Collective Trauma Response and Recovery

– Lessons from 15 March Mosque Attacks

Insights and recommendations
of the Collective Impact Board

Te Kāwanatanga o Aotearoa
New Zealand Government

عَنِ النَّبِيِّ صلى الله عليه وسلم قَالَ " إِنَّ الْمُؤْمِنَ لِلْمُؤْمِنِ كَالْبُنْيَانِ، يَشُدُّ بَعْضُهُ بَعْضًا ". وَشَبَّكَ أَصَابِعَهُ.

The Prophet (ﷺ) said, "A faithful believer to a faithful believer is like the bricks of a wall, enforcing each other." While (saying that) the Prophet (ﷺ) clasped his hands, by interlacing his fingers.

Sahih al-Bukhari

عَنْ أَنَسِ بْنِ مَالِكٍ قَالَ ،قَالَ رَسُولُ اللَّهِ -صلى الله عليه وسلم- « إِنْ قَامَتِ السَّاعَةُ وَبِيَدِ أَحَدِكُمْ فَسِيلَةٌ فَإِنِ اسْتَطَاعَ أَنْ لاَ يَقُومَ حَتَّى يَغْرِسَهَا فَلْيَفْعَلْ » ، وفي رواية « إِنْ قَامَتْ عَلَى أَحَدِكُمُ الْقِيَامَةُ وَفِى يَدِهِ فَسِيلَةٌ فَلْيَغْرِسْهَا ».

مسند الامام احمد بن حنبل

"If the Day of Resurrection were established upon one of you, while he has in his hand a sapling (small plant), then let him plant it."

Ahmad

Meaning: May you be positive and productive till your last breath

Dedication

This report is dedicated to the 51 Shuhada, the bereaved, injured, survivors, and witnesses of the 15 March, 2019 terrorist attack on two Christchurch Mosques.

Remembering the 51 Shuhada

Abdelfattah **Qasem**

Abdukadir **Elmi**

Ahmed Gamal Eldin Mohamed **Abdel Ghany**

Ali Mahmoud **Elmadani**

Dr Amjad Kasem **Hamid**

Ansi Karippakulam **Alibava**

Arif Mohamedali **Vohra**

Haji Ashraf **Ali**

Ashraf **Ali Razak**

Ashraf **El-Moursy Ragheb**

Atta Mohammad Ata **Elayyan**

Farhaj **Ahsan**

Ghulam **Hussain**

Hamza **Alhaj Mustafa**

Dr Haroon **Mahmood**

Husna **Ahmed**

Hussein Hazim **Al-Umari**

Hussein Mohamed Khalil **Moustafa**

Junaid **Ismail**

Kamel (Moh'd Kamal) Kamel **Darwish**

Karam **Bibi**

Khaled **Alhaj Mustafa**

Lilik Abdul **Hamid**

Linda Susan **Armstrong**

Hajji Maheboob Allahlakhar **Khokhar**

Haji Matiullah **Safi**

MD Mojammel **Hoq**

Mohamad Moosid **Mohamedhosen**

Mohammed Imran **Khan**

Mohammed Omar **Faruk**

Haji Mohemmed Daoud **Nabi**

Mohsen Mohammed **Al-Harbi**

Mounir **Soliman**

Mucaad Aden **Ibrahim**

Dr Muhammad Abdus **Samad**

Muhammad Haziq **Bin Mohd Tarmizi**

Muhammad Suhail **Shahid**

Muhammad Zeshan **Raza**

Musa Vali Suleman **Patel**

Naeem **Rashid**

Osama Adnan Youssef **Abukwaik**

Ozair **Kadir**

Ramiz Arifbhai **Vora**

Sayyad Ahmad **Milne**

Sheikh Muse Nur **Awale**

Syed Areeb **Ahmed**

Syed Jahandad **Ali**

Talha **Naeem**

Tariq Rashid **Omar**

Zakaria **Bhuiya**

Zekeriya **Tuyan**

Foreword

Hamimah Ahmat
Board Chair

As I reflect on the journey we have collectively undertaken, I am filled with gratitude for the opportunity to serve on this Board. I would like to extend my appreciation to my esteemed Co-Chair for her invaluable contribution to my personal growth, and everyone who has sat on the Board since its establishment in May 2021, for their immeasurable service for the community.

The task we undertook proved to be more challenging than anticipated. The tragic events of 15 March 2019 needed a cohesive and strategic response to the unprecedented challenges faced by the community. Navigating the complexities of this endeavour has required unwavering commitment for turning tragedy into an opportunity for positive change.

This document is more than a compilation of recommendations. Within these pages you will find the heartfelt collaborations and reflections. Together, members of the community and agencies have endeavoured to commit their experiences into a document that would serve as a roadmap for the recovery of others facing similar challenges in the future. This document stands as a living testament to the community's resilience and the value of working together.

As we move forward, let our words within these pages inspire continued dialogue, definitive action, and a renewed sense of hope and commitment to building a future defined by "strong, cohesive, and informed community". Let our work be a legacy for the cherished individuals we have lost as well as those who continue to be affected by their experiences.

Finally, to everyone who believed in my ability to contribute positively to this role, I am truly humbled and honoured by your trust and confidence in me. I hope I have lived up to your expectations.

With gratitude,

Hamimah

Jane Parfitt
Board Co-Chair

This report is in honour of the 51 Shuhada, bereaved, injured, survivors, witnesses, and their whānau, who have been affected by the attacks.

I have been privileged to sit round the table with a group of people from the community and supporting agencies who have worked hard together to fulfil the role of addressing the two recommendations which the Royal Commission of Inquiry entrusted to them. Some of the Board members were themselves bereaved, injured, survivors, or witnesses.

I have nothing but respect for how the Board conducted themselves, rose above their personal experiences of 15 March, respected each other, and sought to contribute and represent their community. Our colleagues from the various agencies guided us so well and so patiently while fulfilling their professional roles. Our secretariat had unending patience as they guided us with respect to what we could and couldn't do.

I would like to thank the Kaiwhakaoranga Service for their care and dedication to supporting those affected by the attacks. Their unwavering support and commitment to their work has helped many through this terrible event.

I have been humbled by playing a very small part in the Collective Impact Board and I hope that our report is written in a way that is useful and inspires others to proactively take on board our learnings.

Finally, I would like to re-iterate my view that we wouldn't have got this far without the leadership, energy, and hard work from our Chair. She is inspirational.
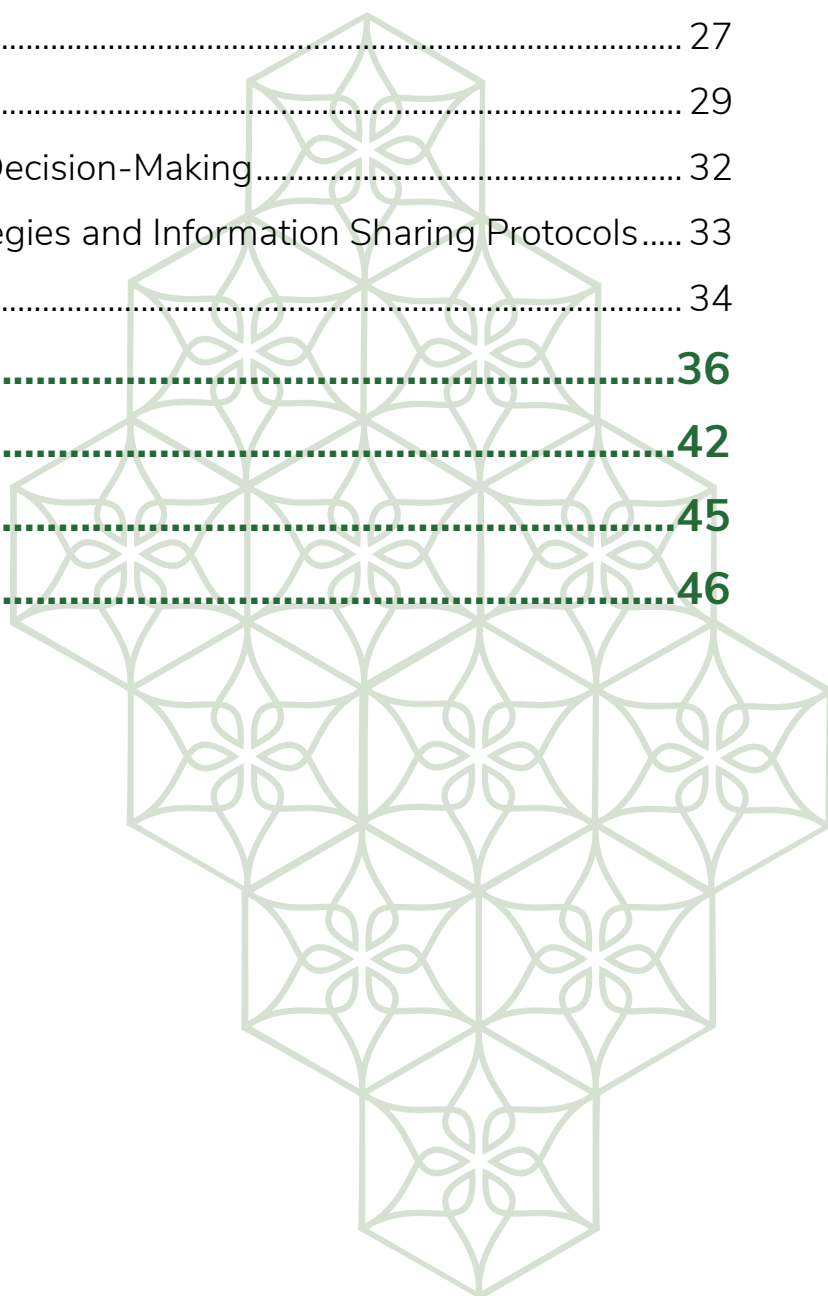
Best regards,

Jane

Contents

Executive summary

Collective Trauma Response and Recovery – Lessons from 15 March Mosque attacks ("the Report") is produced by the Collective Impact Board (also referred to as "CIB" or "the Board").

The Board was established in 2021, two years after the event, on the recommendation of the Government's Royal Commission of Inquiry (RCOI) into the attacks.

The Board was made up of community and government agency representatives and provided a way for the affected Muslim community to:

- contribute their insights and lived experience to the recovery process; and
- provide feedback on wrap-around services to support the recovery process and recommendations on how to best support community needs as they changed over time.

The first sections of the Report lay out the background to the recovery in Christchurch, including the role of the Board. The Report summarises what the community impacted by the attacks, and both government and non-government agencies have learned through the recovery following the 15 March 2019 terrorist attacks. The Report makes recommendations for agencies, community stakeholders and leaders, and organisations navigating similar events in the future.

The Report does not intend to be an expert analysis of responses to collective trauma events or a comprehensive review of all literature in the field. It relies on feedback from several of the affected community as represented on the Board and from those who have engaged through a range of means including community-based meetings.

The Board's aim is for the agencies and organisations involved in future recoveries to be well-prepared, resilient, and culturally affirming should similar tragedies occur in the future.

The Board aspires for the Government to support all agencies and organisations to plan proactively and to develop a comprehensive framework for responding to potential future collective trauma events. A well-planned response would facilitate coordination and collaboration between responding agencies, preventing duplicated or misdirected efforts as a result of working in silo. Implementation of the recommendations would necessitate allocation of sufficient funding and resources.

The Board emphasises the urgency of implementing the changes and improvements recommended in the Report because of the unpredictability of a future event, and increasing challenges in implementing them over time, as the memory and priority of 15 March fades.

It is never too soon to begin or renew these efforts.

Reflections and insights into the recovery process from those involved and affected

The Report draws together reflections from Board members, members of the community affected by the mosque attacks and agencies and organisations involved in the response — along with insights from other New Zealand and international incidents — to reflect on the recovery process overall (see Appendix). These reflections cohere into nine themes:

- Leadership at agency and community level
- Relationships and collaboration
- Honest and upfront communication
- Cultural competence and diversity
- One point of contact for wrap-around support
- Long-term impacts on wellbeing
- Building legislative and policy flexibility
- Monitoring and measuring impact and recovery
- Post-traumatic growth and volunteering

Recommendations for effective response and recovery in future

Drawing from the lived experiences of the community and reflecting on the recovery process over the past four years, this Report outlines nine themes encompassing recommendations. The recommendations span a spectrum of considerations. Some are practical in nature such as reaching consensus on data metrics and ensuring the availability of translation services, while others call for longer social initiatives, including fostering community connectedness and fortifying the relationships between public sector agencies and community and faith organisations.

A pervading theme throughout is the need for a whānau-centred, trauma-informed, culturally affirming and faith-based approach to response and recovery work in the aftermath of collective trauma events.

Introduction

The 15 March 2019 terror attacks

On 15 March 2019, an Australian white supremacist attacked Al Noor Mosque and Linwood Islamic Centre in Christchurch, during Friday prayers. The attacks resulted in the tragic loss of 51 lives and left numerous others injured. Then Prime Minister, Rt Hon Jacinda Ardern described it as "one of New Zealand's darkest days" (Ministerial Statements — Mosque Terror Attacks — Christchurch, 2019).

The Muslim community still feels the social, cultural, emotional, spiritual, health and financial impacts of the attacks today. The attacks not only inflicted immediate pain but also triggered a collective response and recovery effort that underscored the resilience of our community.

The purpose and application of this Report

The Report's purpose is to capture the experiences of the community and agencies affected by 15 March to inform the wrap-around responses provided to communities who may be impacted should there be similar collective trauma events in the future. A collective trauma event, regardless of the hazard, is an event which has a significant impact on the social fabric of the community. A collective trauma event damages social bonds, impairs our sense of community, and challenges our understanding of how the world works (Brady, 2018).

Producing this Report is one of two main aims of the Board.

Various terms have been used to describe people impacted by the 15 March Terror Attacks. These include, but are not limited to: 'Shuhada', 'deceased', 'bereaved', 'whānau', 'gunshot-wounded', 'injured', 'survivor', 'victim', 'witness', 'present' and 'wider whānau'. Members of the Board acknowledge the broad range of impacts of the attacks on different members of the community. For the purposes of the Report, and to maintain consistency with related reports, the Board has chosen to use the terms 'affected whānau' and 'survivors'. Members of the Board acknowledge the right of every individual to determine how they wish to be recognised.

Recommendation 26 of the Royal Commission of Inquiry

Ten days after the attack, the Government announced it would establish a RCOI to investigate and report on what happened. As well as examining the evidence of the attack, the RCOI was required to make recommendations for the future.

The Board arose from Recommendation 26 of the RCOI into the terrorist attack:

> Investigate establishing a Collective Impact Network and Board or other relevant mechanism that enables Public sector agencies, non-government organisations and affected whānau, survivors and witnesses to agree a specific work programme to provide ongoing wrap-around services to affected whānau, survivors and witnesses. **(Royal Commission of Inquiry, 2020)**

Collective impact as a model for collaboration

Collective impact is a collaborative approach to addressing complex social and environmental issues. Collective impact is described as 'the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem' (Kania & Kramer, 2011).

Five conditions and three pre-conditions of collective impact projects

Successful collective impact projects typically involve these five conditions (Kania & Kramer, 2011):

- **A common agenda:** participants have a shared vision for change
- **Shared measurement systems:** participants agree on how to measure success
- **Mutually reinforcing activities:** participants work to their different strengths in a coordinated way
- **Continuous communication:** participants build trust and recognition through regular meetings
- **Backbone support organisations:** dedicated staff separate from the participants coordinate and support the project.

Before collective impact projects can effect change, three 'pre-conditions', or requirements, must be in place (Weaver, 2014):

- influential leaders
- a sense of urgency
- adequate resources

Community engagement in collective impact projects must be genuine

A report for the Australian Government found that community engagement 'must be an expressed priority, must be sufficiently resourced, and must be genuine and meaningful' in collective impact projects (Smart, 2017, p. 9).

This means that community members with lived experience of issues need to be involved in decision-making at all levels. Engagement will have the most impact when those community members ('context experts') are brought together with leaders and those with power ('content experts') in a space that enables meaningful conversation (Smart, 2017, p. 9).

The Collective Impact Board

The Board was established on 25 May 2021 to 'enable community partnership and involvement in decision making and the collaborative development of specialised support for survivors and families' (Department of the Prime Minister and Cabinet, 2020).

Its shared vision was 'to help reinforce a strong, cohesive, and informed community'.

The Board formally ended on 25 November 2023.

Membership of the Collective Impact Board

The Board brought together community representatives and government agency staff. The Ministry of Social Development (MSD) acted as the 'backbone support organisation', separate from the participants, and provided secretariat support involving administrative and Board functions.

Membership of the Board changed during its two and a half years due to a variety of reasons including personal commitments and capacity. The Board membership during the first year included seven community representatives of which one was voted in as Chair, a Co-Chair, four agency representatives, and an observer from the Christchurch City Council. The table below shows the change in agency representatives over the period of the Board.

The community representatives were selected and appointed through a nomination process from members of affected whānau. The Board appointed the Chair at the first meeting and the Co-Chair was appointed and selected by the Chair. The Board appointed a youth representative in October 2021. By design, community representatives made up the majority of the Board.

Agency representatives	Term 1 May 2021- May 2022	Term 2 June 2022- May 2023	Term 3 June 2023- Nov 2023
Ministry of Social Development (lead agency) Regional Commissioner for Social Development	✅	✅	✅
Accident Compensation Corporation Head of Client Recovery	✅	✅	✅
New Zealand Police Canterbury District Commander	✅	✅	❌
Immigration New Zealand Head of Operations, Christchurch Visa Operations	✅	✅	✅
Christchurch City Council (Non-voting member) Manager Community Planning and Projects	✅	✅	❌
Ministry of Education Director of Education, Canterbury	❌	✅	❌
Te Whatu Ora Waitaha General Manager, Mental Health	❌	❌	✅
Ministry for Ethnic Communities Deputy Chief Executive	❌	❌	✅

The purpose and role of the Collective Impact Board

The main aim of the Board was to 'provide advice and recommendations to the Kaiwhakaoranga Service, partners, and other agencies on wrap-around services to support the needs of the community (e.g. health, education)' (Collective Impact Board, 2021).

The Board developed and operated within its terms of reference.

To fulfil its purpose, the Board committed to the following actions (Collective Impact Board, 2021).

1. Understand what current support is provided by the Kaiwhakaoranga Service and suggest further enhancements.
2. Gain insights from the affected community and their representatives about what is happening for them and use this knowledge to understand general themes affecting them.
3. Identify gaps in support and use this to provide advice and recommendations to the Kaiwhakaoranga Service, its partners and other agencies.
4. Escalate issues that need a policy or legislative response.
5. Meet with agencies to discuss unmet needs of the community to try and find feasible solutions.
6. Keeping Ministers[1], Kāpuia[2], and the community informed of the Board's progress
7. Create a best practice guide (the Report) to help inform the response to future tragedies.

The following areas were outside of the Board's scope.

- Delivering services — this was the role of the Kaiwhakaoranga Service, its partners, and agencies.
- Directing the Kaiwhakaoranga Service, its partners, or other agencies to make changes, though agencies needed to give due consideration to the Board's advice.
- Discussing individual cases or resolving individual issues.
- Holding any financial responsibility or having any financial delegations — MSD held and administered the budget to run the Board.

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1 Primarily the Associate Minister for Social Development and Employment, the Lead Coordination Minister for the Royal Commission of Inquiry into the Terrorist Attack on the Christchurch Mosques; and the Minister for Social Development and Employment.

2 Kāpuia is the Ministerial Advisory Group on the Government's Response to the Royal Commission of Inquiry into the terrorist attack on Christchurch mosques, and established in response to Recommendation 44.

The Kaiwhakaoranga Specialist Case Management Service

MSD mobilised a team of dedicated case managers the day after the attacks to work alongside other agencies in the immediate response.

The need to have a single point of contact, who could help the affected community to access a wide range of holistic wrap-around support services was identified and quicky put in place. In April 2019, MSD building on their initial response, established the Kaiwhakaoranga Specialist Case Management Service ('the Kaiwhakaoranga Service') to fill this need.

The name of 'Kaiwhakaoranga' was gifted to the service from Ngāi Tahu and broadly translates to 'uplift to wellbeing'.

Recommendation 25 of the RCOI into the attacks, released in December 2020, directed MSD to work with relevant Public Sector agencies and non-governmental organisations (NGO) to facilitate access to ongoing recovery and wrap-around support for the affected whānau, and survivors.

Feedback from community hui at the time of the release of the RCOI and in response to Recommendation 25, led to further enhancements to the Kaiwhakaoranga Service being implemented from 15 March 2021. These included bringing in expertise from the Accident Compensation Corporation (ACC), Immigration New Zealand, and employment support through a dedicated MSD Work Broker.

The Kaiwhakaoranga Service is an 'opt-in' service that helps whānau of the 51 Shuhada, as well as the survivors, their whānau, and anyone in the wider community impacted by the attacks to access the wrap-around services in the diagram on the next page.

The Kaiwhakaoranga Service is supported by the Kaiwhakaoranga Operational Group, which is a network of Operational Managers from a range of agencies and NGOs. This Operational Group enables agencies to discuss and resolve issues collaboratively that cut across different areas of responsibility.

Kaiwhakaoranga Specialist Case Management Service Supports

The Kaiwhakaoranga Specialist Case Management service help clients and families access a range of support services

Social & Community Cohesion

- General interest groups
- Sports and team activities
- Volunteering

Professional Services

- Immigration support
- Legal advice | victim support
- Education pathways, such as ESOL[3]
- Driver's licencing
- Coronial hearing support

Health & Wellbeing

- Counseling and mental health support
- Support access to ACC health and wellbeing support
- Help to access GP's, Nurses, Dental
- Support to access Well Child and public health programmes

Kaiwhakaoranga Clients and Families

Working in Partnership with Case Managers

Financial

- Work and Income benefits
- MSD Accommodation Supplement and other support
- StudyLink
- Self-employment Flexi-wage
- IRD tax credits
- ACC Payments
- Access to budgeting | Financial planning

Housing

- Support to access private rentals
- Support to access pathways to home ownership
- Support with housing assessments and to go on the public housing register
- Support to find temporary housing solutions

Employment

- Career planning
- Help with CV, cover letter, employment plan
- Training and up-skilling for employment pathways
- Interview skills and job preparation
- NZQA qualification recognition
- Access to business advice and support

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3   ESOL = English for Speakers of Other Languages.

Reflections on the Phases of Recovery

Research has identified phases of recovery that typically follow a disaster and can be applied to the context of terrorism and mass shootings, such as the Christchurch attacks on 15 March 2019 (Young et al., 1998; Math et al., 2006). These phases offer a way to think about, investigate, and plan the different steps towards recovery.

This section briefly recounts the phases of recovery in Christchurch since the 15 March attacks.

Response phase — the first few weeks after the event

In the immediate aftermath of the attacks, volunteers, Muslim groups, communities and agencies sprang into action. The wider community played a crucial role in demonstrating solidarity, offering support, and fostering a sense of unity. Outpouring of donations, including flowers, cards, children's books and toys, served as tangible expressions of empathy and compassion. Some organisations offered free programmes and safe spaces for healing. These gestures, though seemingly small, had a profound impact on those affected, offering solace and reminding them that they are not alone.

Local networks and national organisations joined the effort. There was also an outpouring of support from international volunteers. People came together to help impacted families and survivors, demonstrating resilience and compassion. A community support hub was established at Hagley Community College (later shifted to the Hagley Sports Centre), and a multi-agency support hub at the Hagley Cricket Pavilion. The hubs provided immediate financial and social assistance through multiple agencies to the many affected whānau and survivors in the weeks after the event.

Ten days after the attack, the Government announced the RCOI, which released its report on 8 December 2020. The Government began work on building community resilience and allocated funding to this cause.

In the weeks following the attack, MSD had the task of coordinating the overwhelming proliferation of agencies and support workers and established the Kaiwhakaoranga Service. For many affected people in the community, challenges relating to immigration status, overseas family, the distribution of donations, accessing appropriate counselling, and ACC compensation came to the fore.

Recovery Phase

As part of the RCOI recommendations, MSD continued its central role in coordinating continued access to support services and was enhanced on 15 March 2021 based on the RCOI and feedback from the community. A range of government agencies, as well as non-governmental organisations (NGOs), participated in the response since 15 March 2019.

The affected community required support in many aspects of their lives after the event, from physical health and counselling to financial support, housing, immigration, and education assistance. The response involved organisations which included: ACC, Immigration New Zealand, Te Whatu Ora - Waitaha/Canterbury (formerly known as the Canterbury District Health Board), the Ministry of Education, Inland Revenue, NZ Police, Ministry of Business Innovation and Employment (MBIE), Christchurch City Council, Ministry of Justice, Ministry for Ethnic Communities, Victim Support, Purapura Whetu, Christchurch Resettlement Services and Canterbury Refugee, Resettlement and Resource Centre.

The Muslim community and NGOs played a pivotal role in providing support, promoting healing, and combating the harmful effects of Islamophobia. Through a range of initiatives, the Muslim community and its non-profit organisations demonstrated solidarity with those affected and worked towards creating a more inclusive and understanding society in New Zealand.

Advocating for impacted families with government agencies is crucial in ensuring that their needs are met and that they receive the necessary resources and support. Social and community support workers, many of whom were from the Muslim community, and NGOs played a critical role in navigating bureaucratic processes and advocating for the specific needs of the impacted families.

Services delivered by the Kaiwhakaoranga Service

In both the immediate aftermath and in the years since the attack, the MSD led Kaiwhakaoranga Service has continued to provide direct support to access:

- employment services and support to start-up businesses
- financial support and other MSD services
- MSD Housing Services
- the Christchurch Mosque Welfare Programme

The Kaiwhakaoranga Service also connected people to over 40 government and non-governmental agencies for support, such as:

- ACC support
- budgeting and money management advice
- business support and advice
- driver licensing support
- education and training
- emergency housing, transitional housing, public housing, private rentals, and pathways to home ownership
- health supports (both mental health and physical health)
- immigration support

The Work Programme of the Board

As of 25 November 2023, at the conclusion of the Board, all 40 themes identified on the Board's work programme were 'closed'.

A theme was considered closed if the Board had fully considered and progressed the theme through the escalation process. For example, an operational issue was usually closed by directly resolving it. A policy or legislative issue was closed when the Board had done its part to advocate or advise the government agencies and Ministers involved, and either all avenues of inquiry were exhausted, or a way forward was established.

The Board's work programme is published on the Board's website **collectiveimpactboard.org.nz.**

Reflections from the Community

This section draws together the experiences and insights of the community on the response and recovery after 15 March. This only paints a narrow picture of the wide-ranging and multifaceted recovery. Above all, these reflections highlight the human dimension of the event and the recovery: its local leaders, its communication challenges, its cultural impact, and what it teaches us about resilience.

Another phase of recovery identified by research is referred to as the disillusionment phase (Young et al., 1998; Math et al., 2006). This eventually happens when the event is no longer a focus of attention for the wider society and organised support gradually withdraws. Fatigue sets in among impacted whānau and professional helpers and the extent of loss becomes apparent. People assess delays, failures, or unfulfilled hopes regarding aid and assistance, and experience strong feelings of disappointment, anger, resentment, and bitterness. During this phase, people tend to concentrate on rebuilding their own lives and solving their own problems.

Many of those impacted by the Christchurch attacks and their whānau are experiencing their personal recovery differently, and the after-effects of the attacks continue to impact the Muslim community as a whole. How successfully they do this may depend on their psychological and financial status, whether they experience delayed trauma, and how the previous phases were navigated, and how they manage the abundance of information and multiple agency engagements through the various phases.

Over the last two years, the Board has gathered feedback and reflections from members of the affected community through presentations, seven hui, direct engagement, group discussions, social media communications (such as WhatsApp), and the Kaiwhakaoranga Service. Their reflections are summarised and organised into the following nine themes and reflected in the recommendations outlined in the next section.

- Leadership at the agency and community level
- Relationships and collaboration
- Honest and upfront communication
- Cultural competence and diversity
- One point of contact for wrap-around support
- Long-term impacts on wellbeing
- Building legislative and policy flexibility
- Monitoring and measuring impact and recovery
- Post-traumatic growth and volunteering

Of all the above themes, a theme which pervades the reflections is respect - the importance and value of respect, within and between communities and agencies.

Reflections from the Collective Impact Board and Agencies

Collective Impact Board Reflections

Community members felt, from their lived experience of the response, that cross-agency collaboration could have been improved. Collaboration between the community and government was also a key theme, emphasising the importance of involving the community early on in solutions. Board members noted that without a clear community voice in the early phases, the priority of the response was centred around any needs identified by agencies as opposed to the priorities of the communities themselves.

The community-led structure of the Board reflects the 'mutually reinforcing activities' condition of collective impact. The Board played a crucial communication and liaising role, acting as a liaison between a broad range of whānau and survivors, government agencies, and the Kaiwhakaoranga Service. The structure enabled community representatives to draw on their connections and lived experiences to inform agency representatives. However, the Board was established in response to the RCOI recommendation 26, more than two years after the attack. During this time, the community's needs had evolved, initial recovery goodwill had diminished, the promised support was perceived by some as slow to materialise and calls for change remained unanswered. It was also highlighted that despite being united by faith, the community is culturally and ethnically diverse, and their expertise should be utilised leading community members to feel that a mechanism, such as the Board, for hearing the community's voice and responding to changing needs should have been in place sooner. These align with evidence that "influential leaders, a sense of urgency, and adequate resources are essential" (Weaver, 2014) for such a board to succeed.

A discrepancy between community expectations and the Board's actual scope of work contributed to frustration, leading to the perception by some that the Board was 'toothless,' and a 'tick box exercise'. Clear communication regarding the Board's purpose, role and scope was essential. Some community members felt that transparency in communication needed improvement, with issues of engagement and consultation highlighted.

From the start, the Board struggled with how best to involve a community affected by the events on 15 March; a scenario made more difficult by the numerous engagement events coordinated by different organisations, religious observances (Ramadan and Eid), and involvement in preparations for upcoming events, such as the Coronial Inquiry. The very genuine problems that organisations were trying to solve are highlighted by this, however events (often held during working hours) also inevitably competed for the limited time and availability of the impacted community members. The Board, comprising of community members directly affected themselves, actively worked to navigate this complexity, acknowledging the need for an approach that respects the precious time of the affected whānau and survivors while maximising the collective impact of all involved. The Board recognised the need for flexibility in their approach, adapting strategies based on community feedback and emerging circumstances.

Board members reflected on the powerful potential of collaboration and valued the relationships forged through the experience. Members reflected that despite encountering "hiccups, frustrations, and a few disputes" they "managed to stay respectful of each other, empathetic, understanding, and offering a safe space to voice opinions". The Board was an "opportunity for lay people to lead and share the same table as agency leads and promote collegiality and collaboration across agencies". Big bureaucracies can be intimidating, members noted, "and this space has been created to be safe and empowering".

A central challenge for the Board was the limited governance experience among community representatives. Over the two and a half years, community representatives grew in capability and confidence. Greater knowledge and understanding of the complexity of enacting and changing legislation and policies across public services would have increased capability early on.

Agency reflections

Reflecting on its response, ACC found that key relationships with other agencies were vital in the first 48 hours for understanding the extent of the impact and organising the operational response. Inland Revenue also needed to establish connections quickly to involve its representatives in the right conversations and make its services available to people who needed them.

Kāinga Ora - Homes and Communities said it would continue to 'lean on' the wider inter-agency and NGO relationships now in place in Christchurch. With its customers' permission, Kāinga Ora could 'manage through' government systems that might feel daunting to individuals, helping them to navigate across the appropriate support services available to them.

Victim Support felt it was imperative to develop a collaborative plan with other agencies that can be implemented for future critical incidents. This could involve a multi-agency Memorandum of Understanding and regular events to keep participating agencies up to date with knowledge and expectations.

These reflections gathered, give context to the Board's recommendations.
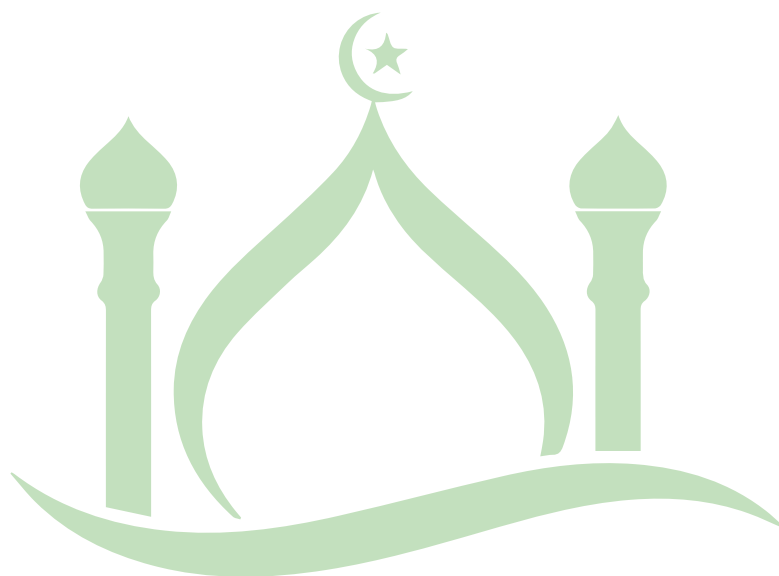
Collective trauma response and recovery – Lessons from 15 March Mosques attacks

The tragic events of 15 March necessitated a comprehensive and sustained effort for collective trauma response and recovery. This section outlines key recommendations for the development and implementation of effective coordination, response, and recovery efforts tailored to the unique challenges posed by collective trauma such as that witnessed in Christchurch.

As noted previously, the Board arrived at the recommendations in this Report through their lived experience of 15 March and their recovery, their discussions with the affected community over the intervening years, and the research undertaken for this Report.

It is hoped that this document serves as a strategic roadmap for leaders, agencies, and community stakeholders involved in the collective trauma response and recovery process.

1. A Model for Collaboration

The need for collaborative models to support response and recovery in the aftermath of a trauma event is driven by the recognition that the challenges are multifaceted, resources are diverse, and the community's needs are complex. Collaborative models provide a framework for unified, inclusive, and adaptive approaches that leverage the collective strengths of various stakeholders, ultimately contributing to more effective and sustainable recovery efforts.

1.1. Identify a collaborative model grounded in the principles of collective impact. The key principles of such a model are:

- Establish a shared vision among stakeholders, fostering a collective commitment to addressing the multifaceted challenges of a trauma event.
- Develop a common agenda that aligns the efforts of various organisations and agencies toward shared objectives.
- Implement activities that reinforce and complement each other, ensuring a synergistic approach to collective trauma event response.
- Foster open and continuous communication channels among stakeholders, promoting transparency and shared understanding.

The Board appreciates that collaborative structures within a collective trauma event response plan should be flexible in design to allow for adaptation based on the unique characteristics and challenges of collective trauma events. This includes designing collaborative resource allocation mechanisms that can swiftly adjust to emerging priorities and needs.

2. Leadership for Collaboration

Collaborative leadership is crucial for fostering a resilient and cohesive community response. A strong and adaptive leadership is essential for steering diverse stakeholders toward a shared vision, facilitating effective communication, resolving conflicts, and ensuring that collective efforts are focused on achieving positive and sustainable outcomes.

2.1. Invest in community leadership development programs to empower local leaders and foster community resilience.

- Provide training programs for community leaders to enhance their ability to mobilise resources, communicate effectively, and support community members.
- Integrate cultural competency training to ensure that community leaders can effectively address the diverse needs of the population.
- Facilitate initiatives that promote community cohesion, encouraging residents to take on leadership roles. An example of this is the children's international program **Project COMMON BOND**, which brings together teenagers and young adults aged 15-22 from around the world who have been impacted by terrorism.

2.2. Strengthen leadership within agencies who respond to a collective trauma event through targeted training, collaboration, and clear communication strategies.

- Promote collaboration among various collective trauma event response agencies by establishing joint leadership training programs and inter-agency workshops.
- Provide agency leaders with resilience training to cope with the challenges posed by large-scale traumatic events.
- Develop and disseminate clear communication protocols for agency leaders to ensure consistent messaging and information flow.
- Cultivate adaptive leadership within the collaborative model to navigate the dynamic challenges of collective trauma event response. Encourage leaders to be flexible in their approach, adapting strategies based on community feedback and emerging circumstances.

2.3. Establish a clear and adaptive leadership framework that emphasises collaboration, inclusivity, and empathy. Adaptive leaders contribute to the effectiveness of collaborative efforts by embracing flexibility, inclusivity, continuous learning, and resilience, ultimately enhancing the ability to address the complex challenges posed by collective trauma events.

- Include empathy training for leaders at all levels, recognising the importance of understanding the emotional impact on survivors and responders.
- Implement inclusive decision-making processes that involve community leaders, agency heads, and representatives from diverse groups.
- Develop a leadership model that can adapt to the evolving needs of the community, considering their unique challenges.

2.4. Establish a task force to review and recommend flexibility with Policy and Legislation based on evolving needs.

The rationale for this recommendation is grounded in the recognition that traditional policies and regulations (for example the accident compensation scheme in New Zealand) may not always be well-suited to the dynamic and evolving nature of crises such as the 15 March attacks in Christchurch. The post-earthquake changes to building codes and land-use policies in Christchurch demonstrate the importance of a flexible regulatory environment that supports and facilitates recovery efforts.

- Advocate for and facilitate the adaptation of policies and legislation to better align with the dynamic nature of emergencies and facilitate an effective, inclusive, and community-centric response and address the unique needs of the affected community.
- Collaborate with policymakers to streamline access to support services and resources.

3. Multi-Agency Coordination

3.1. Establish a centralised coordination entity to facilitate collaboration among multiple agencies involved in collective trauma event response.

Multi-agency coordination is fundamental in collective trauma event response due to the complexity of crises, the diversity of expertise and resources required, and the need for a unified, timely, and adaptable approach to effectively address the challenges posed by collective trauma events. It enhances efficiency, minimises duplication, fosters unified decision-making, optimises resource deployment, and ensures a cohesive and adaptive approach to managing crises.

- Designate a central triaging and command centre to coordinate and disseminate information efficiently.
- Appoint liaisons between agencies to foster communication, collaboration, and resource and data sharing.
- Develop mechanisms for unified decision-making to avoid duplication of efforts and ensure a cohesive response.

3.2. Forge strategic partnerships across sectors within the collaborative model, leveraging the strengths and resources of diverse organisations.

These partnerships harness the strengths of diverse sectors, promote innovation, enhance resilience, and contribute to a more coordinated and effective approach to addressing the complex challenges posed by collective trauma events.

- Engage private sector organisations for resource mobilisation, technological support, and expertise.
- Collaborate with academic and research institutions to leverage their knowledge and capabilities in crisis management and recovery.
- Involve civil society organisations to enhance community mobilisation, advocacy, and support services.

3.3. Advance a holistic approach to response and recovery.

The need for a holistic approach which is whānau-centred, culturally affirming, trauma-informed, and faith-based is rooted in recognising the pervasive impact of trauma on individuals and communities, and its interconnectedness with the unique cultural and spiritual dimensions of trauma and recovery, particularly in the context of the 15 March attacks.

Greater diversity across all government services will create a more resilient foundation for responding to potential collective trauma events in the future that target or affect minorities. Diversity among service providers is particularly valuable in health and mental health, where sensitivity to different cultural needs and knowledge may be more important.

Faith-based organisations can play a crucial role in providing holistic support to individuals affected by trauma. The "Healing the Whole" programme serves as an excellent example of how collaboration between mental health professionals and faith-based organisations can create a comprehensive and culturally sensitive support system. Inviting Muslim trauma experts from overseas to provide specialised support was instrumental as an early intervention addressing the unique cultural, language and religious needs of those affected. These experts offered unofficial culturally sensitive therapy, promoted faith-based coping mechanisms, and provided advice to local professionals.

− Collaborate with faith-based organisations to provide holistic, culturally sensitive support.

− Develop training programs for religious leaders on trauma-informed care and counselling. The Board note that the use of scholarships and internships has been particularly valuable in supporting access to culturally affirming expertise in the health sector.

− Some of the response to the 15 March attacks highlighted the community's desire for Islamic family law arbitration. Community representatives on the Board explained that bringing an Islamic frame of reference into issues like inheritance, donated funds, and compensation would mitigate conflicts between affected families. Research into the possibility, drawing from overseas examples, found that 'Family Law arbitrations should be incorporated into New Zealand's family law legislation,' with provisions to 'ensure both parties to the arbitration are willing participants' (Ashworth, 2010, p. 67).

3.4. Well-timed access to wrap-around services is crucial in the aftermath of events like the 15 March attacks.

The importance of wrap-around services lies in their ability to provide comprehensive and holistic support to individuals and communities, addressing

a range of needs and challenges they may face. The impact on individuals and communities is multi-faceted and requires a nuanced and integrated response.

- Establishing a single point of contact for affected whānau and survivors to navigate the myriad of support services in the immediate wake of an event should be a priority. After the Christchurch attack, the Kaiwhakaoranga Service has filled this role, but it could have been even more effective if it was better promoted.
- The Kaiwhakaoranga Service was an opt-in service, with some community members not knowing that the Kaiwhakaoranga Service existed. The Board felt that the Kaiwhakaoranga Service should have been delivered to all affected whānau with the option to opt-out as opposed to opting-in.
- The affected community has emphasised how valuable it has been for whānau to have a consistent case manager over time through the Kaiwhakaoranga Service, and their disappointment when case managers change. Their view is that case managers changing, interrupts wrap-around support and weakens relationships. Some Board members felt that the Kaiwhakaoranga Service could have reached out more proactively to some community members. One of the lessons learned is the handover process between agencies was not always smooth and could be improved. For example, between Victim Support and MSD and within the Kaiwhakaoranga Service.
- Case managers must balance an emotional investment in their clients with objectivity, and the need to provide effective, unbiased support. Maintaining this balance requires ongoing communication, reflection, and collaboration between case managers, clients, and their families.

3.5. Appreciating and understanding the long-term impact of collective trauma on Wellbeing.

The long-term impact on well-being requires sustained attention and support. Understanding and addressing these long-term impacts is crucial for promoting resilience and facilitating the healing process.

- Prioritise long-term mental health and wellbeing programs for survivors and the broader community.
- Develop initiatives that address economic, educational, and social disparities exacerbated by the trauma.
- Resource community-driven projects that promote resilience and a sense of belonging.
- Ensure continued access to support services, including mental health services, community programs, and helplines, as individuals navigate different stages of recovery.
- Acknowledge intergenerational trauma and implement programs that address the needs of different age groups, including children, youth and the elderly, in order to break the cycle of trauma and foster generational well-being.

- Increase public sector diversity, particularly in health and mental health services.
- Designate a lead agency to design and coordinate holistic support for affected youth.
- Diversity among service providers is particularly valuable in health and mental health, where sensitivity to different cultural needs and knowledge may be more important.
- National and international mental health experts should be mobilised when local support is unavailable or inadequate.

4. Community Engagement and Decision-Making

4.1. Prioritise inclusive community engagement within the collaborative model, ensuring that diverse voices are heard and represented.

Inclusive community engagement is not only a moral imperative but a strategic necessity in effective collective trauma event response and recovery. By actively involving the community in the decision-making processes, responders can tap into local knowledge, build trust, and tailor interventions to address the unique needs of the affected community. This approach contributes to a more resilient, empowered, and cohesive community on the path to recovery.

- Include community leaders, grassroots organisations, and marginalised groups in decision-making processes.
- Provide on-going training to collective trauma event responders to enhance cultural competency and sensitivity to diverse community needs.
- Establish mechanisms for regular feedback from the community, enabling an adaptive response to evolving needs.

4.2. Emphasise community-driven decision-making processes within the Collective Trauma Event Response Plan, ensuring that the needs and preferences of the affected population are central to decision-making.

- Conduct regular consultations with community leaders and members to gather insights, preferences, and feedback.
- Appoint community representatives to advisory roles within the collective trauma event response structure, ensuring their voices are heard at decision-making tables.
- Maintain transparency in decision-making processes, providing clear rationale for actions taken and involving the community in priority-setting.

4.3. Cultivate a culture of post-traumatic growth by emphasising resilience, self-discovery, and community empowerment.

- Recognise volunteerism as a powerful force for community healing and recovery, and the potential of mobilising and empowering community members in various capacities to contribute to recovery efforts.
- Establish and support structured programs that provide meaningful opportunities for community members to contribute to the recovery effort. Structured programs can provide a sense of purpose and agency, fostering post-traumatic growth

5. Effective Communication Strategies and Information Sharing Protocols

5.1. Develop and implement communication strategies that enhance leadership visibility, build trust, and provide accurate information to the community.

- Establish transparent communication channels to relay critical information to the community, building trust through openness.
- Appoint community liaisons to facilitate communication between collective trauma event responders and local leaders.
- Provide regular updates to the community, reinforcing a sense of leadership presence and engagement.
- Work to address the root causes of terrorism, islamophobia, and improving social cohesion.

5.2. Develop clear information-sharing protocols within the collaborative model to ensure a structured and efficient communication framework during collective trauma event response and recovery. By establishing guidelines for the secure and coordinated exchange of information, these protocols contribute to more effective decision-making, collaboration, timely and accurate dissemination of critical information, and transparency throughout the entire collective trauma event management process.

- Establish unified communication platforms to facilitate the seamless exchange of information among agencies and the community.
- Provide real-time updates on the evolving situation, addressing concerns, and disseminating actionable information.
- Implement robust data security measures to protect sensitive information shared among collaborating entities.

6. Evaluation and Learning

It is important that evaluation and learning are seamlessly integrated into the response plan from the beginning, used as a guide for allowing systems and processes to evolve alongside the plan, and contribute to future planning.

6.1 Develop a mechanism that is flexible and adaptable to respond to the changing nature of an emergency event. The mechanism must capture a clear base line and ensure the impact and resulting needs following a trauma event over time, are established, measured, and continuously evaluated. The dynamic nature of emergencies requires the need for an adaptive approach, which is imperative to improve the overall effectiveness of a trauma informed response.

- Use a needs analysis framework to establish needs and identify gaps.
- Define and track performance metrics to measure the success of collaborative efforts.
- Conduct after-action reviews following each collective trauma response phase, identifying strengths, weaknesses, and areas for improvement.
- Facilitate ongoing capacity-building initiatives to enhance the skills and knowledge of collaborative partners.

6.2. Assess the effectiveness of strategies within the collective trauma event response framework by regular evaluation ensuring accountability has been agreed within the collaborative model.

- Define clear performance metrics for community and agency leaders, linked to specific outcomes and community well-being indicators. The March 15 research project by the University of Otago was implemented to help understand the impacts of the attacks on the Christchurch community both now and into the future. This research will be invaluable in looking at the impacts and recovery in the long-term.
- Utilise feedback mechanisms for community members to provide input e.g., leadership effectiveness and service satisfaction.
- Use evaluation results to inform continuous improvement initiatives, ensuring ongoing adaptability and learning.
- Long-term impact on community wellbeing requires a nuanced and multi-dimensional approach. The Canterbury Wellbeing Index provides a comprehensive framework for tracking progress in various aspects of community wellbeing, from mental health to economic recovery. This model can be adapted to assess the long-term impact in the aftermath of the 15 March attacks.

Appendix

Case study: Earthquakes in Canterbury, New Zealand

The Canterbury earthquakes killed 185 people in February 2011. Research after the earthquakes examined the factors surrounding Christchurch's resilience (Thornley, 2015).

Participants emphasised the need to build strong communities before a disaster strikes. Well-connected communities with strong, pre-existing community infrastructure found it easier to initiate a local response, foster community involvement, and access external support.

Another research theme was the need to improve the relationship between community organisations and government agencies. That relationship, participants said, should be characterised by transparency, good communication, and partnership, as well as respect for local knowledge, skills and priorities (Thornley, 2015).

Religious organisations are particularly well-suited to assist in a disaster, because they are 'a wide cross-section of social classes, socio-economic indicators, ethnic groups and ages and have their own internal communication structures' (Brogt et al., 2015). However, the Civil Defence response to the earthquakes, which focused on distinct geographical areas, did not take advantage of Canterbury's religious organisations, which reached beyond normal geographical and social boundaries (Brogt et al., 2015).

Case study: Pike River mine disaster in New Zealand

Communication issues arose during the Pike River Mine Disaster in 2010, in which 29 men lost their lives. The families of victims felt that information provided in the first weekend 'stimulated false hopes', according to an official report (Royal Commission on the Pike River Coal Mine Tragedy, 2012, p. 238).

The tragedy highlighted the importance of upfront and honest communication, as well as empathy and compassion when talking to victims and whānau. During uncertain times in the impact phase of an event, authorities need to communicate despite not having perfect information — even if only to confirm as quickly as possible what they know for certain and what they cannot yet confirm.

The wife of a man who died in the mine later reflected, 'What I needed right from the start was the truth. It was something that I would not have liked. It was something that I probably would have gone to the mine manager with and punched him 101 times. It's something I would have screamed and shouted and stamped my foot at. But had we been given the truth right from the start the journey would have been made a lot easier' (Te Kawa Mataaho Public Service Commission, 2022).

Case study: Grenfell Tower fire in England

Local faith-based communities stepped in to provide immediate support after the June 2017 fire at Grenfell Tower in West London, while affected community members felt alienated by responding authorities. The fire resulted in the deaths of 72 people and injured more than 70 others.

The Grenfell Muslim Response Unit (GMRU) emerged from a volunteer-led community response. GMRU worked across many levels, including with government departments, statutory services, local organisations, and volunteers (Miah, 2019). It filled what the affected community saw as a leadership vacuum left by the Royal Borough of Kensington and Chelsea (RBKC) authorities.

An independent evaluation of the response in October 2017 highlighted the need for 'greater empathy and emotional intelligence' among the authorities (Independent Grenfell Recovery Taskforce, 2017, p. 1). The largely Muslim

residents of the tower felt the council was 'distant', old-fashioned, and insular before the fire (Independent Grenfell Recovery Taskforce, 2017, p. 4), a sense which pervaded the council's response.

The report recommended requiring training for all staff involved in supporting survivors, noting, 'Sensitivity to culture and faith should be key aspects of this training' (Independent Grenfell Recovery Taskforce, 2017, p. 3)

Case study: Boston Marathon Bombing in the United States

A terrorist attack near the finish line of the Boston Marathon on 15 April 2013 killed three people and injured hundreds. After the attack, the Massachusetts Office for Victim Assistance (MOVA) established the Massachusetts Resiliency Centre to coordinate recovery. The Centre provided short and long-term support for victims and witnesses of the attack in one centralised location.

The MOVA response also introduced 'Victim/Survivor Navigators', who fulfilled a very similar role to Kaiwhakaoranga case managers. These Navigators helped victims to access specialised support, 'including mental health services, trauma therapy, and civil legal aid' (Barker & Dinisman, 2016, p. 44). They also helped with housing, finance, employment, and education assistance, as needs changed over time.

The MOVA Navigators sought to 'help guide individuals and the community onto a recovery path, increase opportunities to support and build resilience, and increase the capacity of the community to continue to address these concerns in the future' (Naturale, 2017, p. 14). This approach proved an effective way to coordinate the multidisciplinary victim support services delivered by a range of agencies (Barker & Dinisman, 2016). The approach of the Kaiwhakaoranga Service mirrors the work of the MOVA Navigators to connect the affected community to a range of supports.

Case study: Terrorist attacks in Oslo and on Utøya island in Norway

On July 22, 2011, a terrorist in Norway detonated a car bomb in Oslo then moved to nearby Utøya island and conducted a shooting massacre at a political youth camp, killing 69 people and injuring 33. The victims and survivors of Utøya island were mostly students from upper secondary school or higher education programs.

A mass trauma event such as a terrorist attack can have considerable negative impacts on young survivors from academic performance through to wellbeing and poorer health outcomes. A supportive school environment may be an important source of support which could provide a protective factor against posttraumatic mental health problems (Ozer et al., 2003).

To support the youth survivors, the Norwegian Ministry of Education instructed schools to contact all the affected students to develop an individualised plan for their return to school. This included permitted absence and alternative ways of grading and completing classes. Teachers and health workers were encouraged to be proactive and provide close follow-up support to students in completing their school programme (Stene et al., 2019).

Additional learnings were:

In the years after the attack, research in Norway examined the effectiveness of post-disaster interventions, with valuable recommendations (Stene et al., 2016). This research underscores the value of data collection and monitoring to a long-term, resilient recovery from a collective trauma event.

The researchers found that 'unmet healthcare needs were associated with higher levels of post-traumatic stress, psychological distress, somatic symptoms and less social support' (Stene et al., 2016). Further, even survivors who suffered no physical injuries in the attack experienced poor physical health resulting from their trauma. This highlights the importance of creating baseline measures and following up with victims regularly, to ensure clinical needs continue to be met throughout their long recovery.

Case study: September 11 terrorist attacks in the United States

The coordinated terrorist attacks along part of the eastern United States on 11 September 2001 is the largest terrorist attack on US soil to date, and many dimensions of the response to those attacks relate to the Christchurch event. One positive learning that resulted from the event was the restorative value of volunteering.

When they heard about the attacks, people felt victimised, shocked, powerless, hopeless, and helpless. Volunteering to help with the recovery, they hoped, would improve the situation for others, help them reclaim power, and 'redefine the circumstances as meaningful', (Lowe, 2002).

'Spontaneous volunteers' spoken to for research after the attacks recounted frustration with long queues, uncoordinated leadership, disorganised lists, and unclear information about what to do in the days immediately following the attacks (Lowe, 2002). This highlights the value of volunteers and volunteering, but also the need for leadership that can recognise and effectively focus their energy.

The 'potential healing role of volunteerism', research has found, helps to address the 'risks of widespread victimisation' following an attack — risks which more traditional disaster response may not address. Channelling grief, frustration, and feelings of powerlessness into volunteer support can be a positive part of 'healthy recovery', that empowers and re-engages individuals in community life (Lowe, 2002).

Case study: Earthquake and tsunami resilience in Japan

Japanese authorities have taken many lessons in resilience from the Great Eastern Japan Earthquake of 2011, which triggered a tsunami that caused widespread destruction and killed over 20,000 people.

Four high-level learnings from the event were:

• disaster risk management requires a holistic, rather than single-sector approach

• investing in prevention is important, but not a substitute for preparedness

• each disaster is an opportunity to learn and adapt

• effective disaster risk management brings together diverse stakeholders from government, communities, non-profits, and the private sector (Takemoto et al., 2021).

A ten-year reflection on the recovery highlights stakeholder engagement (particularly with diverse, vulnerable groups), simulation drills, and business continuity planning as key activities building Japan's preparedness for future events (Takemoto et al., 2021).

The earliest records of tsunamis in Japan date back to 869 CE (Morris, 2019). Japan's long history with earthquakes and tsunamis has created a legacy of regional knowledge held by its communities. This was a factor in survivors' swift evacuation during the 2011 event. For example, Kamaishi City incorporated local concepts in a tsunami education curriculum for young students, who evacuated effectively during the event.

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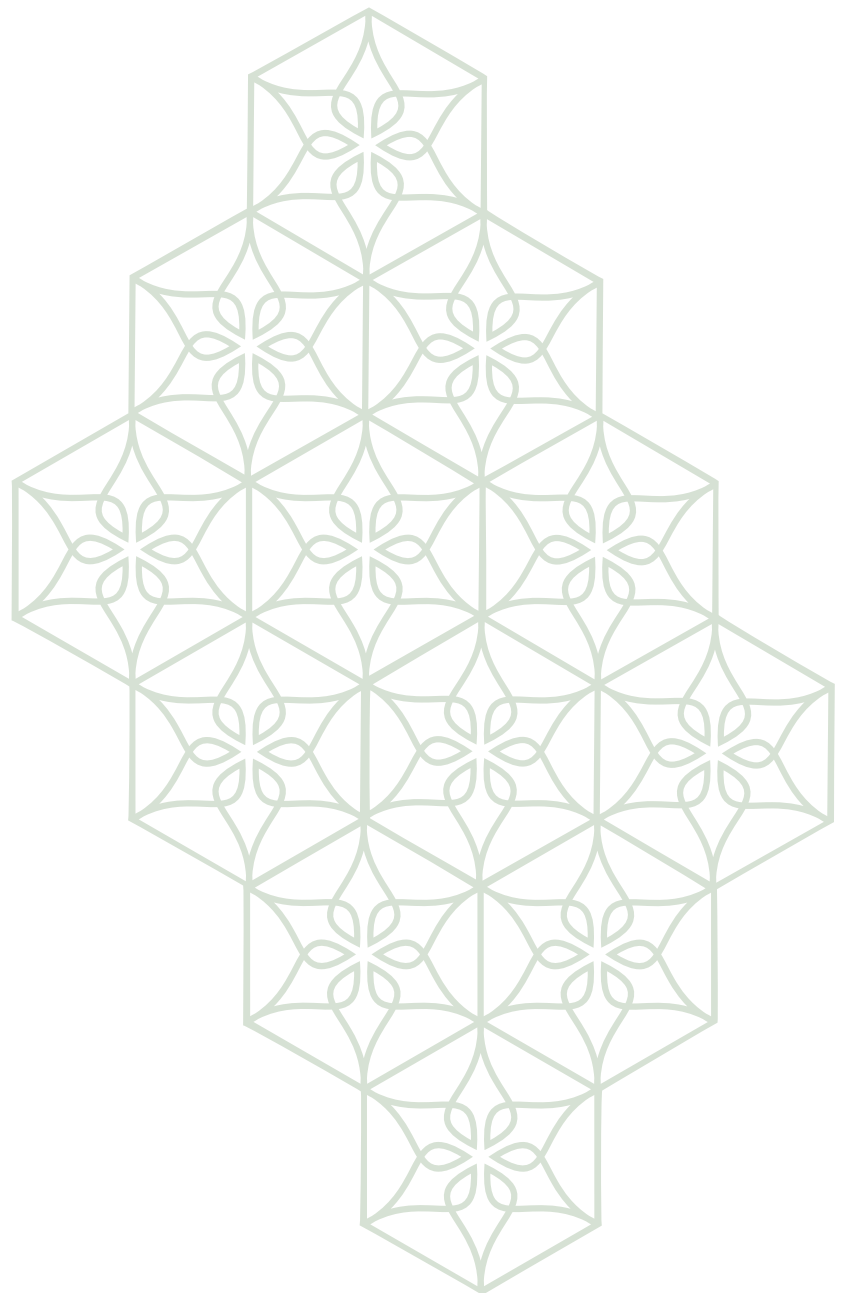
Glossary

15 March - 15 March 2019 Terrorist Attack on two Christchurch Mosques

ACC - Accident Compensation Corporation

Christchurch City Council - Territorial Local Authority (Local Government) of where the terrorist attack took place

CIB - Collective Impact Board

ESOL – English for Speakers of Other Languages

hui - Te reo Māori (Māori language) term for a meeting or gathering.

Kāinga Ora – Homes and Communities – the Crown agency responsible for managing public housing and public housing developments.

Kaiwhakaoranga - Te reo Māori (Māori language) term which broadly translates to 'uplift to wellbeing'. This name was gifted from Ngāi Tahu to the Service.

Kaiwhakaoranga Operational Group - network of Operational Managers from a range of agencies and NGOs.

Kaiwhakaoranga Specialist Case Management Service – service led by the Ministry of Social Development to enable members of the community affected by the 15 March 2019 terrorist attack on two Christchurch mosques to access support.

Kāpuia – the Ministerial Advisory Group on the Government's Response to the Royal Commission of Inquiry into the terrorist attack on Christchurch mosques, and established in response to Recommendation 44.

MBIE - Ministry of Business Innovation and Employment

MSD - Ministry of Social Development

NGO - non-governmental organisation

RCOI - Royal Commission of Inquiry

Shuhada - An Arabic term for the plural "martyr". The term Shuhada is commonly used to refer to people who died as martyrs as a result of the 15 March Terror Attacks.

Te Whatu Ora Waitaha – Formerly the Canterbury District Health Board is the New Zealand public health agency in Canterbury

whānau - Te reo Māori (Māori language) term for family or family group.

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جَزَاكُمُ اللّٰهُ خَيْرًا

May Allah reward you with goodness.

رَبَّنَا تَقَبَّلْ مِنَّا ۖ إِنَّكَ أَنتَ السَّمِيعُ الْعَلِيمُ

Our Lord! Accept (this service) from us. Indeed! You are the All-Hearing, the All-Knowing.

collectiveimpactboard.org.nz

Collective Impact Board

Te Kāwanatanga o Aotearoa
New Zealand Government