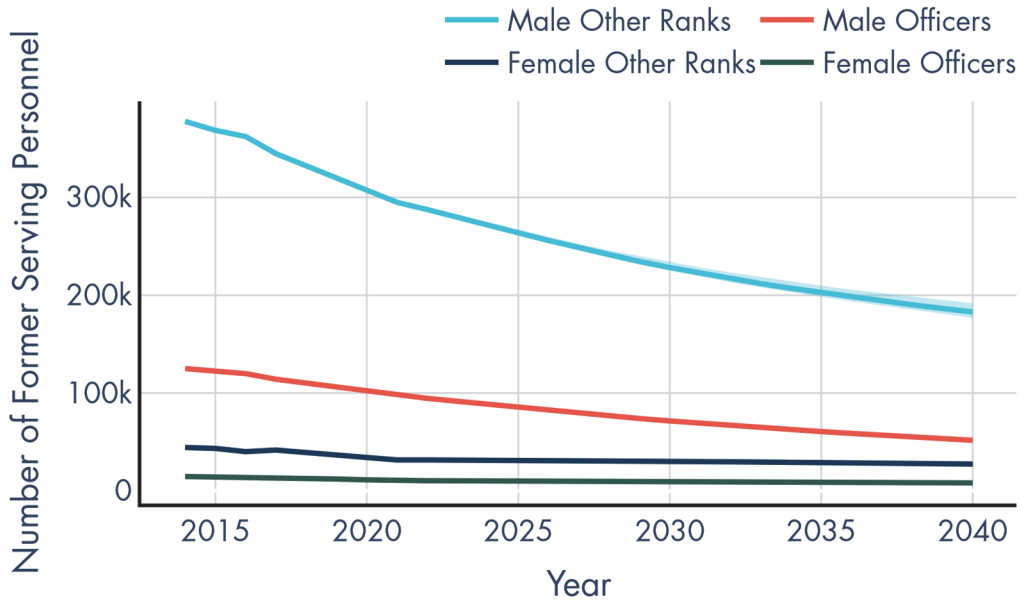
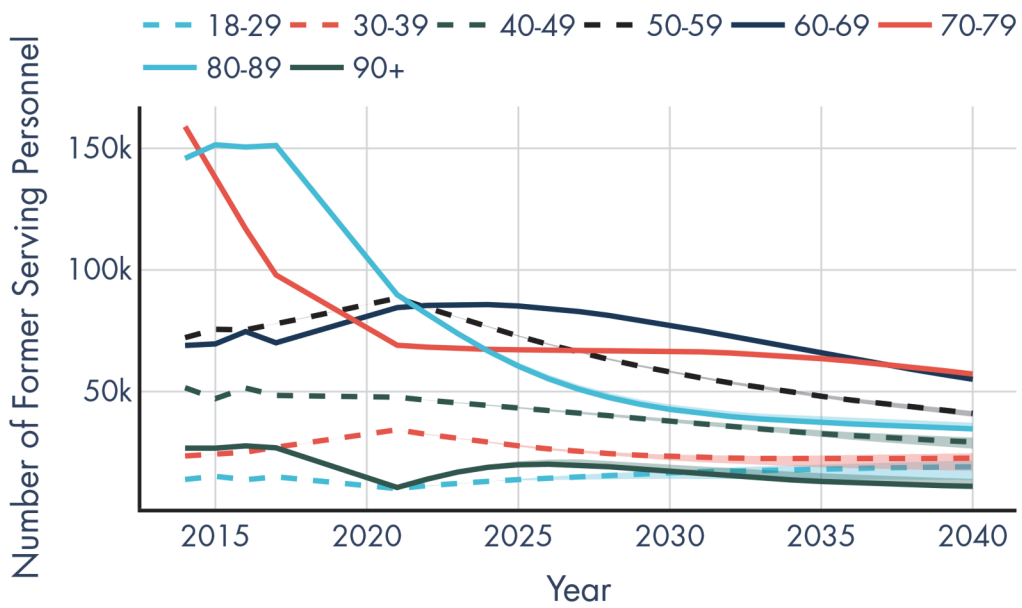


Figure 6.3. Forecast of former RN&RM SP by age



7. The support needs of the former Serving community

This chapter describes our study’s findings regarding key issues and challenges experienced by the former Serving RN&RM community (summarised in Table 7.1). In contrast to Chapter 4, this chapter relies exclusively on qualitative interviews with former SP and partners, as we did not conduct a survey of the former Serving community. Where relevant, the chapter references data from the England and Wales Census,¹⁰² the Veterans’ Survey and other existing research to supplement the discussion and indicate the prevalence of different issues and challenges among the community.

Table 7.1. Key findings: The support needs of the former Serving community

Key questions addressed in this chapter:	
<ul style="list-style-type: none"> • What issues or challenges with regard to day-to-day living, emotional and mental wellbeing, social and family relationships, employment and training, financial wellbeing, and housing have been experienced by former RN&RM personnel and their families? • How prevalent are these issues and challenges among a sample of RN&RM families? • What support needs does the former Serving RN&RM community have regarding these identified issues and challenges? To what extent are these needs being met? 	
Issue area	Key findings:
Transition experience (Section 7.1)	<ul style="list-style-type: none"> • Experiences of transition among the 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, with some describing a stark sense of identity loss that made it challenging to adjust to civilian life.
Physical health (Section 7.2)	<ul style="list-style-type: none"> • Existing data suggest that former SP may have lower general health and higher disability than the general population. However, this is likely due to the demographic characteristics of the former Serving population. • The most commonly reported physical condition among former SP and their partners was musculoskeletal conditions. These conditions had multi-faceted

¹⁰² We were unable to extend this analysis to former SP living in Scotland, as the published data from the 2022 Scotland Census only includes information on veterans’ age and location.

	<p>impacts on interviewees’ wider well-being and quality of life, highlighting the interconnected nature of support needs.</p>
<p>Emotional and mental well-being (Section 7.3)</p>	<ul style="list-style-type: none"> Existing data indicate that a significant minority of former SP face challenges with their mental health, with higher prevalence of post-traumatic stress disorder (PTSD), common mental disorders and loneliness among former SP compared to the civilian population. Interviewees who reported symptoms or diagnoses of PTSD shared that the conditions significantly impacted their family life, family dynamics and employment outcomes. Interviewees’ experiences of other mental health challenges often persisted or recurred during or after transition. These experiences also showed the dynamic nature of many mental health conditions, with many former SP experiencing improved or deteriorating symptoms over time. While some interviewees sought formal support, others relied on informal coping mechanisms and support from their community. Again, this reflected the emphasis former SP place on resilience and self-reliance, potentially reinforcing psychological barriers to help-seeking.
<p>Social and family relationships (Section 7.4)</p>	<ul style="list-style-type: none"> Repeated and extensive separation during Service was often perceived as having long-term impacts on the relationships of former SP with their families, making the rebuilding of these relationships challenging. Some aspects of Service life also impacted the relationships between former SP and their partners, with some interviewees reporting that they had grown apart during Service and subsequently found it difficult to live together. Several interviewees, particularly RM former SP, shared a sense of loss of community that they associated with Service life.
<p>Employment (Section 7.5)</p>	<ul style="list-style-type: none"> Most of our 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. Former SP who experienced abrupt or unexpected transitions, such as those resulting from medical discharge, were more likely to report challenges in finding suitable employment after leaving the RN&RM. Differences between military and civilian workplace cultures often presented challenges for former SP’s ability to settle into civilian employment.
<p>Financial well-being (Section 7.6)</p>	<ul style="list-style-type: none"> Understanding of financial well-being and stability among the UK former Serving population is poor. Most interviewees reported feeling financially secure, which was often related to homeownership. The size of Service pensions was an important factor in the financial security of our interviewees, with those who left the Service anticipating that their pension size would help ensure their financial stability. Conversely, among interviewees who had left Service sooner than they had anticipated, their smaller pension size negatively affected their perception of financial well-being. Physical and mental health conditions constrained some interviewees’ financial well-being, making it difficult for them to maintain employment and achieve career progression.
<p>Housing (Section 7.7)</p>	<ul style="list-style-type: none"> None of our interviewees raised significant challenges concerning housing, with all but one owning their own home.

	<ul style="list-style-type: none"> Wider research indicates that most former Serving families can find suitable accommodation after Service. However, structural and individual-level barriers can make some former SP and their families vulnerable to housing insecurity.
Future concerns (Section 7.8)	<ul style="list-style-type: none"> The concern interviewees most often raised was future financial security, which they linked to concerns about job security, not being able to financially support their children, or financial dependency on their partner. Several interviewees also worried about ageing, potential worsening of physical and mental health conditions, and not being able to continue to deal with the challenges of day-to-day life.
Key implications and recommendations (see Chapter 10 for the complete list):	
<ul style="list-style-type: none"> Though many SP and partners have had positive transition experiences, resettlement and the transition from military to civilian life remain periods when SP and their families may need targeted support. Those experiencing involuntary or short-notice discharge, who may face greater challenges around and after transition, particularly need support. Additionally, transition support should better incorporate an identity lens to help SP navigate identity loss and adapt to civilian workplace cultures (Recommendation 10). The interconnected nature of physical health, mental health, financial well-being and employment outcomes highlights that support provision must be comprehensive and take a holistic view of an individual's support needs (Recommendation 15). There is a continued need to provide comprehensive clinical and non-clinical mental health support for the former Serving population, as mental health challenges evolve dynamically over time (Recommendation 1). The long-term impact of Service on family relationships highlights the need for robust upstream interventions to support family resilience and cohesion, starting during Service life (Recommendations 4 and 5). While many former SP have positive post-service employment outcomes, some may struggle to find a job that suits their skills or adapt to a civilian work culture. This highlights the need for transition-related employment support to raise awareness of the differences between military and civilian workplace cultures, thereby mitigating potential experiences of 'culture shock' (Recommendation 10). Additionally, awareness among employers of Service leaver skills is essential to improve employment experiences and outcomes among former SP. As recognised in earlier chapters, financial support can provide an essential safety net for those who may struggle with short-term financial vulnerability. Those experiencing physical and mental health challenges may be among those at greater risk of financial instability and thus may require targeted support (Recommendation 11). While few former SP experience housing insecurity, support providers should remain aware that some groups of former SP (e.g. Early Service Leavers and medically discharged personnel) may be at greater risk of housing insecurity (Recommendation 14). 	

7.1. Transition experiences

Experiences of transition among the interviewed former SP were generally mixed, reflecting the highly individual nature of discharge from the Armed Forces and the varied trajectories of veterans thereafter.

Roughly half of the interviewed former SP reported a generally positive or smooth transition experience, which was typically associated with SP having made a conscious and planned decision to depart from the Service. Even when interviewees made a conscious choice to leave the Service due to challenging Service experiences, the ability to prepare – both mentally and practically – was seen as a decisive factor that facilitated a positive post-Service trajectory. Some interviewees also felt they had a 'smoother' transition

because they were able to ‘civilianise’ before leaving the military, e.g. by working in a more civilian environment:

‘So, for me, I found absolutely no issues of transitioning at all. I think that was partly with my career path. I fell into a position where I was lucky enough to work in the Defence Equipment and Support Organisation, which is partly civil service and partly defence, and I was involved with the acquisition of products, military products for defence. From there, I transitioned into the commercial sector. So I would say that partly, my transition started two years previously, because I was interacting with industry.’ (V369, former RM SP)

In contrast, poor transition experiences were predominantly associated with either abrupt or unexpected departures from the Service. Such circumstances varied but included pregnancy at a time when RN policy did not allow for pregnant SP to serve, redundancy, or medical discharge for physical or mental conditions. Interviewees who transitioned under these circumstances often reported difficulties finding adequate employment and feeling that the support they received during transition was inadequate or limited:

‘I was messed around with – so I didn’t get my career transition started until just before my Medical Board. You know, I should have had it – the moment they mentioned it was going, I should have been put on it to give a full amount of time. So that’s partly why I didn’t get any resettlements because it all happened so last-minute, even though they had known about it longer, they didn’t refer me down that route until later.’ (V116, former RN SP)

‘That 12 months you get given at the end isn’t enough, people need to start really concentrating on it three years before leaving, so they can really absorb and get everything they can out of that system while it is still available to them, while they are inside. [...] As soon as I went for my hearing test, failed it, went for another one, failed that one, went off to a consultant hearing, and it was the consultant who turned around to me and said, “Your level of hearing loss [interviewee name], they are going to medically discharge you.” And, I just looked at him and I went, “Is that me done then?”’ (V435, former RM SP)

Although interviewees’ transition pathways differed, **many reported experiencing a shift in their personal identity during their transition.** In this sense, many interviewees found themselves interrogating their military and new civilian or veteran identities, reflecting on which community they ‘belonged’ to. Some interviewees felt uncertain about whether the category of ‘veteran’ applied to them or not. These reflections on military, civilian and veteran identities often shaped how former SP approached making social connections after their Service as well as how they navigated transitions from military to civilian working cultures and other aspects of civilian life:

‘But I think there’s reasons why transition is so important and where many people fail. And it is that you belong to this club, but you’re joining a new club, but you don’t know you’re joining the new club, which is the world of the veterans. That word “veteran” doesn’t necessarily associate with you when you’re sort of 23 and a half years old and just about to have a baby.’ (V268, former RN SP)

Related to this, **interviewees’ discharge experiences often had a sense of irrevocability and finality, which confronted interviewees with a stark sense of identity loss.** Several interviewees specifically linked this to the practice of cutting up military identification cards during discharge. For some interviewees, this carried

strong symbolic significance regarding the loss of their military identity and the need to establish a new civilian one. This again highlights how the personal and military identities of former SP and their partners are in flux during the transition process:

'When I went into the leaving office and then, bearing in mind I knew what the process was, I went in to do my leaving interview with the pay staff and all of that sort of thing, they took my ID card and cut it. [...] I just went from being one minute a senior, relatively respected - I would like to think - warrant officer to suddenly feeling like that is who you were, but you ain't anymore. Literally in that one-hour process, two-hour process – pretty rubbish.' (V466, former RM SP)

7.2. Physical health

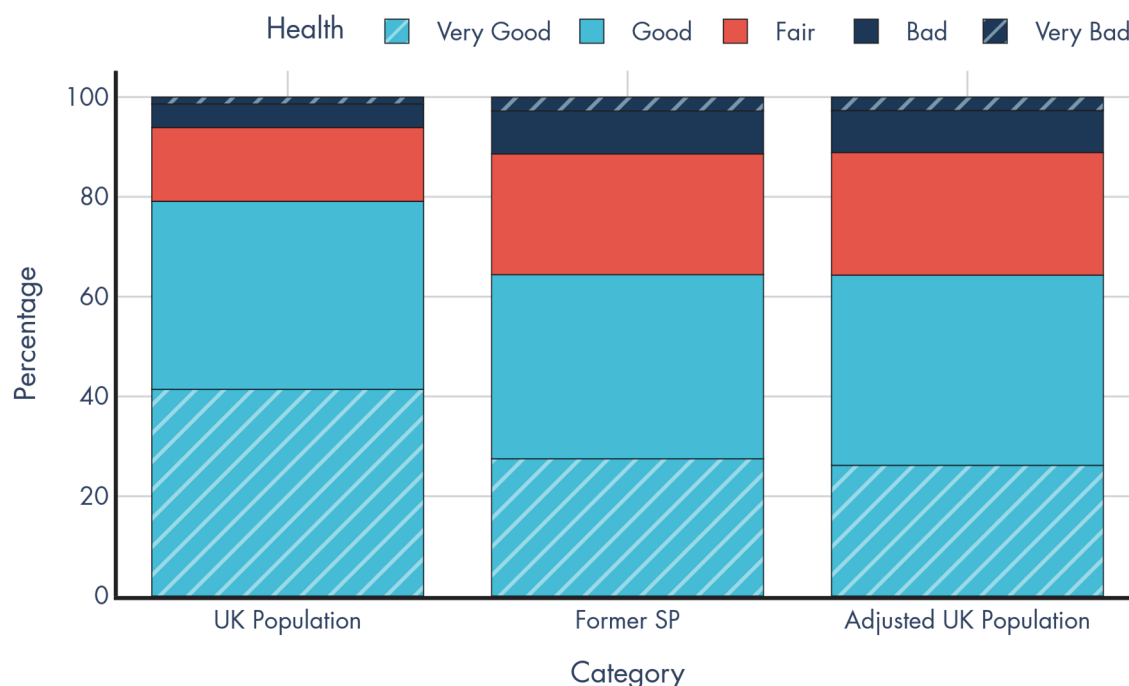
Existing data indicate that the former Serving population may have lower general health and higher levels of disability compared to the civilian population. However, this is often attributed to differences in demographics and geographic location between former SP and civilians. In the 2021 England and Wales Census, 28 per cent of all UK Armed Forces former SP self-reported that their general health was 'very good', with 37 per cent reporting that it was 'good', and 24 per cent reporting that it was 'fair'.¹⁰³ Conversely, 9 per cent reported that their general health was 'bad', and 3 per cent reported that their general health was 'very bad'.¹⁰⁴ As Figure 7.1 below shows, while former SP were less likely to report 'very good' health and more likely to report 'very bad' health, this likely reflects the demographic composition and geographic location of the former Serving population rather than the influence of military Service. Similarly, while 32 per cent of former SP reported having a disability (compared to 20 per cent of the general population), census analysis found that this difference diminished when accounting for age, sex and regional differences between former SP and civilians.¹⁰⁵

¹⁰³ Office of National Statistics (2023c).

¹⁰⁴ Office of National Statistics (2023c).

¹⁰⁵ Office of National Statistics (2023c).

Figure 7.1. Self-reported general health among former SP and civilians (2021 England and Wales Census)



Source: RAND Europe reproduction of ONS (2023) Analysis of Census 2021 England and Wales Results.

Existing data do not indicate which physical health conditions are most prevalent among former RN&RM SP. However, previous research with former RAF SP indicates that large proportions of elderly and retirement-age former SP can face issues with mobility, physical exhaustion or pain, and poor bladder control.¹⁰⁶ Among former SP who participated in our study, most reported physical health conditions were musculoskeletal. These conditions varied in severity, ranging from mild arthritis or pain to severe spinal or ligament-related conditions. As many of the former Serving interviewees were older, these findings fit with our survey data and findings, which suggest that the prevalence of musculoskeletal conditions increases among older members of the Armed Forces community. Publicly available data also aligns with this finding, with musculoskeletal conditions being among the most common reasons for medical discharge from the Armed Forces:

'I was diagnosed with that [chronic degenerative disc disease] when I was 38, 40, and all of a sudden, I couldn't run. I was in pain all the time. I couldn't play any competitive sport or anything. All of a sudden, I'd aged 25 years. That's how it felt, and so it was really quite impactful in lots of silly ways. Because of the painkillers I was taking, I couldn't drink anymore, and the Forces do have a drinking culture. [...] So I was starting to feel excluded from the Service due to ill health, and it was quite bizarre.' (V982, former RN SP)

Physical health conditions can have a significant impact on interviewees' daily lives. Severe musculoskeletal conditions were associated with depression, anxiety, negative reflections about Service life and other physical health problems. Other reported conditions, such as tinnitus, also disrupted their social

¹⁰⁶ Compass Partnership (2015).

relationships, sleep and caused challenges in the workplace. This highlights the diversity of conditions that can severely impact former SP's day-to-day lives, aligning with other research on the impact of tinnitus on UK former SP¹⁰⁷:

'The arthritis in the ankles and knees is getting to the point that if I sit down for more than five minutes and I get up, it's painful. If I walk more than 2km or 3km, it's painful. [...] So yes, the injuries that I have sustained in my military life is impacting my day-to-day life. [...] Typical military person, grit your teeth, take some Nurofen and off we go. But age is coming on now, and I'm starting to feel greater and greater impact.' (V369, former RM SP)

'I was injured during the job at [military establishment], where we had to lift heavy boxes of flags and stock and stuff, and I did a disc. Ended up having a back operation. [...] I've since been diagnosed ... with a neurological condition, which was caused by the back operation that I had, but I never took it any further because at the time I didn't know.' (V249, former RN SP)

Out to 2040, it is expected that population growth and ageing will put increasing strain on public health and social care services. This may exacerbate challenges, particularly for elderly former SP, in accessing adequate public health and social care, and may thus increase reliance on non-statutory services for health and social care support.

7.3. Emotional and mental well-being

Research about former SP's mental health has consistently shown that while most do not report adverse mental health outcomes, a significant minority do.¹⁰⁸ Common mental disorders are the most common mental health issues former SP report, followed by probable PTSD and alcohol misuse.¹⁰⁹ Research has also shown that former SP are more likely to report mental health issues, such as common mental disorders and probable PTSD, than the civilian population.¹¹⁰ For example, research on mental health outcomes of former SP who deployed to Iraq and Afghanistan has shown that 28 per cent reported common mental disorders, compared to 14 per cent of the civilian population.¹¹¹ Increased risk of mental health outcomes among former SP is particularly associated with adverse childhood experiences (e.g. experiences of childhood abuse or neglect), exposure to combat and physical combat injuries.¹¹²

Recent data from the England and Wales Census also highlights a high prevalence of loneliness among the former Serving population, with 31 per cent of former SP reporting feeling lonely 'always', 'often' or 'some of the time', in comparison to 27 per cent of the general population. Former SP had a higher prevalence of loneliness than the civilian population, even after adjusting for other factors known to be associated with a higher risk of loneliness, particularly gender and age. However, the high reported levels of

¹⁰⁷ Burns-O'Connell et al. (2019).

¹⁰⁸ Sharp et al. (2024).

¹⁰⁹ Common mental health disorders include depression and various anxiety disorders. For more information on their prevalence among former SP, see Sharp et al. (2024).

¹¹⁰ Juškaitė et al. (2025).

¹¹¹ Goodwin et al. (2015).

¹¹² Iversen et al. (2018); Juškaitė et al. (2025).

loneliness may be associated with higher levels of reported disability among former SP compared to the civilian population, as disability is known to increase risks of loneliness.¹¹³

Interviews highlighted the multifaceted and dynamic impact of mental health conditions, such as PTSD, on former SPs and their families' wider lives. Among former SP, PTSD symptoms often exacerbated challenges in the workplace, created challenging relationship dynamics, and caused former SP to be increasingly socially isolated. Families, meanwhile, often had to adjust their routines and habits or take on additional caring responsibilities:

'Yeah, so he really likes routine and struggles with any changes, so we try to regulate ourselves. The children don't have the TV on ever in the mornings – ever. He just can't cope with it. [...] The children are highly sensitive to his needs and difficulties that he might be facing. [...] Like I said to you before, I just alluded to that; unloading of the dishwasher, those activities that might be loud or there'll be a sudden bang or a noise. He's explained it before that to him, it affects him like it's a – like a – not necessarily a gunshot but such a loud, sharp feeling, it causes him pain in his body, like that startle response.' (V612, partner of former RM SP)

In some cases, interviewees' ability to manage their conditions improved upon leaving the Service, e.g. interviewees had time and space to reflect on their conditions and the underlying behaviours that contributed to them. In other cases, interviewees continued to struggle with conditions and underlying stressors for extended periods of time. These experiences show the **dynamic nature of many mental health conditions, with many former SP experiencing improved or deteriorating symptoms over time.** From a support perspective, this highlights the need for continued and comprehensive support to address underlying mental health stressors and mitigate potential escalation and spill-over of support needs:

'I now use that to talk to other people when they have come to leave, and they sought my experience and advice. I have said, "You have got to learn to unlearn that trained behaviour, and it takes you longer than you think." It took me three years to not feel guilty that I wasn't working a 70-hour week. And, it probably took me another four years to not feel guilty about having some time off for myself.' (V800, former RN SP)

'I still have some moments of feeling a little bit low, but it's not linked in with Navy stuff, it's just I think – I think it's just my brain, and sometimes it, you know, I look negatively on things when I perhaps could look more even-handedly at stuff, so yeah. [...] But I haven't seen a councillor in years now, so yeah. But I've never been prescribed medication or anything like that. I've managed to get through it all kind of just with talking to people and figuring how I can change things to make it positive and make my brain work better or be less negative and be down the doldrums.' (V262, former RN SP)

While some interviewees sought formal support, others relied on informal coping mechanisms and support from their community. Again, this reflects the emphasis former SP place on resilience and self-reliance. At times, participants also described avoiding seeking out support, believing that it is reserved for others with more severe symptoms. Adding to evidence of perceived hierarchies of military injury, which may present

¹¹³ Office for National Statistics (2024b).

barriers to seeking support, some interviewees believed that their conditions ranked too low on this hierarchy to make seeking support appropriate:

'So I haven't had as much trouble with – I mean I've got a few of my mates, my ex-service mates who are around me anyway, so we chat about stuff. Anyway, I suspect everyone has got a little bit of posttraumatic stress without a doubt, that they will manage bit by bit as they go along.' (V328, former RM SP)

'[T]here are lads out there that are bloody homeless, there are lads out there that are on PTSD levels beyond anybody's reckoning who are close to committing suicide. So, I am a little bit wary about calling on the little bit of charity for myself at the moment.' (V435, former RM SP)

While some interviewees had positive associations with the resilience, self-sufficiency and stoicism of military culture, others highlighted how this culture potentially contributed to a lack of preparedness from support services to provide adequate care to those in need. One female interviewee, for example, reported that their diagnosed PTSD had been worsened by a lack of understanding within the RM and Naval welfare sector about how PTSD manifests itself in women¹¹⁴:

'[W]ar means ... you have people that just tell you to get on with it, deal with it, man up and all the rest of it. And then the Marines are a level above that. So having a woman who went to pieces when she saw a gun was a bit of a "Oh my God, what do we do with her?'" (V575, former RM SP)

7.4. Social and family relationships

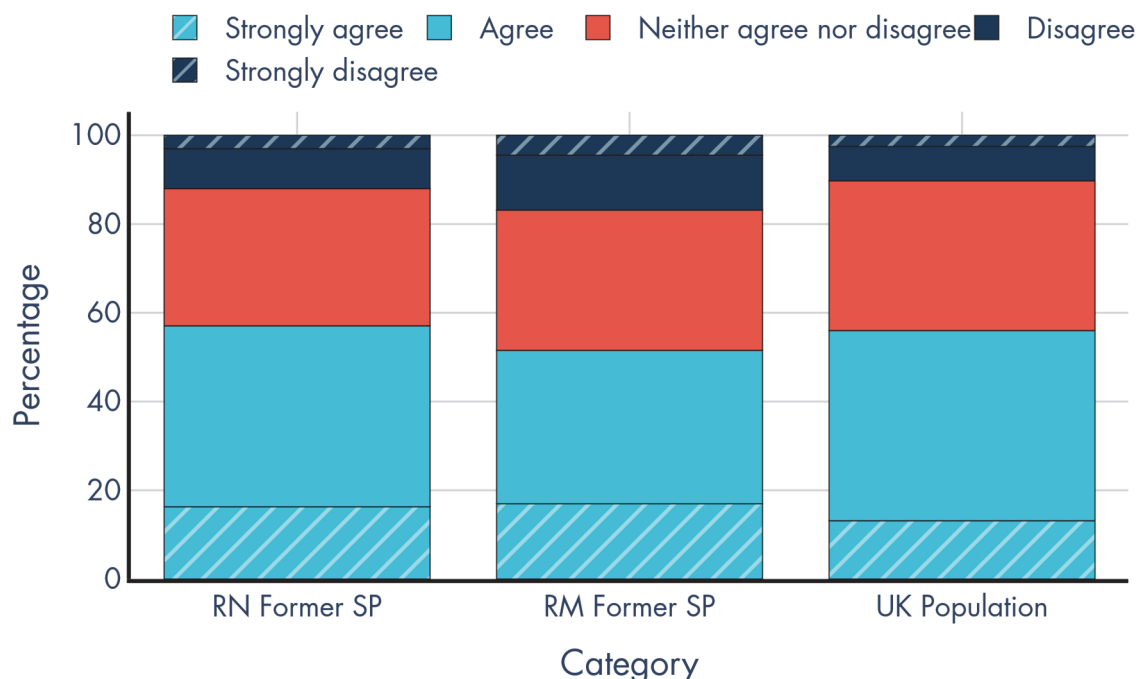
In contrast to general and mental health outcomes, **there is relatively little understanding of the quality of social and family relationships among UK former SP**. For example, while census data indicate higher rates of separation and divorce among former SP compared to the age-adjusted civilian population, it is unknown whether former SP experience relationship breakdown during their Service or after transition to civilian life.¹¹⁵ Recent data collected in the 2022 Veterans' Survey examined the extent to which former SP felt they belonged to their local community, finding that 56 per cent 'strongly agreed' or 'agreed' with the statement 'I feel like I belong to my local community', 33 per cent 'neither agreed nor disagreed', and 12 per cent 'disagreed to some extent'.¹¹⁶ As Figure 7.2 shows, these results are broadly similar to those of the UK population, although a slightly lower proportion of former RM SP compared to former RN SP agreed that they felt connected to their local community. However, there were differences by age: the percentage of former SPs who 'agreed to some extent' that they belonged to their local community was higher in each consecutive age group, with only 28 per cent of former SP aged 18–29 agreeing, compared with 72 per cent of former SP aged over 80. This suggests that, although former SP report a higher prevalence of loneliness (see Section 7.2.2), they report similar levels of local community belonging as the general population.

¹¹⁴ While available data concerning the prevalence of PTSD among female UK former SP is limited, some findings can be found in Hendrikx et al. (2023).

¹¹⁵ Office for National Statistics (2023a).

¹¹⁶ Office for National Statistics (2024b).

Figure 7.2. The proportion of former SP and the UK population that agree or disagree that they feel they belong to their local community (former SP) or their neighbourhood (UK population)



Source: RAND Europe Analysis of ONS & OVA (2024a) Veterans’ Survey and ONS (2022) Quality of Life in the UK Dataset (November 2022)¹¹⁷

Many interviewees described prolonged periods of separation during their Service as having lasting effects on their family and social relationships. Some SP felt distanced and disconnected from their children due to prolonged or recurrent separation, reporting that they only had opportunities to build relationships towards the end of their Service careers or after leaving. However, extensive separation and absences during many of their children’s formative life events made rebuilding relationships challenging in some cases. For example, some interviewees believed that their children remained mistrustful of them. Others described struggling to take on a more active role in their children’s lives or finding a limited role for themselves as parents with respect to their grandchildren:

‘My eldest was a little more introverted and therefore I think held it in closer, but I would say my relationship with my two sons really didn’t come out until probably near when I left, when they were well into their mid 20s onwards, so that was because they felt they weren’t getting in the way of my work as it were.’ (V800, former RN SP)

‘When we became grandparents, I was surprised how good a parent, how good a grandparent my husband was. Because it wasn’t that he wasn’t a good dad, it was just that he was so often away. [...] So your relationships are just different, and it’s like me and the kids were a family, and then he was somebody that came in and out of that family. And it wasn’t until we moved back to

¹¹⁷ Respondents in the Veterans’ Survey were asked ‘To what extent do you agree or disagree with the statement: “I feel like I belong to my local community”?’

Portsmouth when the kids were teenagers that he was around all the time.” (V268, partner of former RN SP)

Aspects of Service life, such as separation and high workloads, also had lasting impacts on SP’s relationships with their partners. Some participants described growing apart during their Service and subsequently struggling to live together with their partner after transition. Such distancing between partners was not always possible to mend, with some participants stating that they and their partner were staying together solely for the sake of their children:

‘I think my wife thought I was going to be stepping down in terms of how busy I was, and there’d be more time. Unfortunately, in the last six months or so, our marriage has suffered, certainly. Part of that is a sort of realisation that, at the tender age of 60, the last third of our lives or the last quarter of our lives, we probably want to do slightly different things. So that’s a shame – but that’s life, yeah. (V528, former RN SP)

While community links became an important support mechanism for many former SP (see Chapter 8), **some interviewees, particularly former RM SP, expressed a sense of loss for the community and camaraderie they associated with their Service life.** For many interviewees, this community and camaraderie were at the core of their positive Service memories and aspects of Service life they missed:

‘I’ve never ever regained that feeling of belonging. Never, albeit I’m in a company where there’s probably 40%, 50% ex-RN in it. I’ve never quite regained that. It’s a very strong feeling, and that’s part of the reason you stay in, is that feeling of belonging, and it’s a very intangible thing, but it’s very strong. So transiting away from that, losing that, you don’t even know you’ve lost it, if you know what I mean, but you have, and it is a strong feeling of loss.’ (V982, former RN SP)

7.5. Employment

Available data on former SP at the tri-Service level suggest that 42–46 per cent are economically active, i.e. either employed or self-employed. This figure represents a comparable level of economic activity in the civilian population, accounting for differences in age, sex and geographic location between former SP and civilians.¹¹⁸ Despite this, existing research indicates that former SP face various challenges in finding suitable civilian employment after military discharge, including difficulties with a lack of transferable skills or challenges adapting to a civilian employment environment.¹¹⁹ There are also differences in employment outcomes across various groups of former SP. For example, older former SP, female former SP, former SP identifying as an ethnic minority, and former SP who are injured or wounded reportedly face greater challenges in finding longer-term employment.¹²⁰ There is also emerging evidence of underemployment in the former SP community.¹²¹

¹¹⁸ Office for National Statistics (2024b).

¹¹⁹ Fisher et al. (2021).

¹²⁰ Fisher et al. (2021).

¹²¹ Almandoz & Keeling (2024); Barnes et al. (2025).

Most interviewed former SP stated that they had been able to find suitable and enjoyable employment after transition. Successful post-transition employment pathways were associated with finding employment in a similar setting to RN or RM service, e.g. working in the defence or the Naval welfare sector. Practically, having links with the defence industry or the Naval welfare sector made it easier for interviewees to find suitable civilian employment after transition. It also enabled them to retain a sense of belonging and camaraderie with former SP colleagues, which was an important factor in their job satisfaction. This finding suggests that civilian employment that still incorporates military values and expectations can help ease the transition, enabling former SP to retain aspects of their previous military identity rather than needing to assimilate fully into civilian life:

'It is the right choice, without a doubt. The team that I work with is – are – fantastic. They're all former Serving people of different arms, so we've all got a similar experience. They've all left, obviously, before me, so they know and understand what their experience of leaving was like and how difficult that might be – and that's helpful. The job itself is amazing, so it's really, really positive. I did the right thing.' (V750, former RM SP)

Poor post-Service employment outcomes among interviewees were primarily related to either abrupt or unexpected transition experiences, such as redundancy or medical discharge. In these circumstances, interviewees were more likely to feel underprepared for navigating the civilian job market and to lack key skills, such as interviewing for jobs, writing CVs and translating their military experience into civilian qualifications, resulting in some interviewees feeling compelled to accept underemployment:

'I got a job at the local hospital, and then I just tried to climb the ranks at the hospital to get as high as I can. But, no courses or qualifications I have gained after leaving has helped me do that. I have just done that through interviews. [...] There was hardly any work out there for anybody. I was looking at becoming a driving instructor, anything where you were self-employed with a bit of flexibility. But, as for applying for jobs, I must have applied for maybe 100 jobs and never heard anything back.' (V435, former RM SP)

The most common challenge associated with civilian employment that former SP interviewees cited was difficulty adjusting to the norms and culture of civilian employment. Former SP interviewees often reported missing the spirit of collaboration they experienced while serving and found that civilian employment was characterised by zero-sum competition among employees. This experience was particularly prevalent among former RM SP who associated Service life with close affiliation and a sense of belonging. This finding suggests that former SP may experience a persistent gap between military and civilian cultures after leaving the service, which can undermine their job satisfaction and ability to connect with colleagues. For example, some interviewees felt that civilians did not have the collaborative approach they had grown accustomed to during their time in the RN&RM:

'It's hard work outside to confirm and be reassured in your own ability because I find that civvies will climb over or even sell their own grandmother to get ahead, whereas I'm more used to working collaboratively and being totally honest and showing all my cards. [...] Therefore, I expect that from all of my professional colleagues. But it ain't quite so in the civvy world. That's something that troubles me and continues to trouble me' (V750, former RM SP)

'So I was working for a client, which was in-your-face, very rude. Constantly complaining. Blaming you for everything, with a workforce that was utterly unresponsive to any request for ... so I'd left an organisation which was very positive with the workforce, that was very can-do, will-do, with a degree of authority behind it and so on to a militant workforce which didn't want to do anything, and a client which was utterly baffling to me.' (V982, former RN SP)

Interviewed partners of former SP who were employed generally reported that they enjoyed their jobs. However, they also highlighted the challenge of rebuilding a career after having job opportunities constrained due to Service demands for a significant period. As many partners of SP continue to face challenges in finding suitable employment, this reinforces the need to effectively address structural barriers to partner employment and mitigate the long-term impacts that these can have on partners' financial security and wider quality of life:

'I think probably something you've heard time and time again is that you, you kind of, you have to put your own career on hold. You know, you either, you either build a home and you stay put and the kids stay with you, and you work, or you facilitate whatever your partner's doing, work-wise, and you put your own stuff on hold.' (V138, partner of former RN SP)

7.6. Financial well-being

Beyond reported levels of personal income, there is a poor understanding of financial well-being and stability among the UK's former SP population.¹²² Recent data from the OVA Veterans Survey indicate that a significant proportion of former SP (approximately 25 per cent) reported that their annual income was less than £20,799.¹²³ The ONS raised concerns in comparing personal income of former SP with the UK general population given the over-representation of males and older age groups among former SPs, but highlighted emerging research that suggests a higher proportion of the general population earned £10,400 a year or less compared with former SP and that the 50th percentile for income was lower among the general population than former SP.¹²⁴ Furthermore, while half of former SP in the Veterans' Survey earned less than £31,100, and thus less than the UK median income of £36,700 per year, a high proportion of former SP are above the retirement age and thus likely to be receiving pension income (averaging approximately £20,100 a year) rather than full-time employee salaries.¹²⁵

Understanding of subjective perceptions of financial wellbeing within the former Serving community is also limited. However, 31 per cent of former SP reported experiencing money worries in the last month in the Veterans' Survey. Although this suggests that short-term financial concerns are relatively prevalent among former SP, data on the civilian population indicate similarly high levels of financial worries. In 2022, experiences of stress or anxiety due to financial worries during the previous month were reported by 29 and

¹²² Slapakova et al. (2023).

¹²³ However, as mentioned briefly in Section 2.9, the Veterans' Survey was not representative, with ONS analysis suggesting that the survey responses overrepresented veterans with disabilities. Given the relationship between disability and income, this may overestimate the proportion of veterans with a low income.

¹²⁴ Office for Veterans Affairs & Office for National Statistics (2025).

¹²⁵ Office for National Statistics (2025); Department for Work and Pensions (2025).

34 per cent of adults, respectively.¹²⁶ This suggests that there may not be a substantial difference between former SP and the UK population, particularly in light of the UK's cost-of-living crisis.

Most of our interviewees reported feeling financially secure, often because they owned a house or had a considerable Service pension. Adjusting spending behaviours and expectations around spending were also important enablers for interviewees' ability to remain financially secure after transitioning to civilian life, indicating that financial literacy and access to financial resources often underpin financial well-being:

'[I]n the Navy you get paid, you could go to sea for three months, you might not touch your wages. You get fed, you get housed, all that sort of stuff. But I suppose when you leave, you've just got to live how you normally would, water bills, electric, gas, food. So we were spending more. But we were slightly a bit less off so we had to rein in the holidays and stuff, but we weren't like on the bones you know what I mean, we weren't having to go to food banks and stuff. We just reined it in a bit.'
(V141, former RN SP)

Some interviewees reported experiencing financial insecurity or feeling that their financial well-being suffered after their transition, linked to two circumstances. Firstly, those who left Service abruptly or unexpectedly often believed they had missed out on a more significant service pension, which undermined their financial stability and increased their financial vulnerability upon discharge. Secondly, some interviewees' financial well-being was constrained by physical and mental health conditions, which made it difficult for them to maintain employment and achieve career progression. Experiencing financial insecurity, in turn, sometimes added to other mental health stressors, showing how challenges experienced by former SP can develop into complex and mutually-reinforcing dynamics:

'I know that my peers that I was in the Forces with, some of them are now ... on 70-80 grand a year. You know, it's massively impacted, because I don't have the capabilities. I have the intelligence to do that, I just don't have the mental capability or the... in terms of being able to handle the stress and stuff, whereas I did prior to going to [location of traumatic event], you know, I wouldn't have been, I wouldn't have passed the course if I didn't.' (V575, former RM SP)

'[W]e're quite savvy with our money, but it goes to the extreme for [my partner]'s PTSD. He's so anxious. He's done a lot of therapy, and it explains why he's so anxious, and it's that life is – it's finite. We could die any day soon. We need to try and get everything done and have enough money for the children and have paid off the house, and, etc., etc. So huge amounts of anxiety around money, but not that we have got into financial trouble.' (V612, partner of former RM SP)

7.7. Housing

None of our interviewees reported significant challenges with housing, likely due to two factors:

- Nearly all our interviewees owned their own homes, with only one reporting that they lived in rented accommodation. This interviewee cited rapidly rising house prices as a challenge in buying a home, but did not express serious concerns about this prospect. These observations align with existing data on the housing situations of former SPs, with the majority not facing significant

¹²⁶ Mental Health Foundation (2022).

housing challenges in the UK.¹²⁷ It also aligns with census data, which indicates that 75 per cent of former SP own their own homes either outright or with a mortgage.¹²⁸

- As we primarily advertised and conducted our study online, it most likely reached former SP and partners with an internet connection, which correlates with stable housing.

Existing research provides added insights into the challenges surrounding housing for the former Serving community. For example, a recent research review on this topic identified several structural and individual barriers affecting housing for former SP as they transition into civilian society (see Table 7.2).¹²⁹

Table 7.2. Barriers that former SP and their families may experience in accessing affordable and secure housing

Category	Barrier	Description
Individual	Former SP's lack of experience with the civilian housing market	Service leavers often lack experience in the housing and rental markets. This can lead to misperceptions about their housing-related entitlements and inadequate financial planning in relation to housing.
	The unique vulnerabilities of particular socio-demographic cohorts	Cohorts such as Early Service Leavers, younger former SP, female former SP and those from LGBTQ+ or racial minority backgrounds may be more vulnerable to housing insecurity and have limited awareness of available support mechanisms. Further groups, such as non-UK Service leavers, the wounded, injured, or sick and divorced, separated, or bereaved partners and families, can also experience additional housing challenges (e.g. immigration and language barriers, gendered assumptions about need or veteran recognition, complicated health-related housing needs or challenges in accessing social housing).
Structural	Limited availability of social and affordable private housing	Like the civilian population, former SP may be affected by a housing crisis in the social and private housing sectors. Specifically, due to its limited availability, despite their status as former SP, most former military personnel who are at risk of homelessness struggle to be assigned social housing.
	Fragmentation of the housing support landscape	While initiatives such as Op FORTITUDE have helped improve the situation, there are historical challenges with limited collaboration between service providers who support the housing needs of former SP.

Source: Summary of Centre for Evidence for the Armed Forces Community's Housing Summary (Sottini & Keeling 2025).

¹²⁷ Sottini & Keeling (2025).

¹²⁸ Office for National Statistics (2023b).

¹²⁹ Sottini & Keeling (2025).

7.8. Future concerns

The concern interviewees most often raised was future financial security, although the form this took varied significantly from individual to individual. Some of our interviewees who are professionally active in the Naval welfare sector expressed concerns that retention and recruitment issues for the RM would ultimately lead to the loss of their jobs. Others worried about the loss of their partner, on whom they were financially dependent. Interviewees who had undergone an abrupt or unexpected transition expressed concern about the size of their pension, particularly when their discharge was related to conditions that made it more difficult to access employment opportunities. Another interviewee expressed anxiety about losing their civilian employment and not being able to maintain the standard of living to which their family had grown accustomed. Several interviewees also expressed concern about their ability to financially support their children, particularly regarding their children's future housing needs:

'I can't get life insurance because of the condition that I now have that was caused by the Navy. I worry if anything happens to my husband because I don't know how financially I'll manage. Because, obviously, you only get a proportion of his pension. I'd have to move from this house because I wouldn't be able to manage.' (V249, former SP RN)

'I suppose in a positive way, they're aware of mental health, but I still don't, don't wish on them, you know... And if I don't... I don't want to get worse. Which is why I'm keeping up with the therapy. I do worry about, if, like, 'cause, my husband is my strong support. He, you know, what would happen when, if he goes before me?' (V575, former RM SP)

Several interviewees also expressed concerns about ageing and their ability to continue dealing with the challenges of day-to-day life independently. Among interviewees who had either a mental or physical condition, concerns about potential recurrence or worsening of those conditions compounded their worries. One interviewee with severe mobility issues following a diagnosis of cancer raised concerns about their ability to fulfil caring responsibilities for their parents.

8. Perceptions of the support landscape

This chapter describes findings regarding the awareness of available support and experiences with accessing support among the former Serving RN&RM community. Similar to the previous chapter, this is based on qualitative interviews with former SP and partners. Where relevant, we reference existing data and research on the wider UK former SP to supplement the interview findings. A summary of key themes is included in Table 8.1.

Table 8.1. Chapter summary: The support needs of the former Serving communities

Key questions addressed in this chapter:
<ul style="list-style-type: none">• What does the former Serving RN&RM community understand about what support is available to them?• What potential gaps exist in the support landscape, and what are the potential barriers to accessing support?
Key findings:
<ul style="list-style-type: none">• Former SP and partners generally showed some awareness of the Naval welfare sector, the wider Armed Forces charity sector and statutory services. Awareness of 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.• Community serves both as an information-sharing and sign-posting mechanism and as an important form of support in its own right. For many former SP, community networks offer a unique avenue for maintaining social connections, sharing experiences and reflecting on the value and meaning of Service. Therefore, there is continued value in adopting community-based models in support provision for the RN&RM community.• Many former SP's attitudes about help-seeking reflect a reticence about accessing formal support, underpinned by an emphasis on individual resilience and self-reliance, as well as 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).• Similar to the Serving RN&RM community, many former Serving interviewees associated positive help-seeking experiences with the ability to build a relationship with trusted support providers or peers.• Several interviewees reported difficulties accessing or receiving poor-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.

Key implications and recommendations (see Chapter 10 for the complete list):

- Awareness-raising and information-sharing activities should avoid an over-reliance on word of mouth and ensure former SP and partners have consistent access to information about available support (Recommendation 17).
- The findings reinforce 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 (Recommendation 19).
- Continued efforts are needed to address psychological barriers to help-seeking that may be embedded in cultural norms and stigmas, alongside misconceptions about who is eligible for support (Recommendation 2).
- The Naval welfare sector should raise awareness of the Armed Forces Community among public service providers and encourage adoption of trauma-informed care practices (Recommendation 21).

8.1. Awareness of available support

Both interviewed former SP and partners typically exhibited some awareness of the Naval welfare sector, the wider Armed Forces charity sector and statutory services. They were generally aware of some of the larger charities in the relevant sectors. Interviewees who were professionally active in the Naval support sector or who engaged in volunteer activities tended to demonstrate a more in-depth understanding of the support landscape. However, this understanding did not always translate into participants' willingness to access support, with many emphasising their self-sufficiency and ability to deal with challenges without relying on services:

'Again, I think their [the RMA's] emails, they are there to help people. [One] of the things that stuck with me is the story of a widow of a Royal Marine phoning up and not being able to pay a heating bill, and because they were part of the Royal Marines family, the RMA helped. That sort of stuck with me, so I phoned up and said, "I'm having trouble, I've just left The Marines, but I don't think I'm still mentally right." I think I spoke to two or three people there, bounced around just a few people, then they were like, "Right, we've got you a therapist." That was all done within two weeks.' (V156, former RM SP)

'Not my current job, but my last job in the Royal Marines, it became more apparent there what support is available to Service families, you know, the Serving guys and retired. So I'm very aware of what's available. So I'm quite happy that if something bad was to happen, I could reach out to my own association or charity.' (V969, former RM SP)

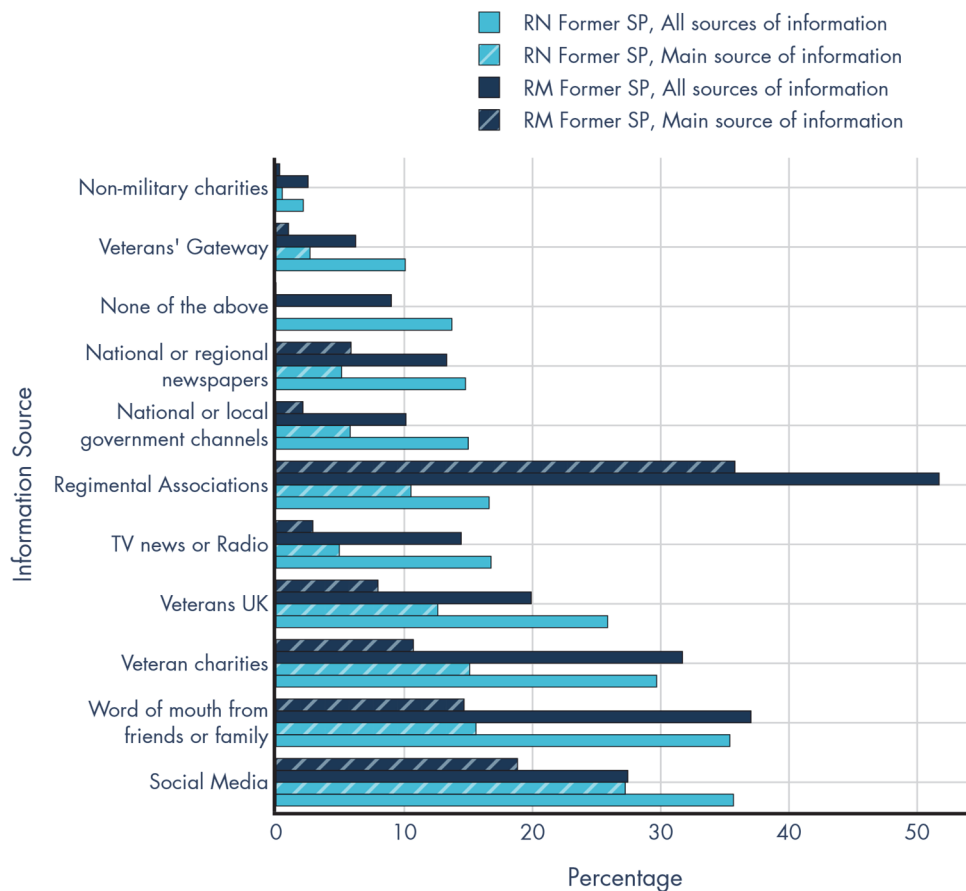
Community networks were highlighted as important avenues for accessing support information and as sources of support in their own right. Interviewees often discovered available support services through their peers, workplace groups or local associations, mirroring existing data from the Veterans' Survey about sources of information that former SP use to find out about support. As Figure 8.1 shows, although former SP access information about available support from a wide range of sources, they primarily rely on social media, word of mouth and veterans' charities and associations.¹³⁰ A significantly higher proportion of

¹³⁰ Office for National Statistics & Office for Veterans Affairs (2024).

former RM SP rely on regimental associations as a source of information in comparison to personnel from other Services.

Nonetheless, several former SP we interviewed recalled struggling to find information about how to access support when they needed it. Many of these experiences dated back years or decades, making it challenging to determine how accurately they reflect the currently available support information. Still, some interviewees expressed a more general lack of understanding of the welfare sector and the scope of support offered to the community. However, this limited understanding is unlikely to be unique to former RN&RM SP and partners, and may reflect a broader societal lack of understanding of the charity sector and its functioning.

Figure 8.1. Information sources for former SP



Source: RAND Europe reproduction of OVA/ONS Veterans' Survey 2022.

8.2. Experiences with available support

As noted above, informal, **community support formed an essential part of many former SP's experiences of post-Service life and coping with issues and challenges.** This support took a variety of forms, often including networking and socialisation with other former SP or partners in a professional setting or via charity work or community events. Interviewees stated that these contexts allowed them to share experiences and collectively reflect on the value and meaning of their Service. Interviewees also described how these

informal support networks were valuable during challenging life events such as bereavements or illnesses, with community members supporting one another with childcare and other household tasks:

'I met two [RM former SPs] in Paddington Station two days ago, and, suddenly, two seconds into a conversation it's like you hadn't seen them since yesterday morning. You know, and that's where we are, you know, it's brilliant. Catch up, a quick ten minutes, done. And then you might them again and you'd be together for a beer and a bit of a dinner, so it's ... And that's the brotherhood piece that every member of the corps really sort of gets into.' (V328, former RM SP)

Across the interviews with former SP, there was a notable reticence about accessing formal support from either the Naval welfare services or the wider Service charities sector. In part, this seemed to reflect an assumption that it was only appropriate to access these services for issues directly related to or caused by the former SP's Service. This may be reinforced by the sense of finality and irrevocability felt by some interviewees upon discharge, or that some former Serving cohorts may not identify with the term 'veteran', often used to advertise services for the former Serving community.

The culture of stoicism and reticence to seek support among former SP was noted by the interviewed partners, who expressed the view that former SP simply refused to engage with available support services, even when facing challenges. Partners often shared that the former SP's time in the Service was a part of their life that they kept to themselves and did not wish to engage with further. Together with the strong internalised emphasis placed on resilience and self-sufficiency, this underlines how military culture can significantly affect help-seeking behaviours and potentially discourage former SP from seeking support:

'My husband wouldn't accept help, even if it was offered on a plate to him. I think that's ingrained into him from being in the Marines for 24 years. "I can do it myself. It's fine." But when you've got a health issue and it can affect your finances, it can affect your mental health, it can affect all sorts, I know that there's help there if you need it. But we didn't access it. That's more because he didn't want us to. He felt there were people more in need of charity support, and that he didn't need that support.' (V916, partner of former RM SP)

Even when emphasising the values of resilience and self-sufficiency, many participants actively engaged in providing support to the Armed Forces community, either professionally or as part of their voluntary work. Volunteering activities and supporting the Naval welfare sector provided opportunities for former SP and their partners to reflect on their Service experiences and military identity. This finding suggests that former SP engaging in volunteer activities and 'giving back' to the Armed Forces community may offer a valuable avenue for reflecting on and coping with their own experiences of Service:

'We've engaged with the Forces in terms of career transition for other people and so on, and we take a lot of people who are leaving the forces in. So I line-manage a number of those, and I speak to careers transition people in the forces in managing it. So we go to the job fairs and so on, and speak to individuals and so on. So it's almost me giving back, but it's quite cathartic.' (V982, former RN SP)

'But other than that, let's say you wanted to be involved in something else, cadets, for instance, I don't think that's really talked about. So exploring those opportunities, really, or whatever it could be, really, yeah. 'Cause like I say that's what I'm going to explore really, but that's only been off my own bat and previous experience. So that might be useful, I would say. So when you're given your

information pack to leave and there's something there to say, "There's also this volunteering in the cadet forces, maybe." Might be quite useful, yeah, I think so.' (V901, former RN SP)

Similar to Serving SP and partners, **many former Serving interviewees associated positive help-seeking experiences with the ability to build a relationship with trusted support providers or peers.** They often felt that building close relationships with case workers or support staff helped them access more comprehensive and sustained longer-term care. These trusted relationships were easier for interviewees to develop with other former SP or their partners, indicating that shared identity can often provide a constructive basis for further support. Close relationships with peers were described as helping SP and partners access information about support services, as well as cope with emerging issues and challenges by providing empathy:

'Yeah, so they've given me loads of educational tools, loads of coping tools. I'd say the best thing to come out of that contact with The Ripple Pond has been the mutual peer support group; meeting other wives, mums, some husbands who have been, or are, in the same situations as us. It feels a lot less isolating.' (V612, partner of former RM SP)

Some interviewees who were comparatively recent Service leavers reported challenging experiences with in-Service support from the RN&RM, which in some cases led interviewees to leave the Service under contentious circumstances. Across these experiences, including seeking support for suicidality, depression and musculoskeletal conditions, interviewees felt that support was inaccessible, did not adequately address the SP's condition and prioritised operational requirements over SP's welfare and well-being. A lack of responsiveness and challenges navigating organisational processes also compounded difficult support-seeking experiences:

'On a submarine, obviously, you've got a limited number of bunks. At times, there have been padres at sea with you, but that's pretty few and far between these days. And you will have a doctor on a nuclear missile submarine, but you don't tend to on a fleet boat. And therefore the only person you could possibly even really speak to is your divisional officer, and mine wasn't... didn't appear to be interested in that.' (V262, former RN SP)

Experiences of transition support were mixed and often depended on expectations and the level of preparation that SP had before discharge. Some interviewees were positive overall about the support they had received, particularly in relation to finding civilian employment. However, more felt that support for transition was either absent altogether or something of an afterthought. Some interviewees suggested that they would have liked to have been contacted immediately after formally leaving the Armed Forces to discuss any challenges they faced and their overall experience of transition. This potentially relates to the feelings of abandonment experienced by former SP, as identified in Section 7.1 above, who often felt a desire to maintain some connection to their respective Service:

'You are meant to have a career advisor aligned to you when you go through the CTP stuff. And, it would be nice if, as an individual, when you leave, if somebody then came and looked after you for the first couple of years while you are outside.' (V435, former RN SP)¹³¹

¹³¹ Because this interviewee did not specify when they left Service, it is unclear whether they were contacted by the Veterans Information Service (VIS) a year after leaving (see MOD 2024e). However, based on the context in which

Several interviewees expressed difficulties accessing either GPs or NHS dentists following their transition, although this is unlikely to be an experience that is unique to the former Serving RN&RM community. Other interviewees found the care they received from the NHS lacked an understanding of Service life. One interviewee diagnosed with PTSD, for example, stressed the inadequacy of largely siloed care and the need to repeat their explanation of their traumatic experiences multiple times as they moved through the NHS,¹³² which they felt had deepened and renewed their trauma and thus failed to follow trauma-informed care practices. This testimony highlights the importance of awareness about the unique circumstances of military Service in support provision.

Box 2 summarises interviewees' reflections on 'what works' to support the former Serving RN&RM community.

Box 2. Perceptions of 'what works' for supporting the former Serving RN&RM community

- Former SP often had positive experiences accessing support when services were provided by other former SP, either through informal community ties or those active in the Naval welfare sector. This finding emphasises the particular significance of peer-to-peer and community-based service delivery in the RN&RM and wider military welfare sector.
- Having a clearly identifiable and accessible point of contact with whom former SP and partners can communicate about available support was often highlighted as 'good practice'. This can be crucial for fostering trusted relationships between support providers and the community, as well as helping beneficiaries navigate what can appear as a complex and fragmented support landscape.

the interviewee made these remarks, they evidently envisioned more comprehensive follow-up support. Discussions between the authors and Reed in Partnership (who have taken over the CTP) suggest that follow-up calls may be part of Reed in Partnership's changes to the CTP.

¹³² As this interviewee did not specify when these events took place, it is impossible to determine whether this experience occurred before the introduction of schemes like Op COURAGE and Op RESTORE.



Conclusions and recommendations

9. Conclusions

This chapter reflects on the key findings of the study in relation to the evolving size, shape, and support needs of the Serving and former Serving RN&RM communities. While we discuss these findings separately to recognise differences between the Serving and former Serving cohorts, we identified many shared themes in the key issues and challenges that families face during and after service, as well as many commonalities in preferences around help-seeking and support provision. It is therefore not always possible or useful to draw a hard line between the support needs of Serving and former Serving communities.

In addition, this chapter examines key differences between the RN&RM and the RAF, as well as future trends that may shape the support needs of the RN&RM community out to 2040.

9.1. The size, shape and support needs of the Serving RN&RM community

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

- As discussed in Chapter 3, and despite a recorded decline in the number of RN&RM Regulars since 2012, the size of this community is likely to remain constant out to 2040. Indeed, MOD data suggest that the average length of service among RN OFs and ORs has increased in recent years,¹³³ which may signal improvements in retention following recent declines in the size of RN&RM Regulars. The SDR's stated ambition to increase the number of Regular personnel when funding allows also signals that the RN may endeavour to grow the Regular force in the future.
- The likely future size of the Maritime Reserves is complex: historic data indicate a potential decrease, but there is substantial uncertainty about these forecasts, and SDR recommendations signal an intent to increase the number of Reserve personnel.¹³⁴ Workforce planning will likely focus increasingly on a combined active RN workforce, removing distinct targets for Regular and Reserve personnel, which may further impact policy targets for Reserve recruitment.
- From a demographic perspective, our analysis suggests an increase in the gender diversity of RN&RM Regulars and the Volunteer Reserves. There is uncertainty about how the Armed Forces, including the RN&RM, can meet the established goal of increasing the demographic diversity of the Forces. However, the forecasts reinforce that we can expect the future Armed Forces to be more

¹³³ Allison (2025).

¹³⁴ Ministry of Defence (2025a).

diverse, particularly in terms of sex and gender.¹³⁵ Therefore, the Naval welfare sector will need to ensure that available support services are inclusive of different demographics, both in their design and delivery.

9.1.2. Key issues and challenges facing the Serving RN&RM community

- While SP and partners were often satisfied with Service life, they also felt that RN&RM Service places unique and increasing demands on them and their families. Many believed that the 'ask' on RN&RM SP was increasing, with more frequent, longer and more unpredictable operational tours. With the changing strategic environment (see Section 9.4), these demands may intensify in the future, necessitating support particularly around operational deployments to adapt accordingly.
- Our study indicated that mental health support remains a priority for the Serving population, particularly due to the impacts of high operational tempo and persisting psychological barriers to seeking help for mental health challenges. Although stigma and other psychological barriers are known to exist in military communities at large, the interviews indicated that they may be particularly prevalent among the RN&RM SP community. As the strategic environment and generational profile of the Serving population evolve, support providers will need to be mindful of new mental health risk factors, such as the psychological impacts of the growing use of autonomous systems and the mental health impacts of disruptions in internet access and communication links during operational deployments.
- Our study found a higher prevalence of mental health conditions among partners of SP, alongside significant challenges associated with loneliness and social isolation. Experiences of loneliness were often embedded in an interplay of factors (e.g. employment, childcare and the SP's limited availability to share family responsibilities), which can increase mental strain and pressure on partners' ability to connect with others. As many partners recognised, the non-statutory welfare sector often plays an essential role in helping RN&RM families connect and socialise, and there may be opportunities for scaling these activities in the future.
- Apart from the direct impacts of deployment-related separation on SP and partners, there is significant concern among RN&RM families about the impact of Service life, deployment-related separation and 'weekending' on children. Children's well-being was also a leading future concern among SP and their partners, highlighting the need to uphold current support provision for RN&RM children and provide effective resources to RN&RM parents to help their children cope with Service demands.
- Childcare accessibility and affordability remain a key challenge for many Serving RN&RM families. Although childcare-related challenges are known to affect the general population, the unique dynamics associated with military service can exacerbate these challenges for military families (e.g., separation from their wider family, who could provide childcare support). This

¹³⁵ The British Army typically recruits more non-UK personnel than other Services, including the RN&RM.

finding highlights the need for continued emphasis in the sector (including the MOD and the Navy) on facilitating affordable childcare options for military families.

- While our study engaged with a limited number of people with caring responsibilities and bereavement experiences, it is evident that those two circumstances can put many SP and their families under significant strain. The number of people with caring responsibilities is expected to increase in UK society, and our data suggest that bereavement experiences affect a large proportion of the Serving community, indicating that support for caring and bereavement (including funeral support) may need strengthening in the future.

9.2. The size, shape and support needs of the former Serving RN&RM community

9.2.1. The size and demographics of the former Serving community

- The size and demographics of the former Serving RN&RM community are projected to undergo significant evolution over the next few decades, becoming smaller, younger and more demographically diverse. These shifts will reflect the ageing of the National Service generation and changing patterns in RN&RM Service (e.g. with SP expected to serve for shorter periods and continue to second and third careers more frequently). These changes have extensive implications for how to prioritise support services and deliver support to an increasingly intergenerational population of former SP.
- As the former SP population becomes younger on average, the sector may face more demand on services such as employment and childcare support (as more RN&RM SP may transition early or in the middle of their careers and have dependent children). However, older former SP (those aged 60–79) will remain the largest age group within the former Serving population. Given this, and the anticipated impacts of population growth and ageing on the health and social care services, the Naval welfare sector should prepare to meet the health and social care needs of older former SP.

9.2.2. Key issues and challenges facing the former Serving RN&RM community

- Military-to-civilian transition, particularly immediate resettlement, remains a period during which former SP and their families may have greater support needs. The challenges experienced can, in many cases, affect SP's and their families' well-being in the longer term, emphasising the need for holistic, upstream support that starts before an SP's discharge, as well as incorporating a life skills perspective into transition support. Support in this area will also need to adapt to anticipated policy changes and the increasing prevalence of 'zig-zag careers', which may make the military-to-civilian transition increasingly transient and less linear.
- Those discharged at short notice or involuntarily are often more vulnerable to challenges related to housing, employment, mental health and financial security. This observation reinforces findings from existing research and the need for stronger support mechanisms for Early Service Leavers and those medically discharged.

- Existing data show that while most former SP do not experience any adverse health and well-being outcomes after Service, there is a higher risk of mental health conditions among former SP than in the general population. Such conditions may not be identified until several years after an SP's discharge in some cases, and thus cannot be exclusively addressed through in-Service or transition support.
- Although most former SP have good employment outcomes after transitioning to civilian life, the study found that many former SP can experience challenges through identity loss and moving from a military to a civilian working culture. This finding validates recommendations in existing research for more services to incorporate an identity perspective in transition support for military personnel.¹³⁶
- Similar to the Serving population, there are indications of a higher prevalence of loneliness among former SP and partners. However, former SP in particular often benefit from strong social connectedness and do not appear to have lower levels of community belonging than the general population. A better understanding of the underpinning drivers of loneliness and social isolation among the former Serving population is required. Additionally, continued emphasis is needed on helping former SP and partners develop community and peer-to-peer networks.

9.3. Implications of the changing strategic and societal context

As discussed in Chapter 1, the RN&RM's strategic and societal context is evolving, potentially driving further change in the community's size, demographics and support needs. Table 9.1 summarises the key anticipated future trends characterising this context, and their implications for the RN&RM community and support provision. As this study did not include a comprehensive analysis of potential futures affecting support provision, the sector may benefit from follow-on futures and foresight analyses to ensure that business planning can account for various future scenarios.

Table 9.1. A summary of key anticipated strategic and societal trends affecting support provision for the RN&RM community

Anticipated future trend	Potential implications for the RN&RM community and support provision
Strategic environment and Defence context:	
UK Defence faces a more complex and demanding threat environment	<ul style="list-style-type: none"> • Likely increases in the size of the Regular Forces and the Active Reserve, and 'reinvigorated engagement' with the Strategic Reserve, increasing the 'ask' on Reservists and families. Regular personnel are expected to focus on frontline operational roles. • Support providers must incorporate agility into their business planning to account for increased geopolitical volatility and risk of future conflict.

¹³⁶ E.g. Kleykamp et al. (2021).

Anticipated future trend	Potential implications for the RN&RM community and support provision
A shift from expeditionary operations to defence and deterrence in the Euro-Atlantic region	<ul style="list-style-type: none"> • Changing RN and RM roles (e.g. security of underwater infrastructure and maritime traffic) may change the nature of physical and psychological operational demands for personnel. • The expectation on the Armed Forces to move to warfighting readiness may amplify the need for personnel and their families to be adaptable and resilient to changing operational demands. • Expansion of the Submarine Service may increase demands on Submariners, and strengthening of support provision for this cohort.
The changing nature of Defence policy and future changes to the Armed Forces Act	<ul style="list-style-type: none"> • Policy and legislation may increasingly blur distinctions between Regular and Reserve Forces in the interest of a Whole Force approach in workforce planning, which may impact business planning in the Naval welfare sector. • The increasing adoption of ‘zig-zag’ careers encourages less linear service employment pathways, with the support needs of personnel and their families changing more dynamically over time.
Technological innovation and a ‘new hybrid Navy’	<ul style="list-style-type: none"> • Changing skills requirements are likely to affect the composition and socio-economic profile of the RN&RM workforce. • RN&RM personnel are increasingly likely to focus on front-line operational roles, as back-office functions become automated. • The greater integration of emerging technologies in operations may give rise to new physical and psychological risks for personnel, with particular implications for mental health and well-being.
Societal environment:	
Population growth and ageing	<ul style="list-style-type: none"> • Public services are increasingly strained due to increasing demand, particularly in health and social care, potentially affecting the RN&RM community’s access to public health and social care (particularly among older age groups who may have more complex health and social care needs). • More people in the RN&RM community may have unpaid caring responsibilities.
Changing character of families	<ul style="list-style-type: none"> • Family and social support services need to adapt to the changing nature of families, particularly the increasing prevalence of cohabitation, family separation, and the formation of single-parent families. • The increasing prevalence of dual-earner households may further underscore the need to address challenges related to partner employment.
Changing societal attitudes	<ul style="list-style-type: none"> • Changing societal expectations around employment and careers underpin shorter Service lengths, increasing the importance of employment support as Service leavers move to second and third careers. • Growing societal awareness and declining stigma around mental health may help mitigate psychological barriers to help-seeking and encourage greater demand for mental health services.
An increasingly complex socio-economic environment	<ul style="list-style-type: none"> • Declining financial resilience and housing affordability increase the likelihood that military families will be affected by financial shocks.

9.4. A comparison of RN&RM and RAF findings

As the overall study included parallel research on the size, demographics and support needs of the RAF and the RN&RM, it is worth reflecting on similarities and differences in findings relating to the RAF and the RN&RM:

- Overall, we identified more similarities than differences between the RAF and the RN&RM in terms of their evolving community sizes, demographics and support needs. As the RAF and RN&RM differ more significantly from the Army in various respects, it is likely that more substantial differences exist between these communities and Army personnel and their families. Both the RAF and RN&RM are smaller Services and communities than the Army, and Service in the RAF and RN&RM is generally understood to be more individualised than in the Army, where personnel are more geographically mobile and often move with their units. The profiles of RAF and RN&RM personnel also differ from those of the Army, e.g. higher levels of educational attainment.
- Regarding the evolving community size and demographics, the study identified very similar trends between the RAF and RN&RM for both the Serving and former Serving communities. While both the RAF and RN&RM have been below their target sizes in recent years, the number of personnel in both the RN and RM increased in 2025, while there was a slight decrease in the size of the RAF. There are also differences in how the two Services utilise Reserve personnel and the demographics: Maritime Reserve personnel are, on average, younger than RAF Reserve personnel. Regarding support needs, many of the key issues and challenges facing the communities – e.g. loneliness and social isolation, partner employment, military-to-civilian transition and mental health – were shared between the RAF and RN&RM samples. Both samples also had similar levels of awareness and experiences with available support.

Where we could identify differences between the RAF and RN&RM, these related to:

- **Patterns of deployment and deployment-related separation:** Service patterns and dynamics differ significantly between the RAF, RN and RM. RN personnel generally undergo longer deployments at sea and thus experience more deployment-related separation than personnel in other Services, including the RM. This is reflected in AFCAS results, which show that RN personnel are more likely to report that their deployments are too long compared to personnel from other Services. In contrast, a significantly larger proportion of RM personnel than those from other services report being dissatisfied with the frequency of deployments, as they do not deploy often enough.¹³⁷ This means that post-deployment support and resources for families separated from deployed personnel are more important aspects of the support landscape for the RN than other Services.
- **Geographic stability and ‘weekending’:** Existing data and the study indicated that RN&RM personnel and families tend to be more geographically stable in comparison to the RAF population.

¹³⁷ Ministry of Defence (2025a).

However, this is accompanied by a higher prevalence of ‘weekending’, with 38 per cent of RN&RM families reporting that they live apart from the Service person during the week, compared to 20 per cent of the Army and RAF.¹³⁸ Though it is unclear where families and personnel are located when they live apart during the week, this might indicate that more RN&RM families are geographically dispersed.

- **Service culture:** We know that each Service and branch of the Armed Forces has a unique organisational culture and subcultures that permeate the everyday lives of Service personnel and, in many cases, also families. A comprehensive analysis of those cultural differences is beyond the scope of this study. However, the study indicated that resilience and stoicism may be more embedded in RN&RM culture in contrast to the RAF. This translates into deeper embedded stigma relating to help-seeking, particularly in relation to mental health, highlighting the need for awareness-raising and mitigating psychological barriers to help-seeking. Future research should explore this further.
- **Structure of the support sector:** Although some statutory and non-statutory support is tri-Service in nature and oriented at personnel and families from all Services, some support also targets individual Service communities. Therefore, there are some differences in the structure of support for the RAF, the RN and the RM. In particular, the Naval welfare sector features a larger number of smaller organisations, which may increase the risk of fragmentation, heightening the importance of sectoral coordination and effective signposting. Existing data also indicates that the RM population relies significantly more on regimental associations than other Services, particularly for accessing information about available support.¹³⁹

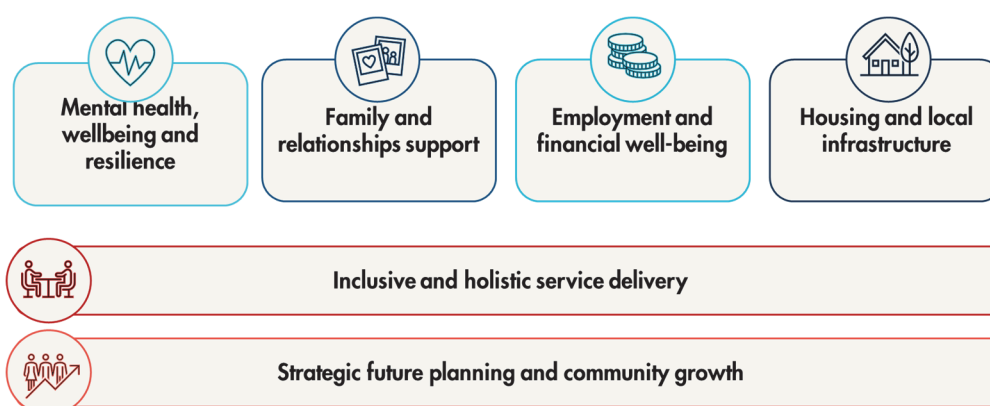
¹³⁸ Ministry of Defence (2025c).

¹³⁹ Office for Veterans Affairs & Office for National Statistics (2024).

10. Recommendations

In light of this study’s findings, we have identified 26 recommendations for the Naval welfare sector. In consultation with stakeholders, we have clustered recommendations within the following framework:

Figure 10.1. Recommendation areas



Readers should consider two caveats in relation to the recommendations:

- We engaged with sectoral stakeholders throughout the study to gain a broad understanding of current service delivery and refine and validate the recommendations. However, the recommendations are based on our research with the RN&RM community rather than a strategic review of current service delivery. We recognise that extensive work is underway in the sector to improve support provision (e.g. regarding the inclusivity of service delivery), and the recommendations therefore aim to build on rather than duplicate this existing work.
- The recommendations are broadly oriented towards the Naval welfare sector and do not explicitly differentiate between statutory and non-statutory service provision. Where relevant, we indicate whether recommendations are of most concern to the MOD, the Chain of Command, the charity sector or other stakeholders (e.g. local authorities).
- As service providers design their strategies for future service provision, they should consider this study’s findings and recommendations alongside other data that the research team did not have access to (e.g. administrative and beneficiary feedback data) to build a fuller picture of service requirements.
- Recommendations are numbered for ease of reference and do not imply a priority order.

10.1. Health, well-being and resilience

1. Ensure physical and mental health support services for Serving and former Serving SP align with a changing strategic and societal landscape:

- As the nature of Defence roles and the ‘ask’ on SP evolves, the sector should ensure it can effectively meet evolving physical and mental health support needs among SP and former SP. Support providers should actively monitor and exchange insights about changing mental health risk factors.
- Support provision should also account for the anticipated effects of demographic growth and population ageing, which will likely increase strain on public health and care services. This may increase demand for non-statutory health and social care assistance, particularly among older demographics with more complex physical health conditions.
- Comprehensive mental health support provision should be sustained into SP civilian life, in light of evidence suggesting that mental health impacts from Service demands may only materialise in the medium- to longer-term. Mental health support for former SP should be particularly mindful of the potential impacts of mental health challenges on SP’s employment outcomes, suggesting potential value in pairing mental health and employment-related support.
- Special attention should be placed on mental health support for those who are medically or otherwise involuntarily discharged.

2. Increase awareness-raising efforts to mitigate psychological barriers to help-seeking:

- There should be an active effort to address the stigma surrounding help-seeking to dispel misconceptions about the eligibility of the RN&RM community for support.
- This effort should be particularly mindful of the perceived ‘hierarchy of support needs’, which may be discouraging those with perceived lower-level support needs from accessing relevant services (particularly upstream support).

3. Expand social and mental health support for partners, particularly in relation to loneliness and social isolation:

- There is a persistent requirement for accessible mental health support for RN&RM partners. Tailored interventions may be required to mitigate the impacts of deployment-related separation and psychological trauma among RN&RM partners.
- Support providers active in key base areas should continue to facilitate social activities for RN&RM partners, ensuring that these are effectively communicated. Such social support provision should be inclusive of partners with diverse personal and family circumstances, including working partners, those with children and those without children.

4. Expand upstream support provision oriented at building individual and family resilience:

- The sector (particularly RN&RM associations) should explore the expansion of resilience-building support programmes for SP and their families to help them navigate potential adversity resulting from unique military stressors such as operational deployment. Such programmes could focus on providing practical guidance on the potential impact of deployment on family well-being, enhancing family awareness and shared understanding of deployment-related experiences, improving family empathy and communication and enhancing other resiliency skills.
- Upstream support provision for Serving SP should supplement the MOD’s delivery of life skills education (e.g. in relation to financial literacy, job hunting and navigating the civilian housing market) to help SP mitigate potential transition-related challenges. This support should incorporate an identity lens to help SPs prepare for potential identity loss and moving from a military to a civilian cultural environment. This should also be embedded in upstream employment support for Serving SP by raising awareness of potential differences between military and civilian workplace cultures.
- To further develop interventions that enhance family resilience, there should be investment in improving the understanding of the prevalence and triggers of relationship breakdown among the Serving and former Serving communities.

10.2. Family and relationship support

5. Enhance holistic family support for partners, children and wider family relationships, recognising the unique challenges of Naval service:

- Support provision should be inclusive of geographically dispersed families. In particular, this requires service providers to ensure that their services are accessible to members of dispersed families (e.g. through online channels).
- Family support should also be inclusive of different family structures. Services should be inclusive of those in long-term relationships, single-parent families, couples without children, same-sex couples and single personnel who do not have a partner but have a wider family.
- Special consideration should be given to support provision for families with children who have Special Educational Needs and Disabilities (SEND), as they may face additional challenges.

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:

- There is a need for comprehensive resources (e.g. parent guides and children's books) to help parents in the RN&RM community build and maintain good parenting skills under the unique pressures of RN&RM Service life. This should include guidance on how parents can help their children cope with deployment-related separation and 'weekending', as well as mitigating the potential impacts of Service life on parent-child relationships and family dynamics.
- The Naval welfare sector should support raising awareness among schools of the unique demands that RN&RM children may face regarding educational continuity and mental stress. This support could include engagement with schools to ensure children receive informed support through their education.
- The sector should continue to fund counselling and social support mechanisms for RN&RM children (e.g. summer camps) to support children's mental health and social connectedness. Funded social activities could also help address the prevailing challenges with childcare accessibility that RN&RM parents face.

7. Improve access to affordable childcare for Serving and former Serving families, supplementing statutory childcare provision:

- Recognising that military families can face additional challenges in accessing adequate and affordable childcare, the sector should continue to invest in childcare support in key areas (e.g. facilitating social activities and clubs for children).
- The sector should continue advocating on behalf of RN&RM families for the expansion of MOD and statutory childcare support, such as the Wraparound Childcare scheme, recognising regional differences in childcare provision.
- Support providers can also help RN&RM families navigate statutory childcare support schemes, ensuring they can take full advantage of these and understand the relevant eligibility criteria.

8. Improve communication and information-sharing with families:

- Where possible, the MOD and RN should ensure that partners of SP can access direct information about key policies, policy changes and available support services without reliance on the SP. This should include encouraging SP to declare and register 'significant others' on the JPA system.
- The wider Naval welfare sector should ensure that community and information-sharing is accessible for non-Serving partners, e.g. by avoiding military jargon. Communication and information-sharing should also be accessible for dispersed families.

10.3. Employment and financial well-being

9. Reinforce partner employment support and efforts to mitigate structural barriers for the employment and career development of RN&RM partners:

- The sector should examine current partner employment support programmes and identify options for expanding partner employment support, such as providing co-working spaces, training programmes and financial support for upskilling. This should be paired with efforts to address structural barriers that partners may face in relation to sustaining employment, e.g. childcare availability and accessibility.
- The sector should help raise awareness among employers of the unique challenges that military partners may face in maintaining employment and advocate for flexible workplace cultures. This could include raising awareness of the Armed Forces Covenant among employers, as the Covenant also covers military families.

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:

- Transition support for Service leavers will need to adapt to anticipated changes in Defence policy, particularly ‘zig-zag careers’ and SP moving more seamlessly between Regular, Reserve and civilian employment.¹⁴⁰
- Transition support should better consider unique vulnerabilities that some cohorts of SP and their families may face around discharge and resettlement, including medically discharged SP, non-UK SP and their families and Early Service Leavers.
- There is a need for transition-related support to more consistently acknowledge the challenges associated with identity loss and the transition from military to civilian cultures.
- The sector could also continue encouraging awareness and recognition of Service-leaver skills among civilian employers to reduce barriers to successful employment for former SP.

11. Strengthen upstream and downstream financial well-being support for individuals’ and families’ financial well-being:

- There is a need to maintain the provision of ‘downstream’ support for the RN&RM community, including through financial assistance and grant-making. As many families appear concerned about their financial security, the availability of financial assistance provides an essential safety net.
- ‘Downstream’ financial well-being support should be balanced with ‘upstream’ interventions to strengthen families’ financial resilience, including through financial literacy resources.

¹⁴⁰ For further discussion, see Fischer et al. (2025 – forthcoming).

10.4. Housing and local infrastructure

12. Ensure access to affordable, good quality and well-maintained housing for RN&RM families:

- The sector should continue advocating on behalf of the RN&RM community for improvements in Service housing and housing maintenance in key RN&RM base areas.
- Support providers could also develop resources or guidance to help families navigate policies related to Service housing, as well as the civilian housing market.
- The sector should be mindful of declining housing affordability across the UK, which may impact the housing options and financial resilience of RN&RM families in the future.

13. Work with local authorities to improve local government services and infrastructure in areas with a high RN&RM presence:

- Statutory and non-statutory organisations should participate in relevant local Armed Forces Covenant delivery groups and other collaboration mechanisms to advocate on behalf of RN&RM communities. Actively participating in local structures for Covenant delivery could help service providers collaboratively address challenges with local infrastructure and services.

14. Maintain awareness of housing insecurity risks for vulnerable former personnel:

- Though housing insecurity affects relatively few members of the RN&RM community, the sector should ensure emergency housing support can be facilitated for those facing housing-related vulnerabilities (e.g. those undergoing involuntary and short-notice discharge).
- Support providers should take note of recommendations in the 'Roadmap To End Veteran Homelessness', including ensuring that support services for former SP are trauma-informed, and that non-statutory organisations effectively work together to avoid fragmentation in housing support for former SP.¹⁴¹

10.5. 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:

- Support providers should avoid siloing interventions and ensure that support services take a holistic view of a beneficiary's support needs. This should include adopting intersectional approaches to understand how various beneficiary characteristics (e.g. demographics, socio-economic background, Service background) work together to generate risks to well-being.
- Those providing benevolent support and hardship grants should incorporate holistic screening strategies when processing support requests for financial support from beneficiaries. This approach should help identify wider potential support needs among beneficiaries, to which they can be signposted.

¹⁴¹ O'Malley et al. (2024).

16. Improve service navigation and signposting to mitigate potential fragmentation of the support landscape:

- The Naval welfare sector should continue fostering collaboration between individual organisations and facilitate integrated support provision where possible (including through collaborative strategic planning to address potential areas of unmet need).
- As the Naval welfare sector comprises a larger number of support providers, there is a greater risk of fragmentation in the support landscape. To mitigate this, support providers should ensure there are effective referral pathways that reduce the burden on beneficiaries.
- The sector should explore adopting consistent data capture standards to provide a unified picture of support provision from both demand and supply perspectives.
- The sector should reflect on opportunities for how services focused on the former Serving community could be collected and coordinated through Op VALOUR. This should include early and proactive engagement with Op VALOUR Regional Field Officers operating in regions with significant RN&RM presence.

17. Continue improving communication and information provision about available support:

Information-provision needs to ensure that 1) those who do not need immediate support need to have a sufficient level of awareness of where to find information if they do need support in the future, and 2) those who are actively seeking support need to be easily referred and sign-posted to relevant information and services. This includes:

- Ensuring information is communicated in an accessible manner, e.g. avoiding military jargon, as well as using inclusive terminology.
- Effectively leveraging social media for information sharing, while ensuring that information is accessible to those who may have lower levels of digital skills or barriers in accessing information through digital means.
- Raising awareness of existing informational 'one stop shops', such as Veterans' Gateway and Veterans UK, as sources of information.
- Producing 'welcome packs' for families who have newly relocated to a local area.

18. Carefully balance in-person and online support services and provide flexibility for beneficiaries to access support in different formats:

- Support provision for Serving SP and their families in main base areas should continue leveraging hub-based models and in-person service delivery. This should include dedicated points of contact (e.g. welfare workers, centre managers) embedded in community spaces to facilitate informal support for families as well as signposting to formal support services.
- However, the sector should also recognise and capitalise on opportunities to increase the reach of support through online delivery and leverage automation in certain aspects of support provision.
- When balancing in-person and online support delivery, the sector should be mindful of generational differences in acceptability and digital skills levels.

19. Use peer-to-peer and community-based models to build trusted support networks:

- Though informal community support can emerge organically through social interactions, the third sector can play an active role in strengthening community engagement (e.g. through organising local social events)
- Similarly, the sector should continue to adopt peer-to-peer models in service delivery, including by employing members of the RN&RM community, as well as exploring peer-to-peer mentoring and other formal schemes that utilise this mechanism.

20. Ensure that services are acceptable and accessible to all segments of the beneficiary population, including those from minority and underrepresented groups:

- The sector can leverage recent research on the experiences and support needs of minority and underrepresented groups, including female, ethnic minority, non-UK and LGBTQ+ SP and their families.
- The sector should actively support the development of best practices in providing inclusive support mechanisms, e.g. by facilitating knowledge exchange and the evaluation of tailored support interventions.

21. Encourage trauma-informed service delivery and improve military understanding among public service providers:

- Understanding the unique nature of military service and the Armed Forces Community among public service providers is key to ensuring that RN&RM personnel and their families have access to services that recognise and meet their care requirements.
- A trauma-informed perspective should be incorporated into welfare services where possible to provide effective support to individuals who may have suffered trauma.

10.6. Strategic future planning and community growth

22. Ensure that non-statutory support is sufficiently flexible to respond to geopolitical uncertainty and evolving deployment demands:

- To account for the evolving threat environment, the sector should incorporate agility into its business planning to be able to refocus, mobilise resources and scale up services to support the community effectively in times of both peace and conflict.
- Scenario-based analysis of future support provision may be helpful for the sector to identify and interrogate key assumptions embedded in support strategies which further planning should better account for.

23. Consider the increasingly intergenerational character of the former Serving population in designing support services for former SPs and their families:

- Strategic planning in the Naval welfare sector should account for the forecasted changes in the size and demographics of the former Serving population. An increasingly intergenerational former Serving population may require rebalancing of support services, with a greater emphasis placed on support for the working-age population (e.g. employment support).
- Support providers will need to consider how to effectively engage with various segments of the former Serving population in communication and outreach activities (e.g. remembrance events), and ensure that services are accessible and appropriate for different age groups.

24. Adapt services for anticipated growth in the Maritime Reserves and female personnel:

- Support provision should account for anticipated increases in recruitment into the Maritime Reserve, increasing utilisation of the Strategic Reserve, and growing gender diversity of the Regular and Reserve Forces. The latter may require tailored support services to be available in the sector, as well as making sure that wider support is accessible and inclusive for female personnel.
- Support providers should clearly outline and communicate what support is available to Maritime Reserves and their families. Support providers should also actively engage with the Reserve community to raise awareness of available support.
- In the future, the Naval welfare sector may benefit from targeted analysis of the support needs of the Maritime Reserves. This should include personnel in different Reserve categories, given the high variability of Reserve terms and conditions of Service.

25. Strengthen support for members of the RN&RM community with caring responsibilities:

- In anticipation of increases in the number of people with caring responsibilities, the sector should ensure that comprehensive support is available to mitigate and address the caregiving strain that RN&RM personnel and partners may experience. Support provision should be particularly mindful of beneficiaries experiencing the 'sandwich effect' of caring for dependent children as well as older dependents (e.g. parents).
- There is a need for a better understanding of the support needs of RN&RM community members with caregiving responsibilities to target and tailor support provision for this community effectively.

26. Strengthen support for the bereaved community, recognising the bereaved community as part of the RN&RM community in its own right:

- The sector should ensure that comprehensive support is available to members of the RN&RM community who have experienced bereavement. This includes bereaved SP and former SP, as well as family members bereaved of SP and former SP.
- Support providers ensure that bereaved families are recognised and included in communications about the Armed Forces Community, and that awareness is raised among bereaved families of their eligibility for support from the sector.

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Annex A. Forecasting Methodology

The research team generated the population forecasts presented in this report using a two-step population forecasting model, outlined below.

Step 1: Forecasting inflows and outflows

The research team projected historical trends in inflow numbers and outflow rates for each group using Bayesian hierarchical regression.¹⁴² This method extrapolated trends from historical data while accounting for uncertainty in the fit of these trends. Specifically, we fitted 7,000 regression lines to the historical data and calculated the mean and 95 per cent credible intervals across all samples. To do so, we used inflow *numbers* – as these are likely independent of the total number of personnel in each category – but outflow *rates*, since they are more likely to depend on the number of personnel in each category. The research team converted the outflow rates back to outflow numbers in Step Two of the model.

For the Serving community, we calculated the inflow numbers and outflow rates using data from the Biannual Diversity Statistics. For the former Serving community, we calculated the inflow numbers as the sum of the outflow from the Serving community and used population-level mortality rates as the outflow rates. We conducted this analysis at the cohort level, categorising the Armed Forces community by:

- Service (RN&RM)
- Gender (male and female)
- Rank (Officers and ORs)
- Service category (Regulars, Volunteer Reserves, Former-SP).

We addressed the limited sample sizes by employing a hierarchical structure in the model, which borrowed data across rank and gender categories. This approach assumed that all personnel were influenced, to some degree, by common factors such as economic conditions, operational tempo, deployment patterns and external events like the COVID-19 pandemic. Nonetheless, the model retained flexibility to account for distinct trends within individual groups, reflecting differences in behaviour. For example, female personnel may be more likely to leave service during periods of high operational tempo or to have children, while junior OR personnel may be more responsive to economic and labour market conditions.

¹⁴² Bayesian Hierarchical Regression is a statistical method that allows researchers to analyse complex data by accounting for variation at multiple levels (such as individuals within groups), while also incorporating prior knowledge or assumptions into the analysis. This approach helps produce more accurate and reliable estimates, particularly when working with small or unevenly distributed datasets. For more information, see Sosa & Aristizabal (2021) or McElreath (2019).

In contrast, we did not allow data sharing between age groups, as we expected that behavioural patterns would vary significantly across age cohorts. Given the limited historical data (12 years) and the extended forecast horizon (16 years), specific trends risked becoming exaggerated or implausible when projected far into the future. To address this, the team applied bounds to inflow and outflow rates, ensuring they remained within 90% of historical values. This adjustment assumed a degree of self-correction in historical trends and mitigated the risk of extreme values.

We did not use a time series model because there were no discernible patterns within the data. For most cohorts, the data were not autoregressive: inflow and outflow rates in one year did not exhibit a relationship with those in preceding years.

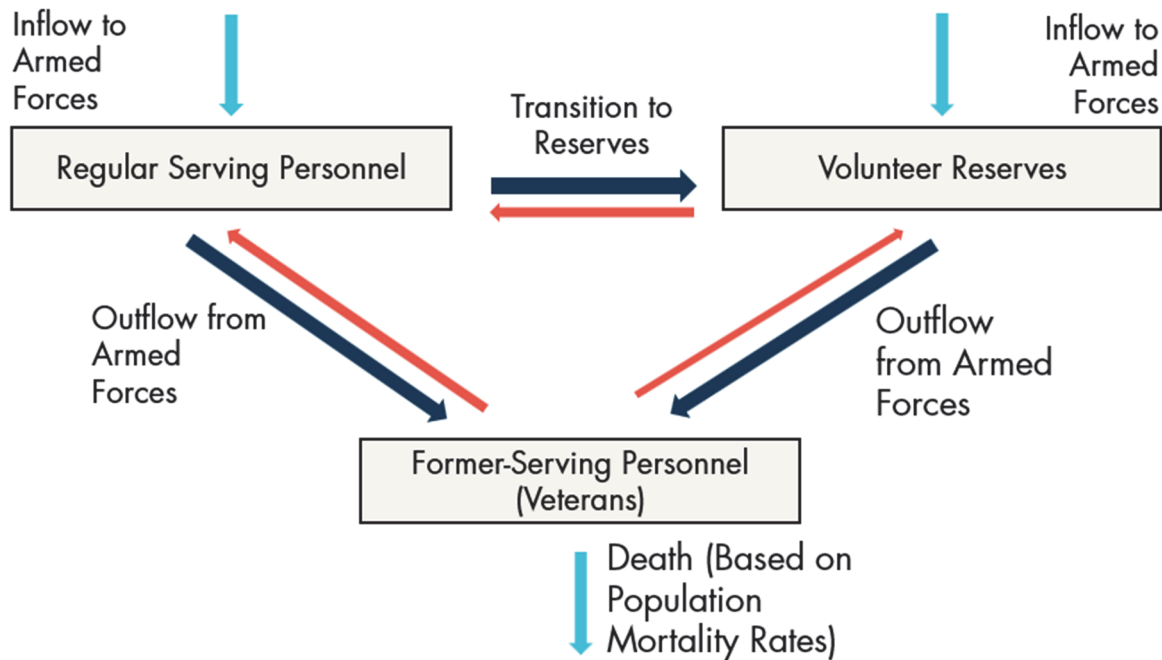
Step 2: Stocks-and-flows modelling

We applied a stocks-and-flows model in the second step to estimate the number of individuals in each category for each year up to 2040.¹⁴³ This model integrated the projected inflow and outflow rates from Step 1 with data on the current number of personnel in each category. The stocks-and-flows approach enabled the team to estimate how demographic groups would evolve.

Figure A.1 illustrates the direction of population flows, with arrows representing the flows and boxes representing the population stocks. The blue and navy solid arrows represent the pathways within the model. Red arrows indicated additional pathways that the team recognised as possible but excluded from the model due to their rarity or limited data availability. While the model calculates the forecasts for each demographic sub-group, the research team have aggregated the results to make them easier to follow.

¹⁴³ For more information on stocks-and-flows models, see Aronson & Angelakis (2025).

Figure A.10. Stocks-and-flows diagram



Forecasting Serving partners, parents and children

We forecasted the estimated number of partners, parents and children using self-reported data from AFCAS¹⁴⁴ and RESCAS,¹⁴⁵ combined with projections of personnel by rank. All projections employed Bayesian Hierarchical Modelling, which allowed for limited information sharing between ranks to partially compensate for the limited availability of historical data over the years.

To estimate the number of partners in the Serving community, we used self-reported data on relationship status to project the percentage of personnel who were married, in a civil partnership or in a long-term/established relationship through to 2040.¹⁴⁶ We then multiplied this percentage by the primary forecast for personnel by rank for each year to estimate the number of partners.¹⁴⁷ Because of the uncertainty around the forecast for personnel, the research team also estimated the number of partners using the published RN&RM service trained personnel targets (using their estimate of the number of Regulars and Volunteer Reservists needed to achieve the target trained strength). While neither estimate fully captures the uncertainty around the forecasted number of partners, they indicate the likely number of partners out to 2040.

¹⁴⁴ Ministry of Defence (2024c).

¹⁴⁵ Ministry of Defence (2024d).

¹⁴⁶ A long-term relationship is undefined in AFCAS or RESCAS. However, we assumed a substantial overlap with the Joint Personnel Administration's definition of a relationship lasting more than twelve months.

¹⁴⁷ The primary forecast is the forecast generated when using the mean projection for the inflow and outflow rates in the stocks-and-flows model. While all the results presented in this report use confidence intervals, we only used the primary forecast to generate the forecasts for the number of partners, parents and children to prevent the uncertainty level from becoming too large.

We applied the same methodology to forecast the number of parents within the Serving community, using self-reported data on whether SP financially support any children.

To estimate the number of children, we calculated the average number of children per Service person (by rank) using self-reported data on the number of children each Service person had.¹⁴⁸ We projected this average out to 2040 and multiplied it by the primary forecast and service targets for personnel by rank to estimate the total number of children for each year.

Forecasting former Serving partners, parents and children

We used a similar methodology for the former Serving community as for the Serving community, with a few constraints. Firstly, because the relationship data from the annual population survey on partnerships, marriage and civil partnerships do not include long-term relationships, the estimates for former Serving partners in the military-serving community include only spouses and civil partners. Secondly, there is minimal data on the number of children of former SP. This analysis relies on England and Wales census data on 'children and step-children living in the same household as veterans', categorised by the child's age. Since the age distribution of veterans is expected to change significantly by 2040, we calculated forecasts for veteran parents and their children using age-specific census data on the youngest dependent child aged under 16. We made adjustments for 9 per cent of former SP being in dual-serving couples. We estimated the number of parents using the England and Wales census data on the number of former SP by their youngest child's age and multiplied these estimates by the UK average number of children per parent to estimate the number of children in the former Serving community. As we calculated these estimates using point estimates, it was not possible to produce a credible interval. However, the lack of a credible interval should not imply high confidence in these estimates.

In addition to the limitations specified in section 2.7 and those highlighted above, the model has several additional constraints and caveats due to the availability of public data:

1. For data taken from the Biannual Diversity Statistics and the Quarterly Service Statistics, our analysis uses totals as of 1 April each year.
2. The forecasts include only Volunteer Reserves, categorised in the Biannual Diversity Statistics as 'Future Reserves 2020'. This group comprises Volunteer Reservists who are mobilised, High Readiness Reserves, and Volunteer Reservists serving on Additional Duties Commitment or Full-Time Reserve Service (FTRS) contracts.
3. We excluded ex-Regulars on FTRS contracts who are not part of the Volunteer Reserves (Serving Regular Reserves) and Sponsored Reserves from the demographic analysis and modelling due to insufficient publicly available data. Consequently, the model prematurely categorises these individuals as former-Service personnel upon their departure from the Regular Force.
4. Since data on inflow and outflow to the Volunteer Reserves is not available for age and gender combined, we assumed that the gender distribution in inflow and outflow was uniform across all age groups.

¹⁴⁸ We rounded down four or more children to four in our estimates.

5. In some cases, more individuals leave in a year than are recorded in the total on 1 April. This scenario typically occurs when personnel both join and leave a category within the same year, likely reflecting movement to other parts of the Armed Forces. We excluded such data to resolve mathematical inconsistencies.
6. The model accounts for personnel transitioning from Regular Service to the Volunteer Reserves after leaving the Service. However, data on this transfer is limited and available only at the Service level. Given significant historical changes in the proportion of Volunteer Reserves with prior service since 2013, the model uses the average of 2023 and 2024 data. It assumes that the percentage of ex-Regulars joining the Volunteer Reserves is consistent across all ranks, genders and age groups from 30 to 64. For personnel aged under 30, the model assumes no Regulars join the Volunteer Reserves due to their small numbers. These figures likely include individuals who leave and rejoin the Reserves within a year (e.g. reservists relocating).
7. We based our outflow data for the former SP population on ONS age- and gender-adjusted mortality rates for England and Wales. The analysis assumes these rates remain constant until 2040 and that former SP in England, Wales and Scotland share the same mortality rates as the general population in England and Wales.
8. Most of the data on former SP is only available at the tri-Service level and only captures former SP living in England and Wales. As such, we assumed no substantial differences between former SP of each Service or between former SP living in England and Wales and those living in Scotland.

Annex B. Additional data on the survey and interview sample

This section provides additional detail on the RN&RM survey and interview samples utilised throughout this study. It provides details on key service characteristics (e.g. rank) and personal characteristics (e.g. gender), we well as additional details on the validated measures used within the survey.

Our study's collection approach was dual-pronged, combining a quantitative survey with in-depth qualitative interviews. The survey's purpose was to examine the prevalence of key outcomes, issues and challenges among RN&RM SP and their partners, while the interviews aimed to explore the experiences of RN&RM SP, former SP and their partners in greater depth (including experiences of Service life, family support needs and engagement with support providers). Table B.1 presents the recruitment targets and the final number of participants for each data collection method. We also conducted concurrent data collection with the RAF community for the RAF section of the research.

Table B.1. Overview of the survey and interview sample

Method	Category	Target	Number of RN participants	Number of RM participants
Surveys	SP	500	225	192
	SP partners	200	143	40
Interviews	SP	20	8	3
	SP partners	15	10	12
	Former SP	40	24	9
	Former SP partners	20	5	3

Where possible, the survey used validated measures to ensure the validity and comparability of its data. Where validated measures were not available or did not meet the data requirements, we developed original multiple-choice questions, Likert Scale measures (e.g. satisfaction with housing) and open-text questions that invited participants to share more information about their experience if they wished to do so.

Table B.2. Overview of validated survey measures¹⁴⁹

Outcomes of interest	Survey measures
Day-to-day living	Mental Readiness for Military Transition Scale (MT-Ready) –personnel only ¹⁵⁰
Emotional and mental well-being	Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWS) ¹⁵¹ UCLA 3-item Loneliness Scale ¹⁵² AUDIT-C ¹⁵³ Short-form Problem Gambling Severity Index ¹⁵⁴ Brief Grief Questionnaire ¹⁵⁵
Social and family relationships	Relationship Quality Index ¹⁵⁶ Caregiver Strain Index (CSI) ¹⁵⁷
Employment and training	Short Index of Job Satisfaction ¹⁵⁸
Financial well-being	CFPB Financial Well-Being Scale (abbreviated) ¹⁵⁹

¹⁴⁹ Additional detail on questions used in the survey is available from the authors upon request.

¹⁵⁰ Romaniuk et al. (2023).

¹⁵¹ University of Warwick (2022); Ng Fat et al. (2016).

¹⁵² Hughes et al. (2004).

¹⁵³ Office for Health Improvement and Disparities (2020).

¹⁵⁴ Gambling Commission (2021).

¹⁵⁵ Shear & Essock (2002).

¹⁵⁶ Norton (1983).

¹⁵⁷ Robinson (1983).

¹⁵⁸ Sinal & Maroco (2020).

¹⁵⁹ Consumer Financial Protection Bureau (2015).

Table B.3. Service and demographic characteristics of survey respondents

Variable	Characteristic	SP				Partners			
		RN (N=225)		RM (N=191)		RN (N=143)		RM (N=40)	
		N	Adj. %	N	Adj. %	N	Adj. %	N	Adj. %
Rank	Junior OR (OR6 and below)	48	24%	116	62%	38	29%	21	55%
	Junior Officer (OF3 and below)	68	34%	28	15%	38	29%	5	14%
	Senior Non-Commissioned Officer	43	22%	38	20%	31	24%	11	29%
	Senior Officer	40	20%	4	2%	23	18%	1	3%
Regular/Reserve	Regular	203	91%	180	94%	141	99%	36	90%
	Reserve	21	9%	11	6%	2	1%	4	10%
Gender	Female	35	20%	11	7%	94	94%	34	100%
	Male	143	80%	143	93%	6	6%	-	-
Marital status	Single, never married	21	10%	50	27%	-	-	-	-
	Long-term relationship	38	18%	32	17%	20	14%	9	23%
	Married and civil/domestic partnership	145	67%	93	50%	117	82%	29	73%
	Separated/divorced	13	6%	11	6%	5	4%	2	5%
Sexual orientation	Gay/lesbian	5	3%	0	-	1	1%	0	-
	Bisexual	6	3%	5	3%	4	4%	1	3%
	Heterosexual	167	94%	146	97%	92	95%	34	97%
Age	18–25	14	8%	46	30%	5	5%	7	21%
	26–35	44	25%	40	26%	37	37%	13	38%
	36–45	57	32%	40	26%	38	38%	10	29%
	46–55	58	33%	19	13%	18	18%	3	9%
	56–65	5	3%	7	4%	2	2%	1	3%
Ethnicity	White British	173	97%	149	96%	93	94%	30	88%
	Not (only) White British	6	3%	7	4%	6	6%	4	12%

As Table B.3 shows, the survey received good representation across SPs and partners. However, the survey underrepresents RN junior OR personnel and those aged under 35, and overrepresents personnel from all other rank groups and age groups. The survey also overrepresents female SP. The RM survey sample is more representative, with a large proportion of responses from young, male, white junior OR personnel. The survey also slightly underrepresents SP from ethnic minority backgrounds. While this is unlikely to impact the results substantially, it could help explain the higher percentage of personnel with physical health

conditions and the high proportion of personnel with children. While less data is available on the demographic characteristics of partners, there is a low representation of male partners, partners of Reserve personnel and partners in same-sex relationships, who may have different experiences than female partners of Regular male personnel.

As Table B.4 shows, the interviews achieved good representation across SP. However, SP from ethnic minority or non-UK backgrounds were underrepresented. The partner interviews achieved good representation across all ranks but only included female partners.

Table B.4. Service and demographic characteristics of Serving interviewees

Variable	Characteristic	SP (N=11)		Partners (N=22)	
		N	%	N	%
Rank	ORs	4	36%	11	50%
	Officers	5	45%	4	18%
	Not recorded	2	18%	7	32%
Gender	Female	1	9%	22	100%
	Male	10	91%	0	0%
Ethnicity	White British	10	91%	20	91%
	Not (only) White British	1	9%	2	9%

Table B.5 shows the demographic and service characteristics of the 25 interviewed former SP who completed the pre-interview questionnaire about their demographic and service characteristics. As only one partner of a former SP completed the pre-interview questionnaire, their results are not reported due to concerns about statistical disclosure. As the table also shows, the interviews included a good range of former SP across most categories, although former SP from ethnic minority backgrounds and former Reserve SP are underrepresented.

Table B.5. Service and demographic characteristics of former Serving interviewees

Variable	Characteristic	RN (N=17)		RM (N=8)	
		N	Adj. %	N	Adj. %
Rank	Junior ORs	6	35%	4	50%
	Junior Officer	5	29%	0	-
	Senior Non-Commissioned Officer	1	6%	3	38%
	Senior Officer	5	29%	1	13%
Years since transition to civilian life	0–3 years	17	100%	8	100%
	4–5 years	3	18%	2	25%
	6–10	1	6%	1	12%
	11–15	4	24%	2	25%
	16–25	2	12%	0	-
	26–35	1	6%	0	-
	More than 35 years	4	24%	1	12%
Age	18–45	2	12%	2	25%
	46–55	1	6%	1	12%
	56–65	4	24%	2	25%
	66–75	10	59%	2	25%
	76+	2	12%	2	25%
Marital Status	Married	0	-	1	12%
	Divorced	17	100%	7	88%
	Single, never married	0	-	1	12%
	Long-term relationship	3	18%	0	-
	Separated	14	82%	8	100%
	Widowed	1	6%	0	-
Gender	Female	16	94%	8	100%
	Male	17	100%	8	100%
Sexual Orientation	Heterosexual	-	-	-	-
	Gay/lesbian	6	35%	4	50%
	Bisexual	5	29%	0	-
Ethnicity	White British	1	6%	3	38%
	Not (only) White British	5	29%	1	13%

Annex C. Additional forecasting results

This section provides additional detail on the size and demographic modelling results presented in Chapters 3 and 6. All results are provided with 95 per cent credible intervals. Our modelling suggests that if historical trends continue (within the bounds applied to the historical data), there is a 95 per cent chance that the value will fall within the specified range. As uncertainty increases over the time horizon, there is substantial uncertainty about the 2040 forecasts provided.

C.1.1. Forecasts of Regular personnel

Table C.1. Forecasts of Regular SP

Category	2024	2030	2035	2040
All Regular personnel	32,000	27,000–35,000	25,000–36,000	24,000–37,000
Rank and gender				
Male OR	22,000	19,000–24,000	18,000–25,000	17,000–26,000
Male Officers	6,200	4,900–5,900	4,300–5,700	4,000–5,600
Female OR	2,500	2,300–3,500	2,200–4,000	2,100–4,400
Female Officers	940	810–1,200	740–1,300	680–1,500
Age group (years)				
18–29	15,000	13,000–17,000	12,000–18,000	11,000–18,000
30–34	5,100	4,500–5,400	4,100–5,700	3,900–5,900
35–39	4,600	3,900–4,500	3,600–4,700	3,400–4,900
40–44	3,400	2,700–3,400	2,400–3,400	2,200–3,500
45–49	1,800	1,800–2,400	1,600–2,500	1,500–2,500

Category	2024	2030	2035	2040
50–54	1,400	950–1,500	870–1,600	780–1,600
55–59	520	440–910	440–1,100	400–1,300
60–64	50	120–550	140–820	150–1,000

C.1.2. Forecasts of Volunteer Reserves

Table C.2. Forecasts of Volunteer Reserves

Category	2024	2030	2035	2040
All Regular personnel	3,300	2,000–4,300	1,600–4,600	1,300–4,900
Rank and gender				
Male OR	1,800	1,200–2,400	960–2,500	820–2,600
Male Officers	1,000	550–1,100	410–1,100	340–1,200
Female OR	270	130–570	90–690	80–830
Female Officers	240	130–280	90–300	70–320
Age group (years)				
18–29	690	230–1,300	110–1,500	80–1,600
30–34	530	280–620	210–660	160–700
35–39	470	310–540	240–580	210–610
40–44	410	290–500	230–520	180–540
45–49	330	270–430	220–450	180–460
50–54	420	280–410	250–420	210–420
55–59	330	260–390	240–390	230–390
60–64	110	70–270	60–310	60–330

C.1.3. Forecasts of former SPs

Table C.3. Forecasts of former SPs

Category	2024	2030	2035	2040
All Regular personnel	400,000	330,000–350,000	290,000–310,000	260,000–280,000
Age group (years)				
18–29	10,000	14,000–18,000	14,000–20,000	14,000–22,000
30–34	16,000	9,200–11,000	8,400–11,000	8,000–12,000
35–39	19,000	13,000–14,000	10,000–13,000	9,400–13,000
40–44	20,000	17,000–18,000	14,000–15,000	12,000–14,000
45–49	28,000	20,000–21,000	17,000–19,000	15,000–17,000
50–54	41,000	25,000–26,000	21,000–22,000	18,000–19,000
55–59	48,000	32,000–33,000	26,000–27,000	22,000–23,000
60–64	46,000	38,000–38,000	31,000–32,000	25,000–26,000
65–69	38,000	39,000–39,000	34,000–35,000	29,000–29,000
70–74	37,000	36,000–37,000	34,000–34,000	30,000–30,000
75–79	32,000	30,000–31,000	29,000–30,000	27,000–28,000
80–84	59,000	24,000–26,000	22,000–24,000	21,000–23,000
85–89	31,000	17,000–19,000	14,000–16,000	13,000–15,000
90+	11,000	17,000–20,000	13,000–16,000	11,000–14,000

C.1.4. Forecasts of partners, parents and children in the Serving community

Table C.4. Forecasts of the number of partners in the Serving community

Category	Forecast type	2024	2030	2035	2040
Regulars	Estimates using RAND's primary forecast	23,000	22,000–24,000	22,000–24,000	21,000–25,000
	Estimates using personnel targets		23,000–25,000	22,000–25,000	22,000–25,000
Volunteer Reserves	Estimates using RAND's primary forecast	2,400	2,000–2,700	1,900–2,600	1,700–2,700
	Estimates using personnel targets		2,600–3,400	2,700–3,700	2,700–3,700

Table C.5. Forecast of the number of parents in the Serving community

Category	Forecast type	2024	2030	2035	2040
Regulars	Estimates using RAND's primary forecast	14,000	12,000–16,000	12,000–16,000	11,000–16,000
	Estimates using personnel targets		13,000–16,000	12,000–16,000	11,000–16,000
Volunteer Reserves	Estimates using RAND's primary forecast	1,500	1,200–2,000	1,200–2,000	900–2,100
	Estimates using personnel targets		1,200–2,100	1,100–2,300	1,000–2,500

Table C.6. Forecasts of the number of children in the Serving community

Category	Forecast type	2024	2030	2035	2040
Regulars	Estimates using RAND's primary forecast	23,600	20,000–29,000	19,000–30,000	18,000–31,000
	Estimates using personnel targets		21,000–30,000	20,000–31,000	18,000–32,000
Volunteer Reserves	Estimates using RAND's primary forecast	2,700	1,900–3,000	1,600–3,000	1,400–3,000
	Estimates using personnel targets		2,400–3,800	2,200–4,200	2,100–4,500

C.1.5. Forecasts of partners, parents and children in the former Serving community

Table C.7. Forecasts of the number of partners, parents and children in the former Serving community

Forecast category	2021	2030	2035	2040
Spouses/civil Partners	226,000	180,000–220,000	160,000–200,000	140,000–180,000
Parents	65,000	50,000	45,000	42,000
Children	110,000	80,000	72,000	68,000

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