



**Australian Government**

**Joint Standing Committee on Foreign Affairs,  
Defence and Trade**

**Report into the Care of ADF Personnel  
Wounded and Injured on Operations**

*Inquiry of the Defence Sub-Committee*

**Government Response**

**December 2013**

### **Recommendation 1**

The Committee recommends that the Department of Defence continue to make regular contributions to Fisher House as an ongoing measure of Australia's appreciation for the service provided to our wounded soldiers, until such time that Australian soldiers are no longer deployed to Afghanistan.

#### **Government Response - Supported**

On 31 January 2012, the then Minister for Defence approved a multi-year grant to Fisher House. The grant was for a total amount of \$225,000, with the first payment of \$125,000 being made in 2011-12 and four consecutive payments of \$25,000 over the period 2012-13 to 2015-16.

### **Recommendation 2**

The Committee recommends that the Department of Defence and the Australian Taxation Office ensure that Australian Defence Force (ADF) personnel medically evacuated to Australia retain tax free status for the notional length of their operational deployment, or the actual length of the deployment of their unit, per subsection 23AG(1) of the Income Tax Assessment Act 1936.

#### **Government Response - Supported**

In response to an individual favourable private ruling from the Australian Taxation Office, the Department of Defence sought similar treatment to negate individuals having to apply. In August 2013 the Australian Taxation Office released a Public Ruling (Taxation Determination 2013/18) that provides a favourable outcome regarding the tax treatment for war wound personnel returning to Australia. With the release of the Public Ruling, which ADF personnel can rely upon, and in lieu of a Private Binding Ruling, the Australian Taxation Office issued Defence a General Guidance letter. Defence is working on a communication strategy to ensure all ADF personnel who have been wounded over the last decade are made aware of this change.

### **Recommendation 3**

The Committee recommends that the Department of Defence ensure that Australian Defence Force personnel medically evacuated to Australia continue to accrue War Service Leave and allowances for the notional length of their operational deployment, or the actual length of the deployment of their unit.

#### **Government Response - Not Supported**

War Service Leave is accrued for rendering operational service, including periods of hospitalisation. Subsequent periods of recovery do not accrue War Service Leave. Unpaid allowances for the period are already covered under the *Military Rehabilitation and Compensation Act 2004 Act* (MRCA).

#### **Recommendation 4**

The Committee recommends that the Department of Defence and the Australian Taxation Office assist Australian Defence Force personnel previously medically evacuated, and to whom Recommendations 2 and 3 would have applied, to make successful retrospective claims for reimbursement.

#### **Government Response - Supported in Principle**

With a positive Public Ruling issued by the Australian Taxation Office (as per Recommendation 2), the Department of Defence will apply Taxation Determination 2013/18 from the 2013-2014 financial year and will advise ADF personnel of their ability to seek reimbursement of their tax from the Australian Taxation Office for prior financial years if eligible.

#### **Recommendation 5**

The Committee recommends that the Department of Defence annually publish detailed written assessments of garrison health care contractor key performance indicator statistics. The Committee further recommends that the written assessments include the results of an ongoing survey of Australian Defence Force (ADF) personnel regarding their experiences with the performance of garrison health care contractors.

#### **Government Response - Supported**

The Department of Defence will publish, in the Joint Health Command Annual Report, written assessments of the key performance indicators of Garrison Health Operations contractors, which will include an annual survey of ADF members' experience with garrison health contractors.

#### **Recommendation 6**

The Committee recommends that the Department of Defence address the shortcomings in Reservist post-deployment support mechanisms identified in this Inquiry as a priority.

#### **Government Response - Supported**

The 2012 Skowronski Review examined the level and appropriateness of post-operational support for Australian Defence Force (ADF) Reserve members. The Review was accepted by the Defence People Steering Group in late 2012, and a team has been formed to progress the recommendations.

From 1 July 2013, the Chief of the Defence Force is the rehabilitation authority for all Reservists. Part-time Reservists now have access to occupational rehabilitation services where it is clear that the wound, injury or illness is Service related.

### **Recommendation 7**

The Committee recommends that the Department of Veterans' Affairs accept complementary therapies as legitimate treatment for psychological injuries if there is an evidence-based clinical reason to do so.

#### **Government Response - Supported in Principle**

The Department of Veterans' Affairs (DVA) funds evidence-based services for clients under its tax-payer funded arrangements. For instance, for posttraumatic stress disorder, DVA funds treatment which is in accordance with the Australian Guidelines for the Treatment of Adults with Acute Stress Disorder and Posttraumatic Stress Disorder endorsed by the National Health and Medical Research Council. In addition, if robust clinical evidence for a complementary therapy were to become available, then DVA would consider including this therapy in its treatment arrangements.

DVA undertook a comprehensive review of complementary therapies in 2010, and the evidence did not support extending coverage to services provided by complementary therapy providers under the Gold and White Card arrangements. The Government considers that, at the current time, there is not sufficient evidence available to support broader access to complementary therapies through DVA funded treatment arrangements.

DVA funds the Australian Centre for Posttraumatic Mental Health to provide advice on emerging evidence on new treatment modalities for mental health, and is consulting with the Centre on the emerging evidence for potential adjunct therapies (such as art or music therapy) that could complement evidence-based treatment in the future.

### **Recommendation 8**

The Committee recommends that the Department of Defence publish periodic detailed written assessments on:

- The implementation of the recommendations of both the 2009 Review of Mental Health Care in the ADF and Transition through Discharge, and the 2010 ADF Mental Health Prevalence and Wellbeing Study;
- The Australian Defence Force Mental Health Reform Program; and
- What additional enhancements have been made to current programs, as indicated in the Department of Defence White Paper.

#### **Government Response - Supported**

A review of implementation of the recommendations of both the 2009 Review of Mental Health Care in the Australian Defence Force and Transition through Discharge is due to commence late 2013 - with the report due mid-2014 and publication of the review expected in late 2014. The Department of Defence's response to the findings of the 2010 ADF Mental Health Prevalence and Wellbeing Study have been published in the 2011 ADF Mental Health and Wellbeing Strategy and the ADF Mental Health and Wellbeing Plan 2012-15. An assessment of the

implementation of the Strategy and Plan will be published in the Joint Health Command (JHC) Annual Report.

The ADF Mental Health Reform Program has now been incorporated into the ADF Mental Health and Wellbeing Plan 2012-2015 and an assessment of the implementation of the Plan and related reform activities will be published in the JHC Annual Report.

Current programs and activity are part of the ADF Mental Health and Wellbeing Plan 2012-2015 and progress of implementation will be published in the JHC Annual Report.

### **Recommendation 9**

The Committee recommends that the departments of Defence and Veterans' Affairs undertake a study into psychological support of partners and families of Australian Defence Force (ADF) members and ex-ADF members. The Committee further recommends that the study be conducted with the objective of developing recommendations to overcome partners' and families' mental health issues that may be highlighted by the study.

The Committee further recommends that the Government implement, as a priority, the recommendations of The Health and Wellbeing of Female Vietnam and Contemporary Veterans report.

### **Government Response –Supported in Principle**

The departments of Defence and Veterans' Affairs are working collaboratively on a strategic framework to facilitate and prioritise research programs, with families as one of the initial four research domains for the Department of Veterans' Affairs (DVA). However the recommendation of a specific study into the psychological support of partners and families of ADF members and ex-ADF members is not supported. The departments of Defence and Veterans' Affairs have numerous programs and services in support of partners and families of ADF and ex-ADF members that have been developed from existing available research and evidence base in recognition of their psychological and social needs. Department of Defence as part of the Simpson Assist Program will initiate research in late 2013 into the role and needs of families in the rehabilitation of wounded, ill or injured ADF members.

The departments of Defence and Veterans' Affairs are working together to further the recommendations of The Health and Wellbeing of Female Vietnam and Contemporary Veterans report, including through the establishment of the ADF Service Women Steering Committee in May 2013. The Committee will report to the Repatriation and Military Rehabilitation and Compensation Commissions in late 2013 to provide information to guide both DVA and the Department of Defence in future policy and program design for female servicewomen and ex-servicewomen.

### **Recommendation 10**

The Committee recommends that the effectiveness of psychological first aid be made a research priority by the Department of Defence, in consultation with the Department of Veterans' Affairs.

#### **Government Response - Supported**

Department of Defence currently offers psychological first aid training in the form of programs such as Keep Your Mates Safe (KYMS), Battle Self Management and Resilience Training (BattleSMART) and Critical Incident Mental Health Support. Joint Health Command will ensure these programs continue to be based on the best available research evidence. A program of evaluation will be developed to assess the effectiveness of these programs for ADF personnel. The evaluation program will be in place by mid 2014 and final reports of the evaluation expected by late 2015.

### **Recommendation 11**

The Committee recommends that the departments of Defence and Veterans' Affairs expedite the development of a unique service/veteran health identification number.

#### **Government Response - Supported in Principle**

The departments of Defence and Veterans' Affairs recognise that the use of a common identification number has the potential to improve the transition of Australian Defence Force personnel by reducing complexity, aiding proof of identification processes, and expediting data exchange. The Department of Veterans' Affairs, in consultation with Defence, is undertaking a scoping exercise to identify possible solutions and to inform a cost / benefit analysis.

### **Recommendation 12**

The Committee recommends that the Government conduct a cost-benefit study of a comprehensive uncontested veteran healthcare liability model and publish the results.

#### **Government Response - Not Supported**

In the current fiscal environment, the Government is not in a position to consider the conduct of a cost / benefit study of a comprehensive uncontested veteran health care liability model.

Existing Department of Veterans' Affairs (DVA) arrangements provide access to "non-liability" health cover for conditions including malignant neoplasia, pulmonary tuberculosis, posttraumatic stress disorder, and anxiety and depression for those with operational service. Initiatives included in the 2013-14 Budget will expand mental health non-liability arrangements to include treatment for alcohol and substance misuse disorders, and provide coverage to former personnel with three years peacetime service since 1994. This extends the current eligibility already available to those with service between 1972 and 1994.

Any proposal to further extend "non-liability" access to DVA health care arrangements to a broader group of former service personnel would involve significant additional financial costs to the Commonwealth and is not a priority at this time.

Also under DVA arrangements comprehensive health care is available for treatment of conditions which have been accepted by the Department as service related.

Ensuring that discharging serving members transition smoothly from the Defence forces to the broader community is a priority for the Government. This includes ensuring a smooth transition from Defence to broader community health care arrangements. DVA has a range of initiatives to engage with the health provider community to support the recognition of military experience and to recognise potential impacts on health and health care needs of their service. This includes the introduction from 1 July 2014 of a new Post Discharge GP Health assessment for former serving members.

### **Recommendation 13**

The Committee recommends that the departments of Defence and Veterans' Affairs coordinate to clarify the Australian Defence Force/Veteran service delivery models to reduce the complexity, overlaps and gaps in service identified in this report.

The Committee further recommends that it be provided with a progress report within six months, and a final implementation report within 12 months.

### **Government Response - Supported in Principle**

The departments of Defence and Veterans' Affairs are working closely to coordinate service delivery, to reduce the complexity of the support systems and to remove overlaps and gaps. The departments have an agreed framework of key roles and responsibilities across the 'Support Continuum', the coordinated and integrated system of support for wounded, injured or ill Australian Defence Force personnel that extends across both Departments. Oversight of this work is provided through the Department of Defence / DVA Links Steering Committee which is also responsible for managing joint performance in these areas.

The Defence / DVA Links Steering Committee will monitor the progress of actions and the Committee will be provided with a progress report within six months and a final implementation plan within 12 months.

### **Recommendation 14**

The Committee recommends that a wounded or injured soldier who wishes to remain in the Department of Defence environment and applies for a position within the Australian Public Service, for which they have the required skills and competencies, be selected preferentially.

The Committee further recommends that the Government encourage private sector providers to take a similar approach to the preferential employment of wounded and injured soldiers.

### **Government Response - Supported in Principle**

Decisions relating to engagement in the Australian Public Service must be based on merit. These may be modified under Section 72 of the Public Service Act or circumstances in Part 2.2 of the Australian Public Service Commissioner's Directions 2013. Department of Defence is engaged in placing a small number of seriously injured personnel and will approach the Australian Public Service Commissioner to accommodate the Committee's recommendation.

The Department of Defence is already working with several major employers, particularly through the Defence Reserves Support Council and regimental Foundations.

### **Recommendation 15**

The Committee recommends that the departments of Defence and Veterans' Affairs expedite the rectification of information technology connectivity issues.

The Committee further recommends that it be provided with a progress report within six months and a final implementation report within 12 months.

### **Government Response - Supported in Principle**

The departments of Defence and Veterans' Affairs have already recognised the importance of effective information management and access to records in the Memorandum of Understanding between Department of Defence and the Department of Veterans' Affairs for the Cooperative Delivery of Care and Support to Eligible Persons, signed in February 2013. A number of improvements in the way information is shared have already been implemented and planning is underway to identify and progress additional initiatives aimed at further improving connectivity and reducing the time taken to make determinations. This will include the introduction of major new information managements systems such as the Joint eHealth Data and Information System (JeDHI), and the updating of existing systems.

The Defence / DVA Links Steering Committee will monitor the progress of actions and the Committee will be provided with a progress report within six months and a further report within 12 months.

### **Recommendation 16**

The Committee recommends that:

- as an immediate priority, the national healthcare community include a military/ex-military checkbox as a standard feature on all medical forms; and
- the Government commission a longitudinal tracking system to identify the engagement of military/ex-military personnel with the healthcare system.



### **Government Response - Noted**

The impact of military experience on the health and potential health care needs of current and former serving personnel and their families is an important issue. It is important too, that a treating clinician is able to take account of the possible impacts of military service. The Government notes the Committee's recommendation to include a military/ex-military check box as a standard feature on all medical forms, as a way of improving the recognition of the potential impacts of military experience by providers within the health care system. Implementation of this proposed approach would have implications for multiple Commonwealth Departments and agencies, State health departments, private health care providers and consumers, involving a range of practical, logistical and potential privacy issues.

The proposal to include information on all medical forms may not represent the most effective and efficient means of improving health provider awareness of the impacts of military experience on health and health needs. The Department of Veterans' Affairs (DVA) already has a range of activities to raise awareness of health care providers, and regards this as a priority area. These activities include regular consultation and communication with health professionals and their representative organisations, online and face to face training provision, and a comprehensive mental health website - *At Ease Professional*. DVA's new strategic research program has identified longitudinal studies, including health studies as a priority area for future research.

### **Recommendation 17**

The Committee recommends that the departments of Defence and Veterans' Affairs sponsor a program of research examining the development of post-deployment syndromes in the current veteran cohort, be it relating to mild traumatic brain injury or some other cause.

### **Government Response - Supported**

The departments of Defence and Veterans' Affairs are working collaboratively on developing a strategic framework to facilitate and prioritise research programs. The Department of Defence has already conducted research on pre and post-deployment mental health issues and also collects data from post-operational psychological screening allowing for ongoing surveillance and research on the mental health of the deployed Australian Defence Force population. Additionally, the Department of Defence and Department of Veterans' Affairs (DVA) are jointly reviewing the Middle East Area of Operations (MEAO) Health Studies which examines pre and post deployment health status and will be examining opportunities to use the data collected from this study for further research in this area. DVA has previously commissioned studies relating to Timor Leste and Gulf War deployments, and has commenced work considering the needs of Reservists to inform the development of specialised access and/or service arrangements. The departments of Defence and Veterans' Affairs will continue to collaborate on future research to be considered within the strategic research program.

### **Recommendation 18**

The Committee recommends that the Department of Defence review the adequacy and rigour of pre- and post-deployment health checks.

#### **Government Response - Noted**

Mental Health Checks - The Department of Defence has recently reviewed and updated its policy and procedures on operational mental health screening, introducing a risk-indicated approach to this process. This approach varies the type of mental health support necessary according to the length and nature of the deployment. This enables mental health screening to target populations at elevated risk of mental health problems, reducing the potential for over screening of Department of Defence members and ensuring the most efficient use of Department of Defence's mental health workforce.

Health Checks - There are rigorous systems in place to confirm pre-deployment health checks, including review by the senior medical officer at Headquarters Joint Operations Command for personnel with a restricted Medical Employment Classification, and those with restrictions that might limit their employability in an Area of Operations. The current post-deployment health check form was introduced in February 2011. The pre-deployment health screen form was revised and issued in March 2013. Policies and procedures are regularly reviewed and revised where required.

### **Recommendation 19**

The Committee recommends that the Department of Defence provide all troops returning from operations, including non-warlike operations, targeted psychological first aid and post-deployment psycho-education which should include:

- Education on human responses to trauma;
- Identification of basic signs and symptoms of mental health conditions; and
- Advice on assistance options.

#### **Government Response - Noted**

This recommendation is already occurring as business -as-usual in Joint Health Command. Training in psychological first-aid and psycho-education is delivered to all military personnel independently of their deployment status. Mandatory suicide awareness training and alcohol and other drugs training are annual requirements for all personnel. Other courses are provided during recruitment and command training, and on an as-required basis. ADF Mental Health Day, first held in October 2012, is aimed at raising awareness of mental health issues and is now an annual event. Post-deployment mental health support already includes a psycho-education brief on issues such as common responses to trauma, the signs and symptoms of mental health concerns, where and how to access support and tips to assist with post-deployment reintegration.

Development of an ADF Mental Health Portal is underway to improve access to mental health and rehabilitation information for current and ex-serving personnel and their families. The Portal will provide access to a wide range of mental health resources including self-help options, support services, and training.

### **Recommendation 20**

The Committee recommends that the departments of Defence and Veterans' Affairs conduct an assessment of suicide rates in the military/ex-military community as a priority.

### **Government Response - Noted**

Suicide in the current and former serving community is a tragic and complex issue and the Government takes this issue very seriously. Assessment of suicide rates in the military is already occurring as business-as-usual in Joint Health Command as part of the ADF Suicide Prevention Program. Department of Defence currently tracks the prevalence of suspected deaths by suicide amongst the full time currently serving Department of Defence members. Assessments of suicide prevalence, including demographics of gender, service, location, age, and yearly comparisons are routinely conducted and reported.

The 2009 *Independent Study into Suicide in the Ex-Service Community*, conducted by Professor Dunt, found that the research remains "...largely inconclusive as to whether or not veterans are at greater risk of suicide than the general population, and if they are at increased risk what risk factors are specific to this population". It is extremely difficult to accurately assess suicide rates in the ex-serving community because the Department of Veterans' Affairs (DVA) may only be formally notified of a death by suicide when a claim for compensation in relation to the death is made to DVA. As such, rather than an assessment of suicide rates, DVA's future focus will be on preventing suicide, building resilience, and providing information on how and where to seek help for those at risk of suicide or affected by it.

### **Recommendation 21**

The Committee recommends that the departments of Defence and Veterans' Affairs establish strategic research priorities to address suicide attributable to defence service.

### **Government Response - Supported**

The Government continues to invest considerable effort into research about suicide in the current and former serving community. The 2009 *Independent Study into Suicide in the Ex-Service Community* was a watershed document and added considerably to our understanding. The Department of Veterans' Affairs also funds a number of studies relating to mental health under its Applied Research Program, and will continue to collaborate closely with Department of Defence on further research to be considered under this program.

## **Recommendation 22**

The Committee recommends that the Department of Defence establish formal, Defence-wide pre- and post-deployment training for service families and a periodic contact program for the families of deployed members.

### **Government Response - Supported**

Formal Department of Defence-wide pre and post deployment programs for service families (FamilySMART programs) were implemented in 2011. Enhanced access to these programs is being established with the introduction of on line FamilySMART programs, the first of which was implemented in June 2013. A periodic contact program for the families of deployed members has been in operation for many years. This is provided by both deploying units and also by the Defence Community Organisation, the latter on request, delivered through the 24/7 Defence Family Helpline.

## **Recommendation 23**

The Committee recommends that the Department of Veterans' Affairs:

- Review the Statements of Principles in conjunction with the Repatriation Medical Authority with a view to being less prescriptive and allowing greater flexibility to allow entitlements and compensation related to service to be accepted;
- Periodically publish reports measuring success in adhering to their client service model;
- Periodically publish claim processing times; and
- Periodically publish claim success rates.

## **Statement of Principles**

### **Government Response - Not Supported**

It is not evident from the report what the Committee intended by the phrase "being less prescriptive and allowing greater flexibility". While the Department of Veterans' Affairs (DVA) seeks to be flexible in its service delivery to clients, introducing flexibility to the Statements of Principles regime would undermine its purpose and reduce its value in underpinning evidence based decisions. The issue of increased flexibility in the application of Statements of Principles was considered by the Review of Military Compensation Arrangements which reported in February 2011. The Review Committee examined whether there should be some scope for decision makers to exercise discretion in individual circumstances where there is substantial compliance with a Statements of Principles. However, the Committee recommended that there should be no change to the current Statements of Principles regime as this would undermine a system based on sound medical-scientific evidence. The former Government accepted this recommendation and stated: "The Government is satisfied that the strengths of the Statements of Principles regime lie in the consistency of outcomes and reliance on sound medical scientific evidence".

The Statements of Principles regime is a well established and core element of the Repatriation system. They are internationally recognised as providing a quality decision making tool. There is strong support for the Repatriation Medical Authority and the Statements of Principles regime from ex-Service organisations and the ex-Service community. A view is sometimes expressed that Statements of Principles do not address effectively Australian Defence Force occupational hazards, for example those relating to multiple chemical exposure such as in the F-111 fuel tank maintenance personnel and Australian Defence Force fire fighters cases. The Repatriation Medical Authority accesses advice from a range of advisers, including an Australian Defence Force medical practitioner from Joint Health Command, prior to finalising Statements of Principles to ensure that all Australian Defence Force occupational hazards have been considered. In some classes of claims, the exact nature and extent of occupational exposures suffered by Australian Defence Force members is not clear. This is often an evidentiary issue rather than one that can be addressed by the Statements of Principles regime. The call for greater flexibility in these circumstances is not able to be met through the Statements of Principles Regime.

#### Publishing Client Service and Claims Measures

#### **Government Response - Supported**

DVA is currently updating client service information published in the DVA Annual Report with a view to greater use of performance indicators for DVA client service. DVA will ensure mean processing times for all its claim types with performance standards will be reported in its Annual report. This will include compensation processing activities under the *Veterans' Entitlements Act 1986* (VEA), *Safety Rehabilitation and Compensation Act 1988* (SRCA) and MRCA. Claims success rates are already published in the DVA Annual report by condition and Act.

#### **Recommendation 24**

The Committee recommends that the Department of Veterans' Affairs conduct a study, and publish the results, reflecting the issues raised in evidence during the Inquiry, concerning:

- Developing a standardised approach to recruitment, including the preferential recruitment of ex-service members as Case Managers; and
- Training and ongoing evaluation of Case Managers.

#### **Government Response - Supported in Principle**

As mentioned in the response to Recommendation 14, decisions relating to engagement in the Australian Public Service must be based on merit, although a number of options are being pursued to facilitate employment of ex-Australian Defence Force members in the Australian Public Service and specifically the Department of Veterans' Affairs (DVA). DVA will review its national guidance on recruitment to ensure that outcomes appropriately consider the experience of serving members, within merit principles.

DVA already employs a number of ex-serving members and they have access to a range of support mechanisms as staff members (in addition to any support they are entitled to as a result of their service). This includes the Employee Assistance Program, or for staff undertaking specialist case management roles, a tailored professional support program that provides guidance from qualified professionals in undertaking sensitive or complex case management work.

DVA is also considering a range of other support mechanisms that may assist ex-Australian Defence Force members with transition to the Australian Public Service / DVA employment.

DVA has a range of training programs for DVA staff including programs that support an understanding of the military culture and mental health issues, and that provide skills to work with a diverse client group, make quality decisions and manage caseloads.

### **Recommendation 25**

The Committee recommends that the Government commission an independent assessment of the need for, and establish if warranted, an appropriate national/state-based veterans' organisation coordination body.

### **Government Response - Not Supported**

The evidence presented in the report and support from contributing organisations for the Committee's recommendation was limited. There currently exists a number of consultative forums that inform both the Government and the Department of Veterans' Affairs (DVA).

National consultative forums include a peak ex-Service organisation (ESO) Round Table and supporting forums that focus on policy issues, program matters and the operation of the Department. Each State and Territory also has its own consultative forum, chaired by DVA State-based Deputy Commissioners. These forums also provide a vehicle through which major ESOs can discuss how they interact and coordinate with each other and with other agencies. There have been no calls from these forums for the Government to intervene in the operation or coordination of ESOs, many of which operate voluntarily. Such intervention may be seen as impinging on ESOs' independence.

A national/state-based veterans' organisation coordination body is a possible duplication of existing consultation arrangements. DVA's consultation framework is currently under review to ensure that it remains relevant to the needs of government and the ex-Service and defence communities.

DVA and Department of Defence also recognise that there are a range of emerging organisations representing contemporary veterans and are working to appropriately engage these organisations, with consideration of their charters and funding arrangements.