



# Homelessness and COVID-19 in New Zealand: Challenges, emergency responses, and implications for disaster risk reduction

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## ABSTRACT

People experiencing homelessness have traditionally received limited attention in disaster research and disaster risk reduction policy. The COVID-19 pandemic has shed light on the vulnerable conditions of urban homelessness during emergency with unprecedented response efforts. Focusing on Aotearoa New Zealand, this research analyses homeless people's experiences of the COVID-19 and examines the policies and actions developed by government agencies and local organisations. The study highlights that while the homeless did not perceive the virus as a threat the COVID-19 framework with border closures and lockdowns had direct impacts on their livelihoods. The emergency policies focused mainly on homeless who are rough sleepers with a strong emphasis on emergency shelters. The study finds that while effective in temporally housing the homeless, the emergency shelters were often inappropriate to cater for homeless needs and lacked long-term views to transit towards sustainable solutions to homelessness. We also point out issues linked to coordination across agencies, leadership and resources needed for both effective emergency management and disaster risk reduction.

## 1. Introduction

Homeless people are amongst those most at risk in the face of disasters. They have limited to no access to essential resources including shelter, water, food, communication tools, and health services which all contribute to shape their vulnerability to hazards and disasters (Edgington, 2009; Busch-Geertsma, 2016). The vulnerabilities of the homeless in the face of disasters have been documented since the late 1980s (Davis, 1987), but these remain, for the most part, invisible and unaddressed. We know little about homeless people's experiences of emergencies, nor we know much about the mechanisms they utilise to overcome disasters (Settembrino, 2016). The same can be said concerning their access to resources critical to preparing for, responding to, or recovering from disasters (Vickery, 2018; Walters & Gaillard, 2014).

The homeless are one of the marginalized groups that are typically left out of disaster risk reduction (DRR) policies (Fogel, 2017; Wisner, 1998). They are absent in international and national frameworks geared towards DRR, including the Sendai Framework for Disaster Risk Reduction (United Nations International Strategy for Disaster Reduction, 2015), the national policy in Australia (Every & Thompson, 2014), the USA (Edgington, 2009), Canada (Sundareswaran et al., 2015) and

Aotearoa New Zealand (MCDEM, 2019). This seems almost an anomaly since disaster studies and DRR policies have repeatedly emphasised that those who are poor, vulnerable, or marginalized in society deserve particular attention (Wisner et al., 2012).

The impacts of the COVID-19 pandemic have caught the attention of the media on the vulnerable position of the homeless during disaster. Measures have been undertaken by many countries to provide crucial resources to the homeless to minimise the impacts and transmission of the virus. Countries such as Aotearoa New Zealand, Australia, the United Kingdom, and Japan have provided emergency shelter options for the urban homeless (Parsell et al., 2020). Germany and France have reinforced resources across existing shelters and prioritised the delivery of face masks and sanitising products to these shelters (Linder et al., 2020). The pandemic has amplified more than ever the importance of including homeless people in policies geared towards DRR and disaster management.

In Aotearoa New Zealand, homelessness is a fast-growing phenomenon. In 2019, it was estimated that 41,600 New Zealanders were homeless (Statistics New Zealand, 2020), equivalent to one in every 100 New Zealanders. The number of homeless has increased by 45% between 2015 and 2019, becoming one of the highest levels in the OECD

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(OECD, 2021). To date, very few studies have focused on homeless people in the context of disasters. Our research contributes to fill this research gap by examining the lessons learned, challenges and opportunities faced by the homeless and organisations involved in emergency response during the COVID-19 pandemic. The research had two objectives: first, to examine urban homeless' experiences of the COVID-19 pandemic, including the resources mobilised during the crisis; second, to analyse the policies and initiatives from government agencies and local organisations towards the homeless during the pandemic and assess their gaps and strengths.

## 2. Homelessness, daily struggle, and disasters

There is no internationally recognised definition for homelessness. The U.S. Department of Housing and Urban Development (2019:2) defines *homeless* as "a person who lacks a fixed, regular, and adequate night-time residence". In Aotearoa New Zealand, homelessness is defined as "a living situation where people with no other options to acquire safe and secure housing are without shelter, in temporary accommodation, sharing accommodation with a household, or living in uninhabitable housing" (Statistics New Zealand, 2015, p. 5). The terminology used to categorise homelessness varies internationally (Ortiz-Ospina & Roser, 2020). The term *homeless* often refers to those living and sleeping on the streets, in abandoned buildings, parks, or those staying in homeless shelters. Terminology differentiating between these different locations are often stated as *sheltered* (i.e., at a homeless shelter or a place not meant for human habitation) versus *unsheltered homeless* (i.e., on the street with no cover from the elements also referred as *rough sleepers*) or *doubled up* (i.e., staying at another person's house).

Homeless people are highly susceptible to health problems such as poor dental hygiene, sexually transmitted infections, malnutrition, and skin diseases (Liebler et al., 2017). Homeless people's focus on daily survival can often take precedence over medical concerns, resulting in severe complications over time (Stolte & Hodgetts, 2015). Depression, mood disorders and psychiatric issues are often prevalent amongst homeless people. These mental health issues are generally amplified by the stress and hardship of being homeless (Cusack et al., 2013). The disconnect from family and community can also have a negative impact on the mental health of the homeless, causing them to lose a sense of identity and self-esteem (Settembrino, 2016). For example, in Aotearoa New Zealand the homeless are 34 times more likely to commit suicide (Hodgetts et al., 2007), while in the United States studies show that suicide account for 25% of deaths among the homeless, versus only 1% in the general population (Ravenhill, 2016).

Homeless people are vulnerable to a range of environmental hazards such as flooding, heatwaves, cold temperatures, and storms (to name a few). When the temperature rises dramatically the homeless are more at risk to outdoor exposure related illnesses such as dehydration, heat stroke or heat exhaustion (Putnam et al., 2018). Vickery (2018) highlighted how flooding in Colorado disproportionately affected homeless while Hodgett's (2007) showed that rough sleepers in London were particularly struggling in the face of hazardous situations. During and after a disaster, the homeless often have limited or no access to mainstream communication channels such as television, radio, and the internet, making it difficult for them to receive important information (Drabek, 1999; Ramin & Svoboda, 2009). The prevalence of mental illness, substance abuse disorders and physical disabilities also present an additional set of difficulties such as during an evacuation or the response to a disaster (Minnery & Greenhalgh, 2007; Settembrino, 2016).

The COVID-19 pandemic both captured the attention of the media and triggered an increase of research on homelessness during the event, including the provision of shelters to the homeless (Brown and Edwards, 2021), efforts in delivering mental health support (Gowda et al., 2020), and assessments of the responses at the local level (Benavides & Nukpezah, 2020; Rodriguez et al., 2021). Nonetheless, research on how

people experiencing homelessness prepare for, respond to, and recover from disasters remains scarce. While homeless people are amongst those most vulnerable to disasters, there has been limited research conducted on their experiences of disasters and the role of response agencies in supporting them.

## 3. Homelessness in Aotearoa New Zealand: an overview

The prominence of homelessness in Aotearoa New Zealand is relatively new (Amore, 2016; Gaillard, Cadag, & Rampengan, 2019). According to Statistics New Zealand (2020) the number of homeless has risen from 28,649 to 41,644 between 2015 and 2019. Homelessness is prevalent in the major cities such as Auckland, Wellington, and Christchurch, but is also an issue across smaller regional towns (Kearns, 2006). Auckland, the largest city in Aotearoa New Zealand, has seen the number of homeless trebling since 2004 (Auckland City Council, 2018). Conservative figures estimate that the number of homeless in Auckland is around 3,500 with some at the Ministry of Housing estimating to be as high as 20,000 (Auckland City Council, 2018; Saturi, 2019). The severe decline in housing affordability has contributed to the homelessness situation. The 2018 Census highlights that Aotearoa New Zealand's home ownership rate was at its lowest since the 1950s (Statistics New Zealand, 2020). The ratio of homelessness in the country has increased from 1 in every 120 people in 2006, to 1 in every 100 in 2018.

Most people experiencing homelessness are male of Māori or Pacific Island descent. Māori are four to six times more likely to experience homelessness than the rest of the population. The current statistics suggest that Māori males make up 39 per cent of those that are homeless (Ministry of Housing Urban Development, 2020). The Ministry of Housing and Urban Development (2021) found that Māori made up 26 percent of those living without shelter, 18 percent of those living in temporary accommodation and 36 percent of those living in shared accommodation.

Several studies have focused on the issue of homelessness in Aotearoa New Zealand (Groot et al., 2008; 2011 James et al., 2020; Hodgetts et al., 2014; Lawson-Te Aho et al., 2019). However, very few have examined homelessness in the face of disaster. Gaillard et al. (2019) research across Wellington and Christchurch emphasised the fact that the everyday experiences of being homeless are challenging and concerning enough. The threat of a wider disaster or emergency are marginal to those that are homeless versus everyday hazards such as finding a shelter, food and keeping warm. This is important to acknowledge in DRR policies as it shows that the risk perception, concerns, and behaviour of the homeless are different to those of the wider society (Schippner & Pelling, 2006). During the COVID-19 pandemic, particular attention was given to the homeless who were portrayed in the media as particularly at risk. However, there has been, to our knowledge, no study focusing on homeless people's experience during this disaster in Aotearoa New Zealand.

## 4. Methodology

A qualitative descriptive approach was adopted to gain insight into both homeless people's experiences during the COVID-19 pandemic and their overall views on the responses provided. Ethics approval was granted by the researchers' University. The study took place between 2020 and 2021. Aotearoa New Zealand has been under tight border restrictions since March 2020 and the effects of these measures continue to impact upon everyday life of the New Zealand population. The national government introduced a COVID-19 Alert Level system (Fig. 1). The tiered system outlined specific social measures which were to be put in place at each alert level to address the spread and transmission of the virus. At the time of the interviews, Auckland was in alert level 2, recommending interaction with people who are 'strangers' with 2-m distance.

The study involved ten semi-structured interviews with homeless

Alert level 1: Prepare (COVID-19 in New Zealand but not contained)	
<ul style="list-style-type: none"> <li>• Activate border measures</li> <li>• Contact tracing</li> <li>• Cancel mass gatherings of more than 500 people</li> </ul>	<ul style="list-style-type: none"> <li>• Stay at home if sick and report flu-like symptoms</li> <li>• Intensive testing for COVID-19</li> <li>• Physical distancing encouraged</li> </ul>
Alert level 2: Reduce (contained but risk of community transmission growing)	
<ul style="list-style-type: none"> <li>• Entry border measures maximised</li> <li>• Further restrictions on mass gatherings</li> <li>• Physical distancing on public transport</li> <li>• Limit non-essential travel around the country</li> </ul>	<ul style="list-style-type: none"> <li>• Employer to begin alternative ways of working if possible (i.e., shift work, working from home)</li> <li>• Business contingency plans activated</li> <li>• High risk people to remain at home (i.e., over 70s, people with existing conditions)</li> </ul>
Alert level 3: Restrict (Heightened risk that disease is not contained)	
<ul style="list-style-type: none"> <li>• Travel in areas of community transmission limited</li> <li>• Affected educational facilities closed</li> <li>• Mass gatherings cancelled</li> <li>• Public venues closed</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative ways of working required and some non-essential businesses closed</li> <li>• Non-face-to-face primary care consultations</li> <li>• Effective surgeries and procedures deferred and healthcare staff reprioritised</li> </ul>
Alert level 4: Eliminate	
<ul style="list-style-type: none"> <li>• People to stay home</li> <li>• Educational facilities closed</li> <li>• All non-essential businesses closed</li> </ul>	<ul style="list-style-type: none"> <li>• Rationing of supplies and requisitioning of facilities</li> <li>• Severe travel restrictions</li> <li>• Major reprioritisation of healthcare services</li> </ul>

Fig. 1. Summary of Aotearoa New Zealand's COVID-19 alert levels.

people conducted between May and August 2020. The interviews were undertaken in Auckland's two main streets, namely Queen Street and Karangahape Road. These roads host some of the largest concentrations of Auckland homeless population. They are also two of the main streets for pedestrians and tourists, providing more opportunities for begging and busking. The semi-structured interviews enabled the participants to share their views openly about their condition of life, COVID-19 experiences, and response efforts from outside agencies. Each interview ranged between 30 and 60 min. Five females and five males aged between 23 and 61 years old took part to the study. Six interviewees were New Zealanders with Māori/Pacific Islander heritage while four were of European heritage. The interview locations were left up to the preference of the interviewees. Several of the interviews were conducted on the street in the exact locations where the homeless were initially encountered. Other interviews were conducted in local cafés or public spaces, dependent on the wishes of the participant.

The research then involved interviews with Key Informants (KIs) from November 2020 to April 2021. A total of 11 KIs were contacted with eight expressing an interest in the research and a total of four agreeing to be interviewed as part of the research. An additional interview was conducted but the KI preferred for the information shared to not be included in the research. The difficulties experienced speak to the sensitivity of the topic. There was a mix of governmental agencies and charitable organisations, all working directly with homeless people. The objective was to capture the views from the professionals responding to emergencies and able to provide insight on the policies and actions developed pre and during COVID-19 pandemic, the coordination mechanisms, effectiveness of response provided and the challenges or opportunities that emerged. We aimed to compare opinions from both the homeless people and KIs involved in the disaster response and implementation of policies developed in the pandemic. The questions covered aspects such as experiences of the pandemic, the different initiatives/actions developed, as well as the strengths, gaps, and challenges linked to these initiatives. All fourteen interviewees received a financial compensation for their time. The interviews were recorded and transcribed. A thematic analysis was then applied to capture patterns within the data. Braun and Clark's (2013) six-step thematic analysis procedure was used. The findings from the KIs and the homeless people were then compared for analysis. The next section presents the findings that

emerged from the interviews.

## 5. Results

### 5.1. Homeless' views and experiences of COVID-19 pandemic

The study first aimed to understand homeless people's views and experiences of the COVID-19 pandemic. Findings indicate that the participants lacked interest or concern for the pandemic regarding their own personal health and more generally the risk associated with the virus. When asked if testing was readily available to them, free of charge, would they be interested in getting tested, 8 out of 10 participants expressed no interest at all. They also stated that they never worried about contracting the virus, and nor did others in the homeless community:

*Nobody in the homeless community talks about it [COVID-19], we're mostly worried about health and safety ... things just go on every day and there's always another day, another problem, and then another day.* (Participant 4: 19/05/2020)

*No, I don't worry about it. I even have asthma, but whatever, you've got to die of something eh.* (Participant 5: 20/05/2020)

*COVID-19 does not matter to me, and I wouldn't get tested if I could.* (Participant 2: 19/05/2020)

The participants were substantially more concerned with daily hazards and struggles like the lack of access to showers, limited revenue sources, theft, and violence within their own homeless community. They stated that the policies such as the lockdown and borders closure, which meant no tourist could visit the country, were highly impactful with negative financial implications on their day-to-day earnings from busking and begging:

*The lack of tourism during lockdown definitely affected my income.* (Participant 2: 19/05/2020)

*It's definitely been harder to make money down here.* (Participant 3: 19/05/2020)

*Some of us are getting a government subsidy for sure, like \$170 a week if you can figure out the paperwork, but nobody is earning anything on the street anymore – well, legally anyway.* (Participant 8: 20/05/2020)

This was confirmed by the KIs who indicated that for the homeless their everyday life is often seen as a disaster, and that COVID-19 was not perceived as a priority:

*When you're struggling to survive every minute of every day a global pandemic is the last thing in your mind [...] COVID-19 wasn't a big thing for them [the homeless], until it took away all their support structures* (KI 3: pers. Communication, 13/01/2021)

The homeless explained that they cared for and supported more each other during the crisis. They noted that their bonds had strengthened in response to the COVID-19 pandemic and that they helped each other more. They commented on an abundance of resources that were made available following the first lockdown, and how information concerning the location of these resources was communicated quickly throughout the homeless community. Resources such as food were also exchanged based on dietary restrictions, preferences, and individual needs. Information about emergency housing, including the relevant contacts or processes, was shared between the homeless. Caring and supporting each other during the pandemic was seen as a normal extension of the daily functioning of what homeless people described as a 'community'.

### 5.2. Response efforts towards the homeless during the COVID-19 pandemic

The study focused on the COVID-19 responses, examining the actions developed and how helpful they were. The homeless were immediately identified as a vulnerable group in the onset of the pandemic due to their chronic health issues and transient lifestyles. This meant the risk to contract and transmit the virus was considered particularly high. Response agencies thought there would have been risks associated with allowing rough sleepers to continue moving amongst public areas. They were approaching the homeless on the streets, advising them to sleep at least a meter apart in the lead up to the nationwide lockdown.

The KIs explained this was a challenging message to send across and was ultimately ill received as this was not seen as a priority by the homeless. Response agencies struggled to explain them the severity of the pandemic and the justification for a nationwide lockdown. The accessibility the homeless had to these services were almost used as bribes to encourage them quickly into emergency housing as some KIs further elaborated:

*We told them [the homeless] that we wouldn't be able to help them during the lockdown because everyone needed to stay within their bubbles. Their resistance to us moving them off the streets quickly changed* (KI 4: pers. Communication, 04/04/2021).

*The drinking taps at parks were cut off for public safety during level 4. No one stopped to think about what it would mean for those that rely on those public taps. Everything that was public was also closed off so that meant public showers and toilets. Again, those that rely on these facilities would have been doomed.* (KI3: pers. Communication, 13/01/2021)

One of the predominant topics discussed was access to sheltering and emergency housing during the ongoing COVID-19 pandemic. The need to move the homeless into emergency housing was triggered by the impending nationwide level 4 lockdown. Local governments and NGOs scrambled to think of solutions on how to house rough sleepers, most participants being housed temporarily or permanently at the time of the interviews. The New Zealand's government declared a State of Emergency which implied funding hotel rooms for homeless that were interested in temporary shelter. Most participants stressed that this assistance had only come in recent times, in large part because of the pandemic response, and those resources had not always been this readily available:

*There was no food out here for years and then the last few years it's been truly good for us, especially since the virus hit.* (Participant 7: 20/05/2020)

*Compared to what it used to be like, the homeless situation in Auckland has improved a lot.* (Participant 6: 20/05/2020)

*The organisations are doing a great job .... but the Government should have taken action years ago.* (Participant 9: 21/05/2020)

The participants were also hopeful that their temporary housing would lead to a more permanent solution to their homelessness. The interviewees discussed how nearly every homeless person on the street who wanted accommodation in reaction to the pandemic was able to receive it, but some homeless still preferred to be outside. Some interviewees explained about some homeless who were too addicted or intoxicated to be housed, or simply did not like the idea of 'being confined to four walls':

*The City Mission sent people out during lockdown to see if those homeless who weren't indoors wanted a motel or something. A lot of them didn't – a lot of these people have been out here 20 or 30 odd years.* (Participant 2: 19/05/2020)

*When you've been sleeping outside for so long, sleeping in a room can feel like a prison cell or something you know – it just didn't feel right – I really tried for a few days, but I couldn't handle it.* (Participant 8: 20/05/2020)

All the KIs claimed that the visibility of homelessness seemed to have almost been solved through a response to the pandemic, arguing "We needed something like COVID-19 to give us that push". (KI 2: pers. Communication, 16/11/2020) or that "COVID-19 proves we can solve homelessness". (KI 4: pers. Communication, 04/02/2021).

### 5.3. Challenges and opportunities for DRR targeting the homeless

While response agencies provided emergency housing to most homeless people who were rough sleepers, the interviews with KIs revealed the complexity around developing policies that cater for the homeless in their diversity. Rough sleepers that are male tend to be the most visible in a large city like Auckland, and therefore garner more attention than other forms of homelessness such as those in shelters, living in their cars or those in overcrowded or substandard living as expressed by the following statements:

*When you think of homeless what comes to mind? The guys out on Queen Street, right?* (KI 1: pers. Communication, 02/11/2020)

*It's mostly guys out on the streets because if you are a woman or a child you are likely to be swept up by a wide array of existing wrap around services* (KI 2: pers. Communication, 16/11/2020).

*What about the guy sleeping in his car? Or the guy with the clothes on his back sleeping at a mate's house?* (KI 4: pers. Communication, 04/02/2021)

The complexity around assessing homelessness is also evident in the existing policy frameworks. For example, Auckland Council's and Wellington City Council's homelessness strategies both identify varying grades of homelessness. However, they both focus on the issue of rough sleeping and eradicating it from the city centres. As rough sleepers are the most visible form of homelessness, these are often the primary category of homelessness addressed when it comes to urban planning and development. The KIs unanimously acknowledged such differences and how they shape vulnerability. Those that are homeless can possess a multitude of characteristics. A standardised definition of what constitutes homelessness could not be provided. Those that are rough sleeping are the main category of homelessness that agencies and policies tend to focus on:

*If you are not visible, then you're not a problem. People that are in boarding houses or shacked up in the back of a garage still have roofs over their heads.* (KI 3: pers. Communication, 13/01/2021)

What constitutes homelessness can be further problematic when it comes to both DRR and disaster management. During the COVID-19 response it was evident that rough sleepers were the main priority group that were moved into emergency housing because of the nationwide lockdown. This strategy left little room for those that became homeless due to the onset of the lockdown.

Multiple agencies in Aotearoa New Zealand are involved in supporting the homeless across the country, including the Ministry of Social Development, Child Youth and Family, local councils, the New Zealand Police, and local district health boards. One of the themes that emerged from the KIs interviews was the lack of funding provisions and resources to support their activities. Across these key agencies that work with the homeless there are disparate levels of funding, resources, and responsibilities. Larger cities like Auckland where there is a higher proportion of homeless have been more proactive with their approach to addressing homelessness. For instance, Auckland Council has a portfolio dedicated to implementing homelessness strategies. The Auckland Council Homelessness Internal Projects Team is part of the Community and Social Policy's unit but ongoing and consistent work on the portfolio is often halted due to a lack of funding and loss of staff through internal restructurings. While the existence of the above initiatives is helpful to taking the first steps towards advocating for the homeless, they are often stalled or ranked lower in priority due to a lack of economic provisions:

*Some of us are super passionate about the homeless but passion doesn't always translate into policy* (KI 2: pers. Communication, 16/11/2020)

Smaller regional towns across Aotearoa New Zealand face similar issues. Often there is a lack of detailed frameworks or policies existing for emergency response and DRR, let alone resources dedicated to groups identified as vulnerable such as the homeless. While several key government agencies are involved in supporting the homeless, there is no governmental agency that has statutory responsibility for coordinating any of these services. The homeless tend to interact with these agencies on an individual level, and other agencies such as district health boards and NGOs are providers of health care, mental health and drug and alcohol rehabilitation services nationwide. In the context of emergency management and DRR, agencies such as Civil Defence Emergency Management (CDEM) can step in to assist the local community and activate a Coordinated Incident Management System framework for response. An agency such as CDEM coordinates the logistics of gathering and distributing resources such as food and water. It also coordinates and offers logistical support to other lead agencies such as Fire and Emergency New Zealand and the New Zealand Police. As KI 1 emphasises:

*Coordination is the key word but it's also our downfall because ultimately no one takes the lead with them [the homeless]* (KI 1: pers. Communication, 02/11/2020)

*There is no overarching public entity in New Zealand that covers funding even though homelessness is a cross agency issue* (KI 2: pers. Communication, 16/11/2020)

Through the research findings it was evident that a lot of agencies were in active service delivery but due to a lack of statutory requirements, no specific agency takes the lead when it comes to managing the disaster response or reducing the risk of a disaster for the homeless.

## 6. Discussion

The study aimed at understanding the experiences of homeless people during the COVID-19 pandemic and the emergency responses provided by different agencies. None of the homeless people

participating in this study perceived the COVID-19 virus as a threat nor saw themselves particularly at risk from the disease. They all emphasised how they are accustomed to deal with daily struggles. Such finding is not surprising since the existing literature has often emphasised that homeless rank the threat of natural hazards very low compared with many daily challenges they are exposed to. Gaillard et al. (2019) found that persistent precarity and daily hazards such as sleep deprivation, struggle to get food or keeping warm are often seen as more threatening than large scale disasters. Wisner (1998) contends that the daily life of the homeless mirrors the conditions of a disaster, that is, a lack of access to basic needs and means of protection.

In contrast, this study reveals that the border closures, lockdowns, and other nationwide policies developed during the pandemic had direct impacts on homeless' livelihoods. This included their ability to generate revenue, accessing water for showering or drinking as well as certain social services during the lockdowns if staying in the street. These were perceived as greater threats compared with COVID-19 virus and increased their vulnerability during the pandemic. Rodriguez et al. (2021) share similar findings in their study in Tippecanoe County, Indiana, highlighting the impacts of COVID-19 policies on homeless people's capacity to access basic hygiene and health care needs. In the same vein, Abramovich et al. (2021) show how, in Canada, the COVID-19 policies increased the precarity of LGBTQ2S youth experiencing homelessness, such as in securing affordable housing and accessing adequate health care support.

The present study nonetheless found that homeless people were not passive but displayed different mechanisms to overcome the situation: they communicated critical information about key resources, ways to access them, or even exchanged such resources within their community. They usually shared the location of volunteers distributing food and clothing, that of authority figures, the day-to-day happenings within their community, and how to access temporary housing. These findings highlight that while vulnerable, people experiencing homelessness have capacities they can mobilize in dealing with adverse situations. The disaster literature increasingly underlines the need to both recognize and build upon people's capacities for DRR and disaster management to be effective, emphasising the relevance of strength-based approaches cognizant to people's views, knowledge, and skills (Gaillard, Cadag, & Rampengan, 2019).

Most policies developed were aimed at addressing rough sleeping in densely populated public areas such as the city centres. Those becoming homeless or the other categories of homelessness that are less visible such as those living in overcrowded housing, couch surfers, or stranded tourists were not catered for during the pandemic. Several authors explain that because rough sleepers tend to be more visible to the public than other forms of homelessness it is usually the category of homelessness that gets the most attention when it comes to both DRR policies and disaster response (Aldridge, 2020; Kidd, 2017). Fowler et al. (2019) talk about 'hidden homelessness' that is a critical issue as pressing as rough sleeping. The extent of this issue in Aotearoa New Zealand is unknown as there is limited quantitative and qualitative information available (Boven, 2020). In the context of the COVID-19 pandemic some claimed that rough sleepers were likely the primary focus of disaster management because they posed the biggest risks in terms of contracting the virus (Perri et al., 2020) and spreading the virus onto other homeless people (Lewer et al., 2020). Parsell et al. (2020) argued that this was not the main driver of the drastic interventions seen in many high-income countries worldwide: policies were rather motivated by the risk of spreading the disease to the health of the housed population, suggesting the perpetuation of stereotypes and social stigma (us versus them) where homeless are labelled as 'threatening' and 'dangerous' (Belcher & DeForge, 2012). Parsell et al. (2020: 16) conclude: "what has driven the recent response has rather been the reframing of homelessness from an individual to a public health crisis, where the vulnerabilities experienced by the homeless are identified as a threat, not only to their own health, but also to that of the public more broadly". It is hard from our

findings to state whether this was the case – but it appeared clear that some of the measures developed (i.e., closure of public toilet, water taps, showers, libraries) were used to force rough sleepers into emergency housing.

Rough sleepers were generally hosted in hotels and motels improvised as emergency shelters. However, most of these emergency accommodations were not appropriate to cater for homeless people in their diversity: many of the homeless people needed extra services for mental health and drug/alcohol addictions, which were difficult to provide when social distancing and isolation were key to the disaster response. While people experiencing homelessness share common challenges, it is a highly diverse community composed of people with different profiles and histories (Vickery, 2018). Homelessness is generally linked to complex and prolonged series of incidents that can involve drug/alcohol addiction, mental or physical illnesses, domestic abuse, and family conflict/divorce, amongst other aspects. Besides, the homeless population varies in respect to age, gender, time spent unhoused, familial situation, immigration status, and ethnicity (Vickery, 2018). Our findings suggest that the emergency shelter policies failed to cater for these elements, leading sometimes to homeless declining the offer of temporary accommodation. Donley and Wright (2012) discussed this phenomenon of homeless who ‘opt out’ of services rather than subject themselves to ‘helpers’. They contend it is linked to personal pride, preference of the freedom of an outdoor existence and rules that they would rather not follow. However, others have pointed out the ‘victim-blaming’ nature of the services and organisations that work with those homeless, claiming that the conditions or embedded cultures of these services are not appropriate for certain members of these communities (Tracy & Stoecker, 1993).

Indigenous people tend to make up the largest portion of those that are homeless in high income countries (Lawson-Te Aho et al., 2019) and in Aotearoa New Zealand, Māori are four to six times more likely to be homeless (Ministry of Housing and Urban Development, 2021). Regrettably, there is no data available on whether marae were approached or had the capacity to host Māori (and non-Māori) homeless for the duration of the lockdowns. In the Auckland region alone, there are 64 marae (Cram, 2020). Such places have historically been used by Māori as a location to gather and collaborate with local communities. For example, during the Christchurch 2011 earthquake marae across the Canterbury region quickly took charge of residents becoming homeless, providing them with shelter and food (Kenny & Phibbs, 2015). Lee-Morgan et al. (2021) document the important role that several Auckland marae played in hosting homeless families during the COVID-19 lockdowns. The authors suggest that marae-led interventions bring knowledge of their communities and experience with indigenous frameworks. DRR policies should thus explore the potential for planned and coordinated efforts with marae to better support homeless people in emergencies.

Our findings indicate that the policies aimed at housing the homeless during the lockdowns were reactive, unplanned, and short-term fix. The COVID-19 provided an opportunity to ‘build back better’ by transforming a temporary situation into an approach that would have provided homeless people with long-term housing solutions. However, this opportunity was not seized and since the national lockdown in 2020 many rough sleepers have transitioned back from the temporary accommodations to the streets (Radio New Zealand, 2021). There had been some foundations laid by local authorities in providing homes for the unhoused people prior to COVID-19 via the Housing First scheme. The scheme looked to assist those that had been experiencing homelessness for at least 12 months. The Housing First pilot launched in conjunction with the Auckland Council aimed to fund accommodation for 472 chronically homeless people. The New Zealand Government recognised that the Housing First pilot worked in Auckland and called for other regions to replicate the scheme (Ministry of Housing and Urban Development, 2021). While seen as a valuable long-term solution to addressing homelessness, the Housing First scheme was not fully

functional when the COVID-19 pandemic happened. This was mainly due to a lack of suitable and available accommodation to implement this plan, which in the case of COVID-19 hindered the efforts of local governments in providing the homeless with permanent housing solutions.

In line with the Housing First approach, the Aotearoa New Zealand Homelessness Action Plan (HAP) was developed in February 2020, prior to the impacts of COVID-19, with the aim to prevent and alleviate homelessness. During the pandemic, the HAP focus was to ensure that those in temporary accommodation did not exceed a stay of seven consecutive nights and were move onto long-term accommodation where services such as healthcare would be provided (Ministry of Housing and Urban Development, 2021). However, this newly developed plan was in the early stages of its implementation when COVID-19 hit, and it seems that at the time it had not moved beyond the idea of increasing the amount of emergency and transitional housing available for those experiencing homelessness. This was noted by several KIs who suggested that if fully established such plan would have been very helpful during the COVID-19 response.

The study found a lack of leadership at the central level and poor coordination amongst several key agencies. For disaster response to be effective, clear coordination, directions, and collaboration between stakeholders at the central level is indispensable (Schoch-Spanza et al., 2019). Remarkably, Aotearoa New Zealand has no current or proposed legislation naming which agency has responsibility for providing support to people experiencing homelessness during a disaster. The Ministry of Social Development, Child Youth and Family Services and the Ministry of Housing and Urban Development deal with various facets of homelessness at the central level. When it comes to disaster response, however, no single agency has responsibility for coordination and allocation of resources towards people who are homeless. Some of the larger regional areas such as Auckland have been proactive in developing strategies in conjunction with other local agencies. Nonetheless, smaller regions across the country have been limited in what they can achieve due to restrictions with funding and resources. The KIs interviewed often stated that they had to take the issue of homelessness into ‘their own hands’. This contrasts, for example, with the approach adopted in the United Kingdom, where municipal authorities have been given specified responsibilities, funding, and resources from the central government to look after the homeless should a disaster happen (Department of Communities & Local Government, 2015).

## 7. Concluding remark

Although homeless people are particularly vulnerable in the face of hazards and disasters, they have received limited attention in disaster studies and are often excluded from the policy frameworks geared to DRR. For example, in Aotearoa New Zealand, the disaster resilience strategy argues for an “inclusive approach” paying particular attention to those most vulnerable and marginalized (MCDEM, 2019, p. 1), but does not mention the homeless once. This seems to be a significant gap in the existing national policy framework and the inclusion of homeless people appears as a critical step towards strengthening DRR planning, policy, and practice. The present study highlighted that while different organisations focus on homelessness, there is currently no agency coordinating actions to support people experiencing homelessness in emergencies. This is problematic as it may lead to duplication of efforts and resources, a lack of planned strategy, and overall might affects the support provided to homeless people during and after disasters. We thus claim that more research and policy efforts are required towards homelessness in the face of disasters and climate change. A better understanding of homelessness in all its diversity is critical to developing approaches and actions that are tailored to the complexities associated with homelessness before and during an emergency. This may entail working closely with people experiencing homelessness, marae and Māori organisations, as well as national and regional agencies involved in DRR and disaster management. These aspects are essential to improve

coordination of resources and ultimately shall contribute to strengthen DRR directed to people experiencing homelessness.

### Authors statement

All three authors have been involved in the conceptualisation of the research, design of the methodology, ethics approval process, and analysis of the data. Anita Fraser and Mat St. Martin conducted fieldwork. All three authors were involved in the writing of the paper with Loic Le De finalising the writing of the manuscript. All three authors edited it.

### Declaration of competing interest

None.

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