



The Federation of  
Islamic Associations  
of New Zealand (Inc.)

اتحاد الجمعيات الإسلامية النيوزيلندية

# WELFARE & WELLBEING SUPPORT

FOR THE VICTIMS OF THE 15  
MARCH 2019 TERROR TRAGEDY

PART 1: ROLE OF TREASURY: WHAT WENT WRONG.  
PART 2: ABSENCE OF BASELINE NEEDS ANALYSIS.



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# CONTENTS

FOREWORD	01
EXECUTIVE SUMMARY	02
PART 1: THE ROLE OF NZ TREASURY: WHAT WENT WRONG.	03
INTRODUCTION	04
THE DEFINING MOMENT	06
THE TREASURY IN CONTEXT	08
TREASURY COMMENTS ON THE ACC PAPER	10
FIANZ REVIEW OF TREASURY'S COMMENTS	11
PART 2: ABSENCE OF BASELINE NEEDS ANALYSIS	21
CLARIFICATION OF 'VICTIMS'	22
NEED FOR BASELINE DATA ON VICTIMS	25

PART 3: In August 2021

PART 4: In October 2021



# FOREWORD

FIANZ is currently undertaking a deep-dive review of the government and media response to the terror tragedy of 15 March 2019. There are important lessons to be learned to guide our nation-building process and provide baseline information for the future.

The review which will be over the next five years and shall cover the policy initiatives, thematic issues and the structural services post-15 March. It will also cover the impact and the implementation of the Royal Commission recommendations.

The need for civil society and non-governmental organisations to take the initiative and undertake such reviews, is to ensure that the scope of the monitoring and the reporting processes are in keeping with the priorities of the stakeholder communities.

Ibrar Sheikh

President

June 2021

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# EXECUTIVE SUMMARY

## **PART 1: ROLE OF TREASURY: WHAT WENT WRONG?**

The Treasury is considered as “the strongest group of professionally trained experts in the New Zealand Government”.<sup>a</sup> Within days after the 15 March terror tragedy, the ACC proposed a well-reasoned and evidence-based proposal to help the victims. Three options were given with one option considered the most appropriate. It was a timely response to the emerging needs of the terror victims.

Treasury argued against the proposal. The Cabinet Committee also rejected the ACC proposal. A summative review of the Treasury’s comments have revealed :

- Significant anomalies
- Reliance on inaccurate information
- Flawed analysis

At a time when the country needed its best advice, this was the only government agency which failed with dire consequences for the victims. Treasury was not fit-for-purpose in responding to the 15 March terror tragedy.

## **PART 2: ABSENCE OF BASELINE NEEDS ANALYSIS**

There is ample evidence that all the frontline supporting agencies have a strong resolve to help the victims. However, each agency use their own criteria to define ‘victim’. As such, even after more than two years there is still no single-point and all-of-government determination of the actual number of victims. As international best practices reveals, this makes planning for the welfare and wellbeing of the victims problematic. Moreover, there has been no baseline needs analysis which further complicates effective planning.

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<sup>a</sup><https://www.treasury.govt.nz/sites/default/files/2011-05/pif-rev-tsy-may11.pdf>



# PART 1

## THE ROLE OF NZ TREASURY *What went wrong.*

“

There was an early opportunity to mitigate the mental harm and address the wellbeing of the tragedy victims.

Treasury's comments on the ACC proposal was contradictory and inconsistent with the available evidence.

Treasury's role was not fit-for-purpose in their response to the 15 March terror tragedy.



# INTRODUCTION

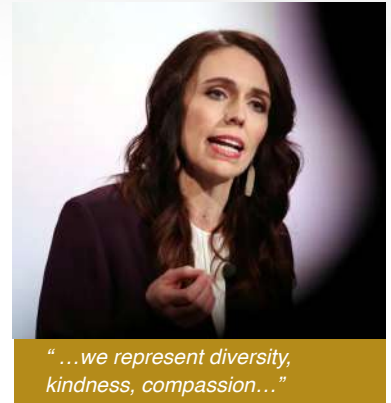
In the aftermath of the national tragedy that occurred on March 15 2019, many Government agencies initiated responses to redress the harm on the victims and begin the national healing process. The purpose of this document is to consider the role of Treasury ,within this context.

No Government or its tax-paying citizens should have to pay compensation to victims of crime other than what is fiscally responsible and consistent within existing mandated social

justice precepts. When the crime is terrorism with 51 innocent lives lost and 680 direct victims<sup>1</sup>, there may be a humanitarian rationale for increasing the compensation. However, FIANZ contends that for the sake of fairness there has to be consistency in the application of tax-payer funded compensation of victims regardless of the nature of the crime and the number of victims. The scaffolding which upholds and strengthens the framework of our national unity is based on ensuring such equity and equality for all its citizens.

The generosity of the public, with their out-pouring of manaakitanga and sizeable donations for the victims, have been an enduring and benevolent kiwiana legacy of the 15 March tragedy. This solace was amplified by our Prime Minister’s profound statement that “we represent diversity, kindness, compassion, a home for those who share our values, refuge for those who need it”<sup>2</sup>.

It is in the above context and within three working days<sup>3</sup> of the terror attack, that the Accident Compensation Corporation (ACC) was the first government agency<sup>4</sup> to produce a seminal report to support the victims who were mentally traumatised.<sup>5</sup> The report entitled, ‘Extended mental health support for those affected by the 15 March 2019 terrorist attack’ was thorough, analytical and its probity as a policy guideline was in keeping with the impact on the victims. It was profound and directly addressed the welfare and wellbeing support that was needed at that time.



*“...we represent diversity, kindness, compassion...”*

<sup>1</sup>See FIANZ Engagement Report where different government agencies have varying numbers

<sup>2</sup><https://www.rnz.co.nz/news/national/384803/christchurch-mosque-shootings-this-can-only-be-described-as-a-terrorist-attack-pm-jacinda-ardern>

<sup>3</sup>The ACC Report was submitted on 20 March 2019, which was five full days but three working days after 15 March.

<sup>4</sup>The Ministry of Health was the second agency with its report submitted on July 2019 [https://www.health.govt.nz/system/files/documents/pages/supporting-people\\_affected-christchurch-mosque-attacks-jul19.pdf](https://www.health.govt.nz/system/files/documents/pages/supporting-people_affected-christchurch-mosque-attacks-jul19.pdf)

<sup>5</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelease-pdf>



Treasury is one of the central agencies<sup>6</sup> of Aotearoa New Zealand. It is also the Government's lead economic and financial adviser, according to the Secretary to the Treasury. In commenting on the report, Treasury outlined three reasons why the ACC proposal should not be approved. The Cabinet Business Committee (CBC) disregarded the recommendations of the ACC.

- FIANZ asserts that the commentary by Treasury does not stand up to scrutiny and is based on inaccurate information, contradictory and flawed analysis and is not in keeping with the standards expected of Government's lead economic and financial adviser.
- As such, FIANZ considers that Treasury was not fit-for-purpose in addressing the response to the national terrorism calamity of 15 March.
- There are important lessons to be learned for the future when such national tragedies befall our country.

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<sup>6</sup>Along with the Department of the Prime Minister and Cabinet as well as Te Kawa Mataaho Public Service Commission  
<sup>7</sup><https://www.treasury.govt.nz/publications/speech/diversity-and-inclusion-why-it-works-work>



# THE DEFINING MOMENT

The 15 March massacre was a calculated act of terrorism. The terrorist wanted to leave a legacy well beyond the immediate media sensation. The calculated usage of high velocity body-shattering bullets was aimed at causing as much physical harm and mental trauma as possible. The terrorist knew very well, that the live-screening of the massacre would have both immediate and long term consequences for the victims. This was a purposeful and deliberate act of terror.

For New Zealand this was a defining moment. Never before had there been such a public outpouring of genuine care and love for victims. It was also a defining moment for the Government's welfare and wellbeing safety-net for the victims of such terror. If the safety net was inadequate to redress the harm, then the terrorist would have succeeded in his mission to inflict lasting trauma on the Muslim victims.

The Hon Iain Lees-Galloway, Minister of ACC at that time, had risen to the challenge of the this moment. He and his officials realised the unfairness of the ACC system as it would apply in this instance. It was a safety net that would only provide support to mental trauma victims who were employed but not to the other worshippers or witnesses to the massacre. The latter groups consisted of youth, elderly, home carers and others who were unwaged at that time. Since they were not physically injured, ACC would not cover them. Both the Minister and ACC realised that without ACC support, all the unwaged trauma victims would have no other long term support. They were correct in this analysis as was aptly noted by the media.<sup>8</sup>

*“For example, a plumber driving to a job who was traumatised by seeing a person shot by the gunman on March 15 is eligible for weekly ACC compensation of 80 percent of their pay. But an uninjured worshipper at the Al Noor or Linwood mosques, who witnessed the death of the person praying next to them and now has post-traumatic stress disorder, doesn't qualify.”*

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<sup>8</sup> <https://www.newsroom.co.nz/ministers-vetoed-acc-extension-for-terror-victims>





The ACC, in their wisdom realised that being unwaged was not only discriminatory in this context, but would potentially impact on the victims for a longer time than necessary. The ACC stated:

*It is appropriate to provide financial support that is similar to that available to those physically injured by the attack and to mentally injured workers to two groups of people who suffer mental harm as a result of the attack but who would not be eligible for ACC cover<sup>9</sup>*

The importance of supporting family was also recognised by the ACC:

*There is a pressing issue of unmet need for those who have been directly impacted by the attack, and were in close proximity to the attack. This need for support for mental injuries extends to those with a close and strong family connection to those directly impacted by the attack, given the likely more significant impact upon their mental health.<sup>10</sup>*

Unfortunately, Treasury had a different perspective.

Treasury lacked the necessary vision at this defining moment of NZ history when the Government was relying on what should have been its best advice.

The impact of the calculated act of terrorism, was in our opinion, totally miscalculated by Treasury with serious consequences for the victims.

<sup>9</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelease-pdf>  
<sup>10</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelease-pdf>



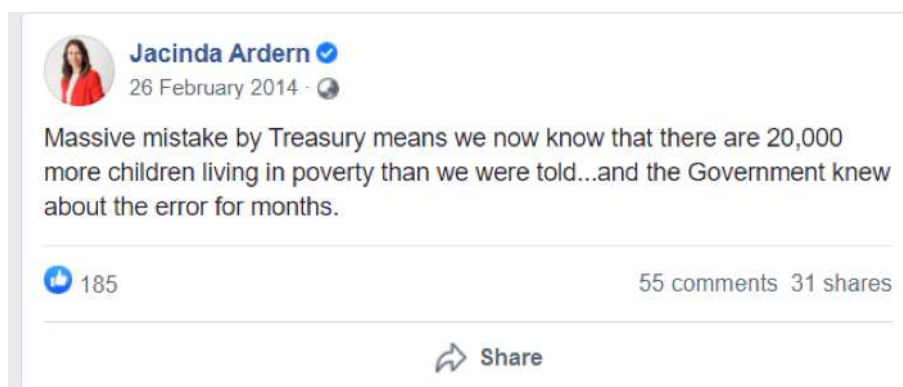
# THE TREASURY IN CONTEXT

By most accounts, the NZ Treasury enjoys an enviable reputation as “the strongest group of professionally trained experts in the New Zealand Government”.<sup>11</sup> This mana is well deserved given that “Ministers often choose to involve Treasury in resolving high priority issues”.<sup>12</sup> Internationally, the NZ Treasury is highly acclaimed as noted by the former Director of the International Monetary Fund’s (IMF) Fiscal Affairs Department in Washington DC in a major external review of Treasury’s fiscal policy advice.<sup>13</sup>

As such, the comments by Treasury on the ACC paper seem to be particularly out of the norm. However, in this context it should also be noted that Treasury has also been subject to significant criticism in recent times for inaccurate data as well as anomalies in their analysis. It has also suffered from a low performance rating by the State Services Commission particularly with respect to ‘efficiency’ and ‘information management’.

## Evidence of Criticism and Apology

- Prime Minister Jacinda Ardern and the Finance Minister Grant Robertson were critical of the Treasury’s forecast on Kiwibuild.<sup>14</sup>
- At another time, Treasury “apologised for an error which could see fewer children projected to be lifted out of poverty as a result of Government families packages”.<sup>15</sup>



<sup>11</sup><https://www.treasury.govt.nz/sites/default/files/2011-05/pif-rev-tsy-may11.pdf>

<sup>12</sup><https://www.treasury.govt.nz/sites/default/files/2011-05/pif-rev-tsy-may11.pdf>

<sup>13</sup><https://www.treasury.govt.nz/sites/default/files/2014-10/tfpa-2908566.pdf>

<sup>14</sup><https://www.stuff.co.nz/national/politics/104087945/treasury-is-wrong-prime-minister-jacinda-ardern-says>

<sup>15</sup><https://www.stuff.co.nz/national/politics/100668792/government-number-crunches-get-child-poverty-figures-wrong>



- The NZ Institute for Economic Research also publically highlighted that Treasury analysis claiming that the KiwiSaver scheme doesn't add to national savings because it "used data from a short period affected by the global financial crisis, compares the wrong groups of people, and ignores evidence that young and low income people tend not to save without incentives".<sup>16</sup>
- Former Prime Minister Helen Clark accused Treasury of "incompetence over its first costings on the student loan policy."<sup>17</sup>
- The Government Superannuation Fund (GSF) Managers also disagreed with Treasury's assessment.<sup>18</sup>

### Evidence of Low Performance Rating – on Efficiency and Information Management

The last two major Formal Reviews of Treasury under the Performance Improvement Framework, both noted that 'Information Management' and 'Efficiency' by Treasury were "needing development".<sup>19</sup>

#### SUMMARY OF RATINGS

##### Results Organisational Management

2011

FINANCIAL AND RESOURCE MANAGEMENT	RATING
Asset Management	
Information Management	
Efficiency	
Financial Management	
Risk Management	

#### Rating System

	Strong		Well placed		Needing development		Weak
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There was no change of Treasury Performance Improvement Rating (PIF) over the last two survey years in a number of areas, including 'Information management'.

Source: Performance Improvement Framework, Review: The Treasury (2011 & 2014)

2014

FINANCIAL AND RESOURCE MANAGEMENT	RATING
Asset Management	
Information Management	
Improving Efficiency and Effectiveness	
Financial Management	
Risk Management	

Distilling all the above there is, at times, an obvious and glaring thread of weakness within Treasury. Unfortunately, their 15 March response to the ACC Report was another low point.

<sup>16</sup><https://www.nzherald.co.nz/business/treasury-wrong-about-kiwisaver-says-finance-lobby/V3GJ75R7JWUQGG4JSHHGLLWJ4A/>

<sup>17</sup><https://www.nzherald.co.nz/nz/pm-accuses-treasury-of-getting-it-wrong/3NOCG53A4DJMFOBKQO5YZVX4XM/>

<sup>18</sup><https://www.goodreturns.co.nz/article/976487726/gsf-managers-say-treasury-numbers-wrong.html>

<sup>19</sup><https://www.publicservice.govt.nz/assets/Legacy/resources/pif-review-treasury-july14.PDF>



# TREASURY COMMENTS ON THE ACC PAPER

In response to ACC's proposal for the extended mental health support for those affected by the 15 March 2019 terrorist attack, the following were the comments offered by Treasury.

*Treasury comment*

71. The Treasury do not support a permanent or one off expansion of ACC-administered support in this case, as:

- a) there is an existing infrastructure for mental health support through the Health system, as a result of the response to the Christchurch earthquakes
- b) there is a large risk of opening ACC up to further expansions, as questions will be asked about why only a very narrow portion of mental health injuries is covered. This could be very costly and expansions should be properly considered proactively, not on an ad hoc basis, and
- c) any significant policy change should be aligned with the health and disability system review and the WEAG review. The longer term ACC legislation modernisation project would provide an opportunity to look at these sorts of issues alongside the other work in this space.

**In the above context , FIANZ has :**

- i) Noted that Treasury is the only Government agency which did not support the ACC proposal
- ii) Analysed the Treasury comments and found
  - significant anomalies,
  - reliance on inaccurate information and,
  - flawed analysis

By way of a side comment, it should be noted that Treasury did not provide any evidence or substantive information to support any of its comments. Given the gravity of the tragic events of 15 March and the seriousness of the mental suffering of the victims, the least we would have expected is for Treasury to have provided some evidence-based qualification for their comments. Whilst we realise that there are standard response templates to such Cabinet papers<sup>20</sup>, nevertheless it is our view that Treasury did not adequately refer to the available research and information. This approach is in stark contrast to the ACC approach. The latter had gone to great lengths to provide relevant information to support their recommendations which seems to have been in the main ignored by Treasury.



# FIANZ REVIEW OF TREASURY'S COMMENTS

## TREASURY COMMENT A:

*“There is an existing infrastructure for mental health support through the Health system, as a result of the response to the Christchurch earthquakes.”*

It is revealing that Treasury knew of the enormous strain on mental health services in the Canterbury region, even prior to the terror attack. Treasury’s own analysis noted that Canterbury had the highest percentage of people with low mental health well-being who had either a mental health prescription or referral in the prior two years.<sup>21</sup>

**Percentage of people with low mental health wellbeing who had either a mental health prescription or referral in the prior two years, by demographics (2008-16)**

Category	Value	Percentage of people with a recent mental health prescription or referral
Region	Auckland	31.0%
	Wellington	39.8%
	Northland, BOP, Gisborne	37.2%
	Rest of North Island	38.3%
	Canterbury	44.7%
	Rest of South Island	38.4%

Treasury’s own Report in 2019, noted that the Canterbury region had the highest strain of mental health services in NZ.

**Source:**

Treasury Analytical Paper- Wellbeing and Mental Health: An Analysis Based on the Treasury’s Living Standards Framework (AP 19/01)

Whilst the notion of ‘infrastructure’ is a generic one, it is commonly recognised to be both physical facilities and the service provision by health professionals. In both cases, Treasury seems to be devoid of any empirical rationale for such a statement.

With reference to physical infrastructure, a nationwide “stock-take of hospital buildings conducted in 2019 found 15 of the 24 mental health units were rated poor or very poor against nine design principles. Maintenance inside 70% of the units was poor, including leaks and holes in the walls.”<sup>22</sup>

*“We’ve got, for example, in the rehab unit bits of the building shored up with big planks and visible cracks in the wall, and it’s just demoralising for patients and staff to be treated in that environment.”*

*Source: Chief Medical Officer commenting on mental health facilities in Christchurch some six years after the quake*

<sup>21</sup><https://www.treasury.govt.nz/publications/ap/ap-19-01-html#section-11>

<sup>22</sup><https://www.theguardian.com/world/commentisfree/2021/apr/06/the-gap-between-nz-labours-soaring-rhetoric-on-mental-health-and-the-reality-is-galling>



With reference to staffing, specialist mental health services in Canterbury, based mainly at Hillmorton Hospital and Princess Margaret Hospital, had vacancies for 60 full-time equivalent registered nurse positions at the time of the tragedy. When fully staffed, the total nursing workforce was 550 full-time equivalent positions.<sup>23</sup> What is even more concerning is that six years after the earthquake, the Canterbury District Health Board stated to the Parliamentary Health Select Committee that “The teams are seeing 700 more adult clients each month than pre-quake and running inpatient beds with no spare bed capacity.”<sup>24</sup> As such, there was insufficient staffing to meet the mental health needs of the extra 680 victims.

To its credit, the Ministry of Health rose to the occasion and stated that it was closely monitoring “on a day to day basis” and would try to “ensure that resources needed to do so are available”.<sup>25</sup> Treasury also ignored the Minister who clearly stated that the “clinical provider community is already stretched in the mental health area.”<sup>26</sup>

It is most disconcerting and highly contradictory that on the one hand Treasury considered the existing mental health infrastructure support services could handle the emerging mental health crisis of 680 direct victims of the massacre,<sup>27</sup> and only some three weeks later the Government stated completely the opposite. It stated that “mental health is a significant problem in New Zealand”<sup>28</sup> and to redress the problem of frontline mental health services nationally a further \$455 million budget was allocated. Treasury seemed quite oblivious of the chronic skills shortage in the sector, .

<sup>23</sup><https://www.stuff.co.nz/national/health/114938894/significant-shortage-mental-health-nurses-hard-to-find-in-canterbury>

<sup>24</sup><https://www.nz.co.nz/news/national/326175/bed-shortage-for-christchurch-mental-health-patients>

<sup>25</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelase-pdf>

<sup>26</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelase-pdf>

<sup>27</sup> 680 was the number of mental health victims calculated by the ACC in their paper. <https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelase-pdf>

<sup>28</sup><https://www.treasury.govt.nz/publications/ap/ap-19-01.html#section-8>



At another level, the Treasury commentary could also be interpreted to mean that there was an existing infrastructure in the health system, as a result of the Christchurch earthquake some ten years earlier, to pay the financial support that ACC recommended .(. Neither the Ministry of Health (MOH) nor the Canterbury District Health Board (CDHB) have made any reference to such an existing financial support infrastructure. In fact the MOH directly contradicted the Treasury claims and clearly stated that “ neither the Ministry or CDHB are able to offer compensation payments”.<sup>29</sup>

Despite the evidence to the contrary, Treasury considered the existing infrastructure for mental health services in the CDHB could cater for the pressing mental health needs of the 680 victims.

*FIANZ believes this was a contradictory and irresponsible response by the Treasury to the ACC paper. ACC had provided a much needed and urgent mental wellbeing solution. In such a context, Treasury’s response was devoid of reasoned analysis and contradictory to the available empirical evidence.*

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<sup>29</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelease-pdf>



## TREASURY COMMENT B:

*“There is a large risk of opening ACC up to further expansions, as questions will be asked about why only a very narrow portion of mental health injuries is covered. This could be very costly and expansions should be properly considered proactively, not on an ad hoc basis.”*

There seems to be a fundamental confusion at play in this comment.

ACC in their paper offered three options for a mechanism to provide mental health support for the victims. After detailed consideration of each of the options, ACC rejected Options 2 and 3 and focussed on Option 1 and outlined the following rationale:

- Relative low risk
- Quick to implement
- Feasible rather than complex
- Specific and fit-for-purpose

Option1 would use the existing Section 265 of the ACC Act 2001 which allows for a one-off ancillary response. This Option 1 was deliberately chosen since there was no need for any extra or additional legislation. Using existing provisions within the legislation ( Section 265) is therefore hardly “opening ACC up to further expansions”.

### *265 Ancillary powers of Corporation*

*(1) In addition to services required to be provided under this Act, the Corporation may provide services ....*

*(2) The Corporation may provide ...any decision to provide the service, and the provision of the service, is consistent with any relevant policy direction given by the Minister*

*Source : ACC Act 2001*





The ramification of this Option is very clearly stated as “relatively low risk”. As ACC states, Option 1 “enables a bespoke Government response administered by ACC, rather than expanding boundaries of the scheme”.<sup>30</sup> As such, we are uncertain on what basis Treasury states that the option chosen by ACC was a “permanent or one-off expansion”. It is quite the contrary, ACC were utilising existing legislation. Treasury comments are inconsistent with the facts, because using existing legislation is not an expansion. “The strongest group of professionally trained experts in the New Zealand Government”<sup>31</sup> as the Secretary of Treasury has claimed, should be reminded of the definition of ‘ancillary’. It is of course quite obvious that Treasury is fully aware of the definition of ancillary services.

Below is a clear articulation of Option 1 of the ACC recommendation.

### OPTION 1:

Description	Timeliness	Feasibility	Time/cost limits	Fitness-for-purpose (generic or specific)	Scheme expansion risk
<b>Option 1 Directing ACC to provide services to the covered group</b>					
Section 265 allows for ACC to perform services outside of its normal functions, where consistent with the purposes of the Accident Compensation Act, if a direction to give effect to Government policy is issued by the Minister under section 103 of the Crown Entities Act 2004. The direction can be made after consultation with ACC. The government policy must relate to ACC’s functions and objectives. Requires a Government appropriation and new funding to cover the costs of the services provided.	<b>Fast.</b> Quickest to implement – ACC confirms its Board will respond promptly to such a request from the Minister. Does not require legislative change. Key constraint is timeframe for policy direction and Cabinet decision on appropriation.	<b>Feasible.</b> The section 265 mechanism is designed for such circumstances. Legislation requires that out-of-function services are funded by Government appropriation – requires Cabinet decision. Costs cannot be accurately estimated at this time. ACC’s current staff and processes are trained and suitable for the type of support required presently.	<b>Constrained.</b> Requirement to consult with ACC enables operational and financial impacts to be assessed, and can be done quickly. ACC is assessing these impacts now, prior to the Minister sending the letter of request.	<b>Specific.</b> The section 265 mechanism is designed for such circumstances. Allows a specific response to this event. Can make additional adjustments/ expansions as and when needed, provided within parameters of the AC Act and the Crown Entities Act. Not generically applicable to past or future events – should not be used as such.	<b>Relatively low.</b> Enables a bespoke Government response administered by ACC, rather than expanding boundaries of the scheme with unknown future impacts.

Source: Cabinet Paper ‘Extended mental health support for those affected by the 15 March 2019 terrorist attack.’<sup>32</sup>

<sup>30</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelasee.pdf>  
<sup>31</sup><https://www.treasury.govt.nz/sites/default/files/2011-05/pif-rev-tsy-may11.pdf>

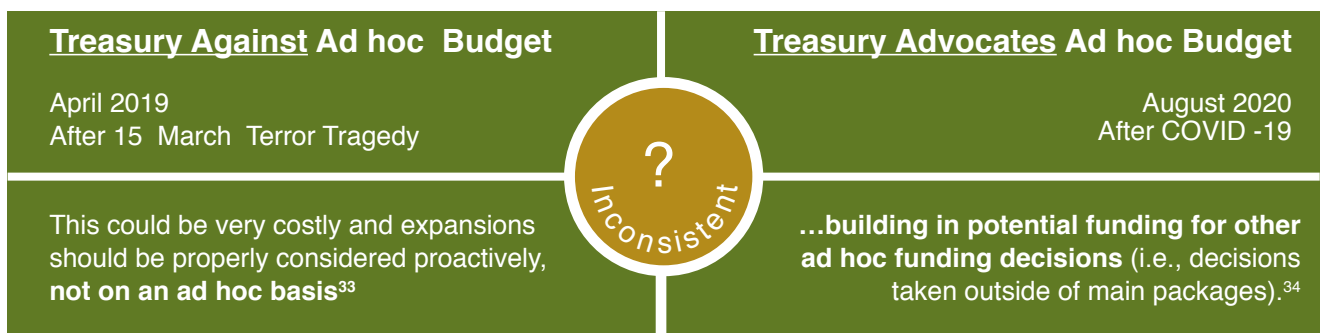


In the above context, it is incongruous that Treasury considers using the existing provision of Section 265 of the ACC legislation as a “further expansion”. There appears to be some analytical confusion on the part of Treasury. The NZ Law Society makes it very clear that the ACC has the existing power to provide insurance type payments under Section 265 of the ACC legislation. The Law Society in reviewing the legislation states that ACC “may provide insurance related services in accordance with ...section 265 (provision of ancillary services)”.

Treasury did not consider and review all the three options provided by ACC. It is quite clear that Treasury was ‘cherry picking’ by mainly referring to Option 2, which ACC itself had rejected as “High Expansion Risk”. It is also untenable that Treasury did not refer to Option 1 in their commentary. It is quite obvious that Treasury simply wanted to scuttle the ACC recommendation. We consider this disingenuous and an explanation is required.

With reference to the issue of avoiding decisions being made on an “ad hoc basis”, Treasury has simply missed the point again. An event involving a national tragedy which was never foreseen by any NZ agency, required bold and empathetic mitigation strategies to prevent further harm to the victims. This was precisely the rationale for the ACC proposal. It is simply absurd for Treasury to consider this ad hoc. Simply put, when an emergency has taken place it is appropriate to respond with immediate remedial programmes. For Treasury to consider such an approach as ad hoc defies logic.

The inconsistency of Treasury in this matter is significant, given that it advocated ad hoc funding in another crisis situation. As such, Treasury seems prone to shifting goal posts for its own purpose.





It is equally incoherent for Treasury to propose that ACC should consider any expansion to be “proactively” considered. This effectively means that ACC should have planned for an expansion of its services in case of a terrorist attack. This is somewhat incomprehensible.

FIANZ believes such glaring inconsistencies are inexcusable when the welfare and well-being of the victims are at stake. Treasury has not lived up to its responsibility. This is most regrettable.

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<sup>33</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactiverelease-pdf>  
<sup>34</sup><https://www.treasury.govt.nz/sites/default/files/2020-08/b20-12020-1979-4296458.pdf>



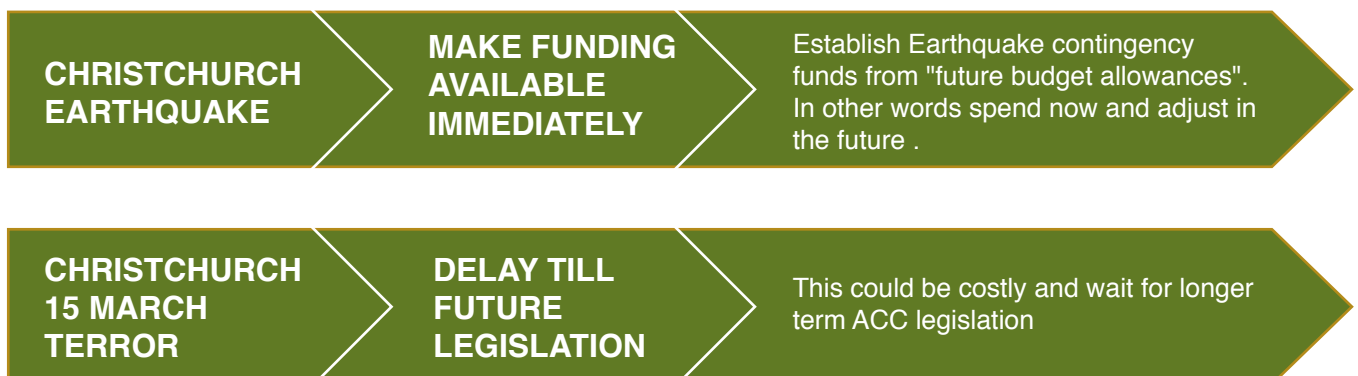
## TREASURY COMMENT C:

*Any significant policy change should be aligned with the health and disability system review and the WEAG review. The longer term ACC legislation modernisation project would provide an opportunity to look at these sorts of issues alongside the other work in this space.*

For Treasury to align the immediate needs of the victims of the massacre of 15 March, with the 'longer term' policy and legislative changes is incomprehensible and totally counter to the Prime Ministers statements in Parliament regarding 'kindness and compassion'.<sup>35</sup>

In our view, there seems to be inconsistencies in Treasury's approach when compared to their response to other tragedies. It is recognised that all tragedies are different in context and scale, but there needs to be some thread of consistency to Treasury's responses. This is particularly important when it comes to allocating funds. Following is another example of such inconsistency. This refers to the Treasury response to the Christchurch Earthquake<sup>36</sup> and the 15 March Terror Attack.<sup>37</sup>

## INCONSISTENCY OF TREASURY RESPONSE TO TWO MAJOR TRAGEDIES



Noting the difference in its response, it is quite obvious that Treasury was looking for legitimate reasons to delay the ACC proposal.

<sup>35</sup><https://www.rnz.co.nz/news/national/384803/christchurch-mosque-shootings-this-can-only-be-described-as-a-terrorist-attack-pm-jacinda-ardern>

<sup>36</sup><https://www.treasury.govt.nz/sites/default/files/2017-11/b11-2013753.pdf>

<sup>37</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactive-release-pdf>



The reference to the health and disability system review in Treasury's comment is irrelevant to the 15 March terror attack. The review was focussed on areas which address the fundamental infrastructure for the provision of health services with respect to issues such as equity, a Tiriti based partnership, and an integrated health system.<sup>38</sup> The Treasury knew very well that there was nothing of any substance in the review which addressed the mental health trauma from deliberate acts of terrorism. Such scope for analysis is very specialised as evidenced by a meta study published in the Lancet.<sup>39</sup> The post-traumatic stress disorder (PTSD) of terror trauma was never in the Terms of Reference of the health and disability review and Treasury should have done its homework .

Treasury also commented that any policy change should be aligned to the Welfare Expert Advisory Group (WEAG) Report. It is quite interesting that the WEAG review clearly stated that the Government should extend the advantages of an ACC approach for those with disability and illness, particularly long term, not caused by an accident, to reduce the current inequity.<sup>40</sup> This is exactly what the ACC proposal advocated and exactly what Treasury rejected. Here again Treasury is out of step with experts from the WEAG report.

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<sup>38</sup><https://systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report-executive-overview.pdf>

<sup>39</sup>[https://www.thelancet.com/pb-assets/Lancet/pdfs/S2215-0366\(18\)30335-3.pdf](https://www.thelancet.com/pb-assets/Lancet/pdfs/S2215-0366(18)30335-3.pdf)

<sup>40</sup><http://www.weag.govt.nz/weag-report/whakamana-tangata/creating-a-fairer-deal-for-people-with-health-conditions-or-disabilities-and-carers/the-system-response-needs-to-improve-in-several-areas/>



At another level, Treasury outlined some basic principles for Government financial intervention. These principles were all consistent with the ACC proposal, yet again Treasury declined. The only possible rationale being that the Treasury principles related to the needs of affected business, whilst the ACC proposal related to affected victims.

Treasury Principles for Government Intervention. <sup>41</sup>	Applicable for ACC Proposal	
Must reflect the need for specific and tailored solutions	Tailored to specific individuals who were in or near the Mosques and families of people who were injured or killed and who were suffering	✓
Be timely (provide assistance when it is needed)	ACC wanted to provide immediate assistance	✓
Be time limited (taking into account recovery will take some time)	ACC proposal covered as long as the mental wellbeing required	✓
Be targeted and local involvement	ACC had specified the detailed target recipients. All Christchurch based.	✓
Be proportional to the magnitude of the effects	ACC paper directly addressed the needs of the victims of this major terrorist attack	✓




**FUNDING WAS MADE AVAILABLE FOR BUSINESSES**


**DESPITE MEETING ALL CRITERIA FUNDING WAS DENIED TO THE VICTIMS OF THE TERROR ATTACK**

Treasury's inconsistency can only be described as anomalous to their national and international reputation. We expected much more from Treasury.

<sup>41</sup><https://www.treasury.govt.nz/sites/default/files/2017-11/b11-2026851.pdf>



## PART 2

# ABSENCE OF BASELINE NEEDS ANALYSIS.

After more than two years, a major Royal Commission Inquiry, and the involvement of many government agencies there is still not a central database of all the victims. Best practices and lesson learned from similar overseas tragedies, dictate that such a baseline is pivotal.

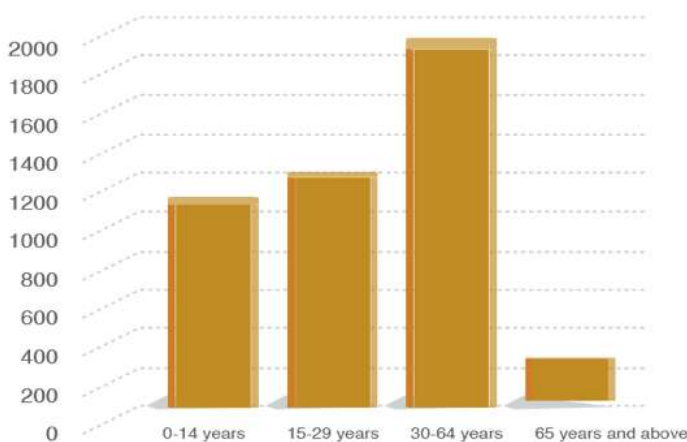


# CLARIFICATION OF 'VICTIMS'

## Identifiers of 'Victims': Requires Formal Clarification.

At the outset it should be noted that the parameters of what constitutes a 'victim' has yet to be determined and officially stated by the different Government agencies. This needs to be addressed as a matter of priority.

By way of evidence, the Ministry of Health (MOH) in its first official report after the terror tragedy noted 'victims' as separate from 'witnesses'.<sup>42</sup> The MOH adopted a generic term of 'affected' people'.<sup>43</sup> It is important to note that such lack of specific identifiers for the category of 'victims' has significant short term and long term consequences both for policy development and compensation programmes. For planning purposes and based on peer-reviewed research, it is noted that witnesses also suffer from Post-Traumatic Stress Disorder (PTSD) and other psychiatric disorders.<sup>44</sup> Given the demographic profile of the Canterbury Muslim community (see FIANZ Report-Page 6<sup>45</sup>) there are significant intergenerational issues. There is extensive research from previous terrorism events that teenage victims suffer major depressive disorder (MDD).<sup>46</sup> The demography of Muslims in the Canterbury region, highlight significant numbers of youth and young adults.



One in four Muslims in the Canterbury region are below age 15 and approximately half of the total Muslim population are below 30 years of age.

Chart 1: Age Distribution of Muslims in the Canterbury Region  
Source: NZ Census 2018

<sup>42</sup><https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>  
<sup>43</sup><https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>  
<sup>44</sup>[https://www.ucm.es/data/cont/docs/1091-2015-07-17-PSYCHOLOGY%20APPLIED%20TO%20TERRORISM\\_final.pdf](https://www.ucm.es/data/cont/docs/1091-2015-07-17-PSYCHOLOGY%20APPLIED%20TO%20TERRORISM_final.pdf)  
<sup>45</sup><https://assets.documentcloud.org/documents/20493407/fianz-hui-report-march-2021.pdf>  
<sup>46</sup><https://www.frontiersin.org/articles/10.3389/fpsy.2019.00744/full>





ACC had made their own considered determination of victims who should receive compensation. For them, the recipients should include those at the sites of the attack and family of those injured or killed. This included:

- a) those in or near the sites of the attack who witnessed the attack directly, and who were not working or physically injured (including worshippers, volunteers and other members of the public attending the scene, including volunteer first responders), and
- b) the family of people who were injured or killed in the attack, who were not in or near the sites of the attack and therefore did not experience, see or hear the attack directly but may have witnessed events unfold via phone or video, or who experienced or saw the impact of the attack on their loved ones in hospital.

**ACC also defined immediate family members, to include**

**a) For an adult:**

- the adult;
- their married or de facto partner;
- their dependent children;
- the dependent children of their partner.

**b) For a dependent child:**

- the dependent child;
- their parents;
- their siblings who are also dependent children.

It is important to note that the Royal Commission classification aligned to that of ACC. They identified victims as “affected whānau, survivors and witnesses.”<sup>47</sup> All the relevant Government agencies have yet to formally acknowledge the Royal Commission’s identifier of victims. The consequences for victims for such a seminal failure has been most telling and a betrayal of the Prime Minister’s promise of a ‘huge duty of care’ for all victims.

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<sup>47</sup><https://christchurchattack.royalcommission.nz/the-report/voices-of-the-community/introduction/>



Unfortunately for some victims, a wall of silence and avoidance prevails among the relevant agencies. The following is an example reported in the news. FIANZ can relate dozens of similar such examples.

*“A victim of the Christchurch attacks, Shameel ( name changed for security purposes) had fragments of the shooter’s bullets inside him, including in his lungs. He spent a month in hospital after the attack undergoing a bone graft as well as other surgeries and the time required for basic recovery. During this time his Father looked after his children and the household but had to return to India for cataract surgery, unable to meet the \$8000 price-tag for such surgery in New Zealand. “The moral support I get from my family, I won’t get it from anyone else.” Shameel isn’t able to drive which limits his ability to do basic tasks like getting groceries. “My dad came for supporting me, helping me. I can’t work.”<sup>49</sup>*

**MOH approach :** *The Father is not a victim hence all medical costs have to borne by him, despite the fact that the Father is helping to care for his injured son.*

**Royal Commission approach:** *The Father should be recognised as a victim since he is an affected whānau.*

FIANZ contends that the failure by Government agencies to classify ‘victims’ has added to their financial and mental health burden. This needs to be addressed as a priority.

<sup>49</sup><https://www.newsroom.co.nz/healthcare-debts-for-terror-victim-families>



# NEED FOR BASELINE DATA ON VICTIMS

It is both alarming and of serious concern, that after two years no Government agency nor the Royal Commission has established a definite baseline of all the victims of the 15 March terror tragedy. Whilst the numbers and identities of the Shaheed (martyrs) and bullet-injured have been established as per the High Court conviction of the terrorist,<sup>50</sup> there still remains considerable uncertainty as to the number of other victims, including those who were not bullet injured or those who were traumatised as a result of being at or near the vicinity of the two Mosques.

We would have expected that all the Government agencies, such as ACC, MSD, DOE, DPMC, NZ Police and others would have coordinated and developed such a baseline. To date no such baseline data exists and it is incumbent on the DPMC, as the coordinating agency, to initiate this as a matter of urgency. Many of the victims have relocated or are overseas, however an accurate and verified official list is pivotal. It is simply absurd that the many Government agencies are well into the second year of their 'planning' and have yet to develop such a baseline. The net result being inevitable delays or non performance.

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<sup>50</sup><http://www.nzlii.org/cgi-bin/sinodisp/nz/cases/NZHC/2020/2192.html?query=tahir%20nawaz>

<sup>51</sup><https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>



**By way of evidence we note the following:**

In July 2019, some 4 months after the terror attack, the MOH put forward actions to be completed between 3 to 12 months with specific outcomes.<sup>51</sup>

**Support people and communities affected by the Christchurch mosque attacks to cope and recover**

**Expected outcomes**

1 Enable normal grieving and recovery	2 Support and treat mental distress	3 Promote wellbeing, coping and recovery	4 Enhance community cohesion
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**Actions for 3–12 months post-event**

1.1 Support local level response and care coordination	2.1 Resource organisations to identify and engage affected populations	3.1 Promote public wellbeing and mental health literacy	4.1 Promote community initiatives to enhance community cohesion and social support
1.2 Work in collaboration with other agencies to ensure basic needs are met (eg, housing, financial needs, immigration status)	2.2 Collaborate with agencies to streamline access pathways and lift barriers to access support	3.2 Promote wellbeing campaigns (both locally and nationally)	4.2 Provide advice to organisations to engage affected populations
	2.3 Support the national telehealth response	3.3 National coordination of wellbeing promotion resources	4.3 Promote resources for workplace wellbeing
	2.4 Support Canterbury DHB's local response		4.4 Promote positive diversity messages
	2.5 Build workforce capability in trauma-informed approaches		
	2.6 Build workforce cultural capability and resources		

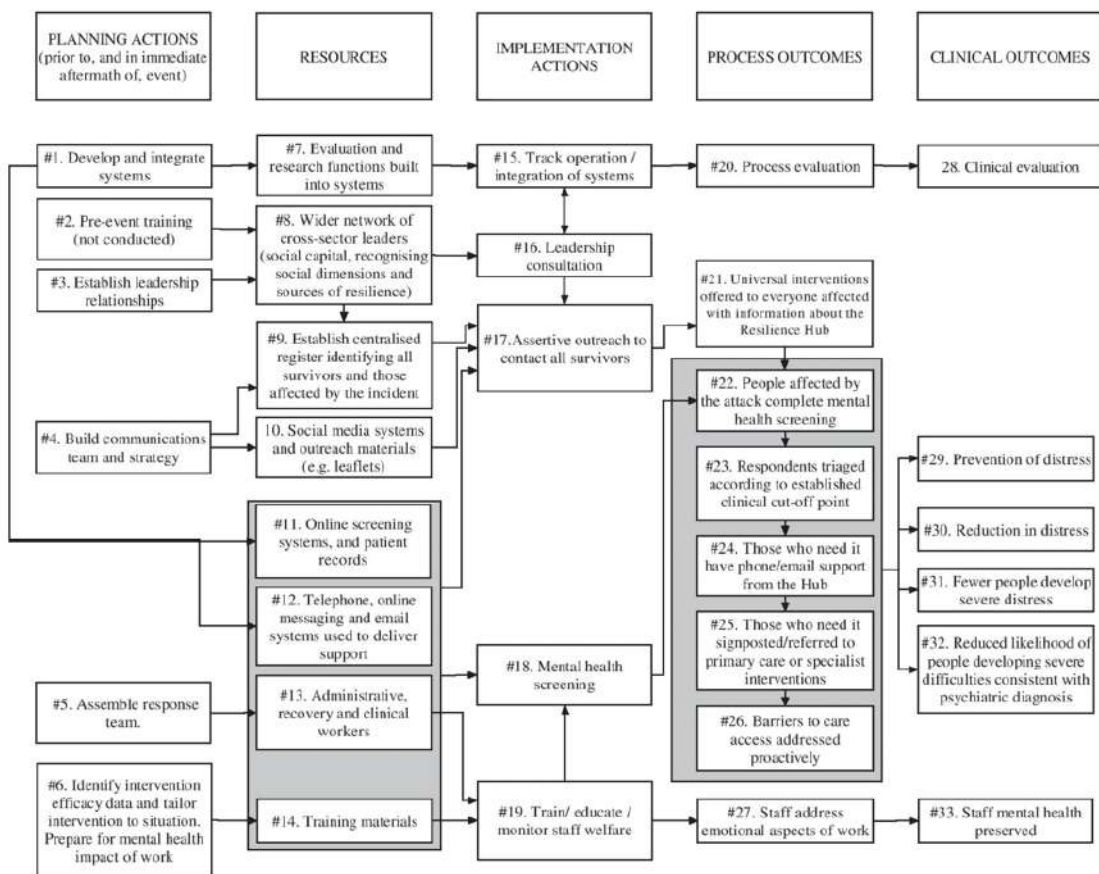
The above plan was proposed by the Ministry of Health in July 2019.<sup>52</sup> It has yet to become fully functioning although some aspects have been initiated. Whilst 2.1 states the need to identify affected populations, to our knowledge no such baseline data has been collated or analysed.

FIANZ contends such ambitious and well intentioned plans needs to be grounded in empirical reality. When ‘victims’ have not been identified such plans raise expectations and deflate confidence in our public health system. We hope the recent research study initiated by the Otago Medical School would go some way to redressing this situation.<sup>53</sup>

<sup>52</sup><https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>  
<sup>53</sup><https://www.otago.ac.nz/news/news/otago732384.html>



FIANZ, in association with the Muslim Association of Canterbury (MAC) was the first to address this void by trying to identify each victim and develop a needs analysis. Aspects of this were noted in our Engagement Report.<sup>54</sup> Our approach has been the logic model used for the response after the 2017 terrorist attack in Manchester.<sup>55</sup> We have also compared and contrasted other approaches,<sup>56</sup> however the Manchester model, in our opinion, provides the most comprehensive and targeted approach. In this context, FIANZ is also looking forward to the research collaboration project between the Universities of Otago-Christchurch, University of Canterbury and the CDHB, through the Department of Psychological Medicine, University of Otago Christchurch<sup>57</sup>



Source: The psychosocial response to a terrorist attack at Manchester Arena, 2017: a process evaluation<sup>58</sup>

Based on the lessons learned from the Manchester experience, FIANZ contends that there is an urgent need to establish a centralised register identifying all victims. ( See #9 above). The absence of this will only compound negative effects on future planning and the on-going wellbeing of the victims.

<sup>54</sup><https://assets.documentcloud.org/documents/20493407/fianz-hui-report-march-2021.pdf>

<sup>55</sup><https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-021-00527-4#Tab3>

<sup>56</sup><https://academic.oup.com/bmb/article/88/1/7/267909>

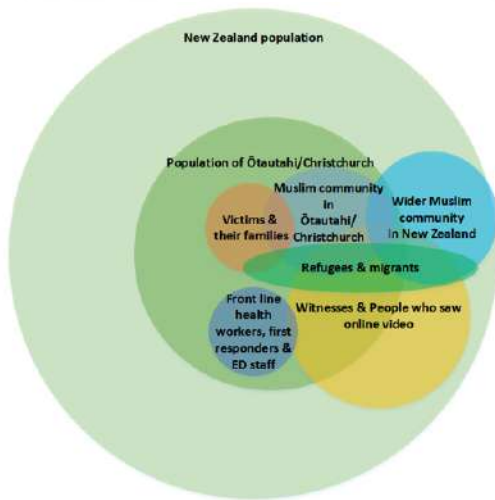
<sup>57</sup><https://www.otago.ac.nz/news/news/otago732384.html>

<sup>58</sup><https://bmcpyschology.biomedcentral.com/articles/10.1186/s40359-021-00527-4/figures/1>

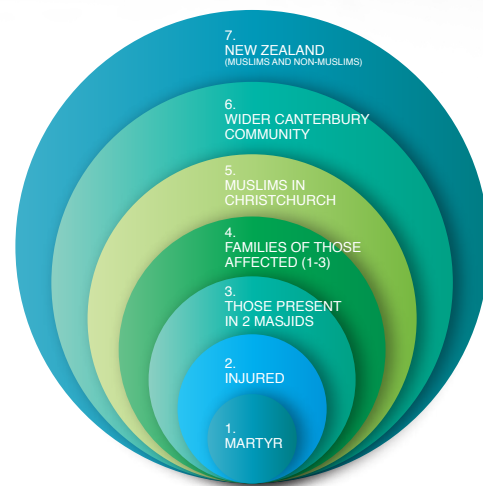


A central register is also essential to develop a map of victims. Our mapping is not too dissimilar to that of the MOH, however FIANZ contends that the graduated level approach, would enable more effective planning and enable prioritisation of resources .

### Ministry of Health Mapping of Those "Affected"



### FIANZ Mapping of Victims



FIANZ has proposed the follow levels of victims to be considered for compensation and well-being support:

<b>Level 1</b>	Martyrs (Shaheed): 51 <sup>59</sup> [Police] (Inna li lahi wa inna li layhi raja'un. "Indeed, to Allah we belong and to Allah we shall return.")
<b>Level 2</b>	<b>Injured:</b> The numbers vary, according to the agency <ul style="list-style-type: none"> <li>• Bullet Injured: 40<sup>60</sup> [ According to the Police]</li> <li>• Other Physically Injured: 49<sup>61</sup> [ According to Victim Support]</li> <li>• Total Injured: 118<sup>62</sup> [ According to the Canterbury DHB]</li> </ul>
<b>Level 3</b>	Those present in the 2 Mosques: The numbers vary according to the agency <ul style="list-style-type: none"> <li>• 154<sup>63</sup> [ According to Victim Support];</li> <li>• 155 [ According to Christchurch Foundation];</li> <li>• 200<sup>64</sup> [ According to the ACC];</li> <li>• 296<sup>65</sup> [ According to the Police]</li> </ul>
<b>Level 4</b>	Families of those affected (Level 1-3): The numbers vary according to the agency <ul style="list-style-type: none"> <li>• 680<sup>66</sup> [According to ACC];</li> <li>• 834 [FIANZ estimate]</li> </ul>

FIANZ contends that without baseline data, no effective planning for the longterm wellbeing is possible and this remains a major failure of the Government agencies.

<sup>59</sup>Royal Commission Report

<sup>60</sup>Royal Commission Report

<sup>61</sup><https://www.victimsupport.org.nz/victim-support-to-distribute-additional-funds-to-victims-of-christchurch-terror-attacks/>

<sup>62</sup><http://www.scoop.co.nz/stories/HL1906/S00040/mosque-victims-spend-19500-hours-in-hospital-3000-in-icu.htm>

<sup>63</sup><https://www.victimsupport.org.nz/victim-support-to-distribute-additional-funds-to-victims-of-christchurch-terror-attacks/>

<sup>64</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactive-release-pdf>

<sup>65</sup><https://www.victimsupport.org.nz/victim-support-completes-donation-distribution-to-victims-of-the-christchurch-mosque-attacks/>

<sup>66</sup><https://www.mbie.govt.nz/dmsdocument/5890-extended-mental-health-support-for-those-affected-by-the-15-march-2019-terrorist-attack-proactive-release-pdf>



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