

Disaster Risk Reduction Policies and Homelessness in New Zealand: Key Informant Perceptions during COVID-19

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ATTESTATION OF AUTHORSHIP

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any degree or diploma at a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.”

SIGNED: _____ Anita Sundararaj

DATE: 14 September 2021

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ABSTRACT

Disasters are becoming more frequent around the world prompting the need to build more resilient communities and to mobilize efforts to reduce disaster risk. In the past decade the concept of resilience has emerged as guiding principle for disaster risk reduction (DRR). Resilience in its simplest form, is defined as the ability to function under stress and adapt to change. To create a resilient community all members of society need to be integrated, including those that are vulnerable and marginalised. Increasingly research has identified the homeless as highly vulnerable to disaster. The academic literature suggests that people experiencing homelessness are more at risk in the face of hazards because of their inaccessibility to access adequate resources and means of protection. The question of how those that are homeless are navigating through a disaster, and whether policies and actions are effective, point to a longstanding gap. The COVID-19 pandemic has brought the issue of homelessness to the forefront of public health and DRR. The pandemic provides an opportunity to assess how DRR policies interact with the issue of homelessness. Focusing on New Zealand, this research aims to investigate the extent to which the homeless are integrated into DRR policies and frameworks across the country. Semi-structured interviews were conducted with key informants (KIs) working in the fields of public health, local government agencies, emergency response agencies and Non-Governmental Organizations (NGOs). The findings demonstrate that there is a lack of policies at the central government level which address homelessness as a standalone issue, let alone addressing homelessness within the wider context of DRR. The study finds that in New Zealand, there is no clear lead agency in charge of the homeless during a disaster. This lack of clarity has led to ambiguity in terms of legislative action, coordination and allocation of resources and funding. The findings also suggest that the definition of homelessness can be broadly applied across several categories, but it is rough sleepers that garner the most attention due to their visibility. This has caused the direction of policies and initiatives to focus mostly on rough sleepers as opposed to other types of homelessness. The onset of the COVID-19 allowed outreach workers and local authorities to quickly move rough sleepers into emergency accommodation. In what seemed to be a course of action that solved homelessness, the research instead highlights the overriding priority of public health in the face of a global pandemic. The research concludes that in New Zealand, there is a need for DRR policies and frameworks that are inclusive to the homeless.

CHAPTER ONE: INTRODUCTION

Introduction

Building community resilience has become a contemporary focus of disaster risk management. Resilience has been defined in the academic literature as the ability to adapt and recover from a catastrophic event (Orla et al., 2020). It is considered that with greater capacity, such as access to social, economic and environmental capital, the resilience of a community is greater in the face of a disaster (Norris, 2008). For this to happen all members of society need to be considered, including those vulnerable and marginalised (UNDRR, 2015). However, there have been inconsistencies within the disaster literature regarding vulnerable members of society. On one hand there is a persistent acknowledgement for those that are marginalised in society as being most vulnerable to hazards and disasters. On the other hand, there is also a lack of attention given to those that are marginalised with regards to disaster policies and practices (Fogel, 2017). The homeless are one of the marginalised groups that are typically left out of disaster risk reduction (DRR) planning (Wisner, 2012; Fogel, 2017).

Current research within the disaster literature suggests that people experiencing homelessness are more at risk in the face of hazards because of their inaccessibility to social, economic, political and community resources. This hinders their ability to adequately prepare for and recover from a hazard or disaster (Yuan and Xiaoping, 2018). To date the inclusion of homeless people in policies and actions geared towards DRR remains limited. The difficulties homeless people face in disaster are largely invisible and unaddressed, despite being documented since the 1990s (Wisner, 1993). Some countries across the world have made progress towards inclusive DRR frameworks and policies, including Australia, the United States of America, Japan and Austria (Yuan and Xiaoping, 2018). These countries are however, still developing the ways their communities respond to disaster. The recent impacts of the COVID-19 pandemic have highlighted the vulnerable position of the homeless when it comes to a disaster. Measures have been undertaken by many countries to provide vital resources to the homelessness to minimise the impacts of the virus. Countries such as New Zealand, Australia, United Kingdom and Japan have provided emergency shelter options for their homeless (Parsell et al., 2020). Other countries such as 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 developing policies that cater for this part of the population.

In New Zealand, disaster response policies and frameworks that are inclusive to the homeless are non-existent. There is a lack of policies at the central government level which address homelessness as a standalone issue, let alone addressing homelessness within the wider context of disaster planning. As a result, there are limited strategies at the regional level and limited funding and coordination between key agencies, community groups and stakeholders. Homelessness is a fast-growing phenomenon that is sweeping the social landscape. In 2018, it was estimated that 41,600 New Zealanders were experiencing homelessness (Statistics New Zealand, 2020). This rate is expected to increase each year by up to 0.8 percent (Statistics New Zealand, 2020). The aim of this research is to investigate what the current DRR policies are in New Zealand and whether these have been effective for the homeless during the COVID-19 response. This research will also identify what gaps are present within existing policies and what opportunities there are to develop effective DRR policies for the homeless in the future.

Section 1.1 will introduce the concepts of vulnerability, resilience and disaster risk, and how these relate to homelessness. Section 1.2 will outline homeless in New Zealand and identify key figures and trends. Section 1.3 will explore the COVID-19 pandemic and how this has brought the issue of homelessness to the forefront of DRR action and planning. Section 1.4 will introduce the aims of the dissertation and introduce the research question and research objectives.

1.1 Vulnerability, resilience and the homeless

Vulnerability is a concept that has been widely discussed in the academic literature. The concept was developed in the late 1970s in response to the hazard's paradigm. The paradigm thinks of disasters as the result of natural hazards in which the population has failed to be fully prepare (Jackson et al., 2017). Since the 1970s vulnerability has taken on different meanings over time and across disciplines (Frigerio and De Amicis, 2016). Myers, Slack & Singelmann, (2008) define vulnerability as the characteristic of an individual or community to anticipate, cope and recover from hazards and disasters. These characteristics can be influenced by an inability to access information, reduced social support and poorer socio-economic characteristics (Koks et al., 2015). Vulnerability is a dynamic concept. It can directly affect disaster preparedness, response, and recovery. People and communities generally display different levels of vulnerability in the face of a hazardous event (Bankoff, 2018). In the context of DRR, vulnerability can be derived from the social and economic factors that interact with

one's daily life and relate to accessibility of resources (Myers, Slack & Singelmann, 2008). The idea of displacement is a definition that is contrasted with homelessness. A person that is displaced by definition, has to abandon their home. Whereas homelessness refers to a person's permanent lack of residence (Preece, 2020). Disaster is another concept that is widely referred to throughout the academic literature. A disaster can refer to a catastrophic event that causes damage or loss of life. Natural hazards are phenomenon such as earthquakes, floods or cyclones. These can also include hazards perpetuated by human factors such as climate change, war, and economic crisis (UNDRR, 2020). Hazards increase disaster risk with the potential to disrupt the functioning of society (Spence & Griffin, 2007). While reducing disaster risk and/or diminishing the impacts from disasters requires mitigating the impacts of hazards, it necessitates first and foremost to reduce people's vulnerability. DRR policies aim to reduce the damage caused by natural hazards (Spence & Griffin, 2007). This implies for DRR policies and actions to be inclusive of the whole community (Banks, 2018). For example, the Sendai Framework for DRR states that

“Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective should be integrated in all policies and practices, and women and youth leadership should be promoted”. (UNDRR, 2015)

The idea of inclusion originates from human development plans and poverty reduction programmes where marginalised people and sections of the community are considered as part of social development. This is geared towards promoting the entire population and its resilience in the face of stresses and shocks (Carby & Ferguson, 2018).

In the past decade the concept of resilience has emerged as guiding principle for DRR (Keating and Kopp, 2019). There has been difficulty trying to define resilience and as a result the recent academic literature has produced an abundance of definitions (Keating and Kopp, 2019). There is no universally accepted definition for resilience, but the literature generally highlights that resilience reflects the ability to function under stress and adapt to change (Perry, 2018). The United Nations Office for Disaster Risk Reduction defines resilience as

“the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including the preservation and restoration of its essential basic structures

and functions through risk management” (United Nations Office for Disaster Risk Reduction, 2021).

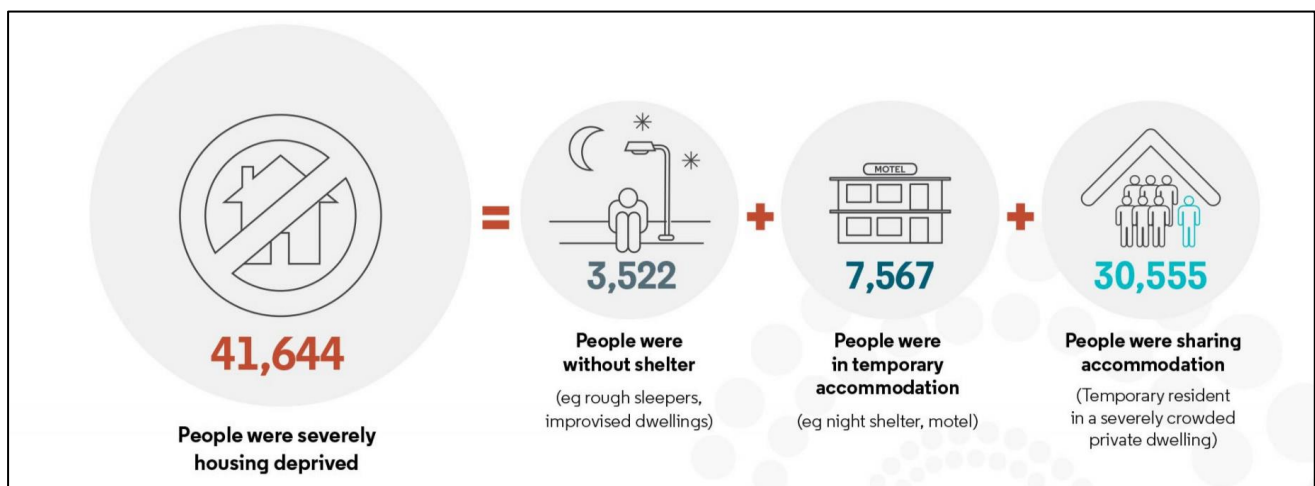
By focusing on resilience an emphasis is placed on what communities can do for themselves or how they can strengthen their capacities in relation to a disaster. This contrasts with instead of concentrating on their vulnerabilities or needs in an emergency (Jones, 2018). Part of building that resilience is to focus on disaster preparedness. Although not mentioned in the Sendai Framework the homeless tend to be one of the groups disproportionately affected by disasters. This generally results from the barriers that cause exclusion in all phases of DRR such as planning, response and recovery, leading to a higher risk of death, injury and secondary impairments when a disaster occurs (Fogel, 2017). Yet, a community can only be protected when all its members can cope effectively with respect to a disaster. Inclusion promotes equality and rights so that everybody is less vulnerable. When it comes to disasters, all individuals and groups are entitled to an equal right to protection and safety. Although the homeless have been identified as one of the most vulnerable groups across the disaster studies literature, they continue to garner little policy and planning interest when it comes to DRR action and planning (Fischer, 2003)

The concept of resilience has received increased critique in the last 10 years. Scholars highlight that resilience assumes that people have the social and economic resources to be self-reliant, while adapting, responding, and recovering from an unexpected change or shock such as disaster (Perry, 2018). Jones (2018) has suggested that resilience is based on social and economic inclusion, and that the resilience of people can be seen to map onto existing social inequalities such as access to healthcare, political representation, and economic capital. The existence of a proper home to live in also has a significant effect. Jones (2018) therefore, states that the complexity of resilience means we should not shift the responsibility for developing resilience onto those who by virtue of economic and social inequalities are unable to access the necessary resources themselves. To build resilience for those that are homeless, DRR policies should consider the underlying social and economic inequalities that exist and promote the inclusion of the homeless in disaster management (McDonnell, 2019).

1.2 Homelessness in New Zealand

New Zealand lacks consistent and long-term data on the intricate demographics of its homeless. It is nonetheless considered that a lot of its figures conform to international trends associated with ethnic minorities being severely marginalised. In 2018, the Ministry of Housing and Urban Development published its findings on the severe housing deprivation in New Zealand. It concluded that 41,644 New Zealanders are experiencing homelessness (Statistics New Zealand, 2020). Of this total, 3,522 people were found to be rough sleeping (living without shelter on the streets or in cars), 7,567 people were in temporary accommodation (shelters, hostels, boarding houses or maraes), and 30,555 people were in shared accommodation or overcrowded housing (Statistics New Zealand, 2020). This trend is only on the increase, with Ministry of Housing and Urban Development estimating a 0.8 percent increase in homelessness each year (Ministry of Housing and Urban Development, 2021). These statistics have been portrayed in Figure 1 below.

Figure 1: Diagram depicting homelessness statistics in New Zealand.



Source: Statistics New Zealand (2020).

Homelessness has been prevalent throughout major cities such as Auckland, Wellington and Christchurch, but is now also becoming an issue across smaller regional towns. Homelessness in New Zealand also appears to disproportionately affect ethnic minorities. Māori are four to six times more likely to experience homelessness than the rest of the

population (Ministry of Housing Urban Development, 2021). Māori males are 8-10 times more likely to end up homelessness. The current statistics suggest that Māori males make up an astonishing 39 per cent of those that are homeless. (Ministry of Housing Urban Development, 2021). The Ministry of Housing and Urban Development 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. (Ministry of Housing Urban Development, 2021).

New Zealand has a high exposure to natural hazards. Given the diversity of New Zealand's natural landscape both geologically and meteorologically, New Zealanders are, and will always continue to be at risk to a range of hazards (Duvall et al., 2020). Earthquakes, volcanic activity, floods, storms, cyclones, tsunamis and landslides all pose a major risk to the country with large proportions of the population living within these high-risk areas (Duvall et al., 2020). New Zealand has recently been adversely affected by two major earthquakes. In 2011 Christchurch was struck by a magnitude 6.3 earthquake. The epicentre of the earthquake was only 10km southeast of Christchurch's central business district (Bannister, 2012). The earthquake resulted in 185 deaths and injured several thousand residents (Thornley et al., 2013). The 2016 Kaikoura earthquake also resulted in significant damage to the urban landscape. The magnitude 7.8 earthquake lasted only two minutes but affected about 180 kilometres of the Marlborough coast. Several small towns such as Blenheim, Kaikoura and Hamner Springs suffered substantial damage (Heidarzadeh & Satake, 2017). Both events demonstrated that preparedness strategies, response and recovery plans were largely focused on sheltering those that were displaced as a result of the earthquakes (Council to Homeless Persons, 2017). There was little consideration given to those that were already homeless prior to the disasters and whether the vulnerabilities of the homeless were captured through the various stages of preparedness and DRR planning (Council to Homeless Persons, 2017).

1.3 COVID-19 pandemic and the Homeless

At the time of embarking on this master's dissertation, COVID-19 caused by the novel coronavirus SARSCoV-2 emerged as a worldwide pandemic. The virus was first discovered in the Wuhan Province in China in December 2019 and at the time of writing this dissertation chapter in January 2021, over 110 million cases and more than 3 million deaths has been reported worldwide (World Health Organisation, 2021). The COVID-19 pandemic had been

identified as a public health emergency of international concern through a formal declaration by the World Health Organisation (World Health Organisation, 2021). The widespread prevalence of COVID-19 has led countries such as Australia and New Zealand to close their border with the hopes of containing the outbreak. While this measure has been helpful to a degree, many other countries are still collapsing under pressure to try and stabilise the rate of infection across their communities.

The homeless have been identified as a population at risk to the spread of COVID-19 (Guo et al., 2020). The homeless present several obstacles to the containment of the virus. For instance, they may not have access to regular showering facilities and other hygiene supplies. A lack of these resources could facilitate transmission of the virus (World Health Organisation, 2019). Many of the homeless also have existing nutritional/medical health issues and face barriers accessing primary health care (Tsai & Wilson, 2020). There are also other issues that are unique to those experiencing homelessness within the context of a pandemic. For example, the fact that homeless populations are more transient and geographically mobile than individuals in the general population makes it more difficult to trace their movements. This is problematic when trying to prevent transmission and provide treatment where it is necessary (Tsai & Wilson, 2020). It is therefore unsurprising that the homeless experience a higher risk of contracting an infectious virus such as COVID-19 (World Health Organisation, 2019).

The policies developed in face of the COVID-19 pandemic has had profound impacts in New Zealand. The country has been under tight boarder restrictions since March 2020 and the effects of the pandemic continue to impact upon everyday life for all New Zealanders. New Zealand introduced a COVID-19 Alert Level system in March 2020. The tiered system outlines specific social measures which are to be put in place at each alert level to address the spread and transmission of the virus (New Zealand Government, 2021). This has been described in Figure 2.

Figure 2: Summary of New Zealand's Covid-19 Alert Levels.

Stages of alert	
ALERT LEVEL ONE: PREPARE Covid-19 in NZ, but contained	
<ul style="list-style-type: none"> • Activate border measures • Contact tracing • Cancel mass gatherings of more than 500 people 	<ul style="list-style-type: none"> • Stay at home if sick and report flu-like symptoms • Intensive testing for Covid-19 • Physical distancing encouraged
ALERT LEVEL TWO: REDUCE Contained but risk of community transmission growing	
<ul style="list-style-type: none"> • Entry border measures maximised • Further restrictions on mass gatherings • Physical distancing on public transport • Limit non-essential travel around country 	<ul style="list-style-type: none"> • Employer to begin alternative ways of working if possible (shift work, working from home etc) • Business contingency plans activated • High risk people to remain at home (over 70s, people with existing conditions)
ALERT LEVEL THREE: RESTRICT Heightened risk that disease not contained	
<ul style="list-style-type: none"> • Travel in areas of community transmission limited • Affected educational facilities closed • Mass gatherings cancelled • Public venues closed • Alternative ways of working 	<ul style="list-style-type: none"> • required and some non-essential businesses closed • Non-face-to-face primary care consultations • Elective surgeries and procedures deferred and healthcare staff reprioritised
ALERT LEVEL FOUR: ELIMINATE Likely that disease not contained	
<ul style="list-style-type: none"> • People to stay at home • Educational facilities closed • All non-essential businesses closed 	<ul style="list-style-type: none"> • Rationing of supplies and requisitioning of facilities • Severe travel restrictions • Major reprioritisation of healthcare services

Source: Adapted from <https://www.nzherald.co.nz/nz/coronavirus-pm-jacinda-ardern-outlines-nzs-new-alert-system-over-70s-should-stay-at-home/NKTHAAX6D5JET6DIBEMLDZ2FSU/>
 Copyright 2020 by New Zealand Herald.

To provide a context of how the COVID-19 pandemic unfolded in New Zealand a timeline of key events to date have been in Table 1 below.

Table 1: Timeline of key COVID-19 events in New Zealand.

Timeline of Key COVID-19 Events in New Zealand	
28 February 2020	First COVID-19 case is reported in New Zealand
21 March 2020	The Government introduces the 4-tiered Alert Level system to help combat COVID-19.
23 March 2020	Government advises that the entire country will move to Level 4 within 48 hours. Outreach workers and local councils rush to move the homeless into emergency accommodation for the lockdown.
25 March 2020	At 11:59pm, New Zealand moves to Alert Level 4, and the entire nation goes into self-isolation. A State of National Emergency is declared.
27 April 2020	New Zealand moves to Alert Level 3 at 11:59pm.
13 May 2020	New Zealand moves to Alert Level 2 at 11:59pm
8 June 2020	The Ministry of Health reports that there are no more active cases of COVID-19 in New Zealand. At 11:59pm, New Zealand moves to Alert Level 1.
12 August 2020	4 new cases of COVID-19 recorded in the community. Auckland region moves to Alert Level 3. The rest of New Zealand moves to Alert Level 2.
7 October 2020	Auckland moves to Alert Level 1 at 11:59pm. All of New Zealand is now at Alert Level 1.
14 February 2021	3 new cases of COVID-19 are recorded in the community. Auckland moves to Alert Level 3 at 11:59pm. The rest of New Zealand moves to Alert Level 2.
22 February 2021	Auckland moves to Alert Level 1 at 11:59pm. All of New Zealand is now at Alert Level 1.

7 March 2021	Auckland moves to Alert Level 2 at 6am. The rest of New Zealand moves to Alert Level 1.
12 March 2021	Auckland moves to Alert Level 1 at midday. All of New Zealand is now at Alert Level 1.
23 June 2021	Wellington moves to Alert Level 2 at 11:59pm. The rest of New Zealand remains at Alert Level 1.
29 June 2021	Wellington moves to Alert Level 1 at 11:59pm. All of New Zealand is now at Alert Level 1.
17 August 2021	All of New Zealand moves to Alert Level 4 at 11:59pm. 48 hours' notice not provided as with previous year's move to Level 4.

Source: Authour's own.

Disasters can be complex and the question of how those that are homeless are navigating it and whether policies and actions are effective point to a longstanding gap within the New Zealand literature. The COVID-19 pandemic has brought the issue of homelessness to the forefront of public health and DRR planning (Tsai & Wilson, 2020), and the priority to achieve community resilience in the face of disaster can be explored through a tangible case study such as this.

1.4 Aims of the study, Research Question and Objectives

This Masters dissertation aimed to investigate the extent to which the homeless are integrated into DRR policies and actions across New Zealand. The COVID-19 pandemic in New Zealand is used as a case study for this research as it provides a good opportunity to assess how DRR policies interact with the issue of homelessness.

The research objectives are to:

1. To identify the DRR policies and initiatives supporting the homeless during COVID-19;
2. To assess the relevance and effectiveness of these policies and initiatives in relation to DRR, during COVID-19;
3. To recommend better ways to support homeless people for DRR.

The research objectives will be addressed through semi-structured interviews with Key Informants (KIs) from local government agencies and Non-Governmental Organizations (NGOs) working in the fields of public health, emergency response and DRR.

Summary

Chapter One has introduced the study of homelessness in the context of DRR. Key terms have also been introduced in this chapter to conceptualize the homeless within the frameworks of vulnerability and disaster. This chapter emphasises that the homeless are a group that are vulnerable to disaster and that they have been largely ignored by policies and actions geared towards DRR. The state of homelessness in New Zealand has also been discussed to provide a context for this research study and highlights the importance of homelessness as a growing critical issue. The COVID-19 pandemic was also introduced as a case study for this research. The homeless have been identified as a population most at risk to the spread of the virus and as a result the issue of homelessness has been brought to the forefront of public health and DRR planning. Chapter Two provides a critical review of the academic literature defining homelessness, how the homeless are placed within the context of disaster frameworks for effective DRR policy. Chapter Three discusses the methodology used for this research and outlines how data was gathered and analysed. Chapter Four provides the results of the research study and Chapter Five discusses said results.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Chapter Two will review the existing knowledge on homelessness in the context of disaster and DRR. The academic literature offers various definitions as to what constitutes as homelessness, and with that comes ambiguity and unclarity. For policymakers to be able to develop and implement effective DRR policies a clearer understanding of what constitutes homelessness is required. Section 2.1 will discuss how various definitions of homelessness have come to light, and how homelessness is defined in New Zealand. Section 2.2 will discuss the homeless in the context of disaster. The homeless have been identified as a vulnerable group in society and their vulnerabilities may only be exacerbated within the context of a disaster. The everyday experiences of being homeless are challenging enough and the threat of a disaster may be marginal to those that are homeless. Section 2.3 will look at the evolution of DRR policies and how international frameworks have influenced and shaped current policy makers. Section 2.4 will look more specifically at New Zealand's DRR policy framework and the structure of disaster response in New Zealand, using the 2011 Christchurch earthquake to illustrate how multiple organisations and multiple working styles can lead to shortcomings in a joint effort for disaster response. The Christchurch earthquake also illustrates the lack of policies and actions geared towards assisting existing homeless communities through a disaster.

2.1 Defining homelessness

Defining homelessness has been a continuous problem within the academic literature and poses a dilemma for policymakers in the legislative realm as well. There has been little achievement made towards an international consensus as homelessness itself varies considerably around the world (Dyb, 2009). The European Typology of Homelessness and Housing Exclusion (ETHOS) model was developed as a framework to categorise and define various forms of homelessness (Edgar, Doherty and Meert, 2003). The framework focuses on exclusion from three domains that impact upon a living situation: the physical domain, the legal domain and the social domain. The ETHOS model is mapped out into seven distinctive areas.

These seven areas represent distinct categories of homelessness and housing exclusion as explained in Table 2.

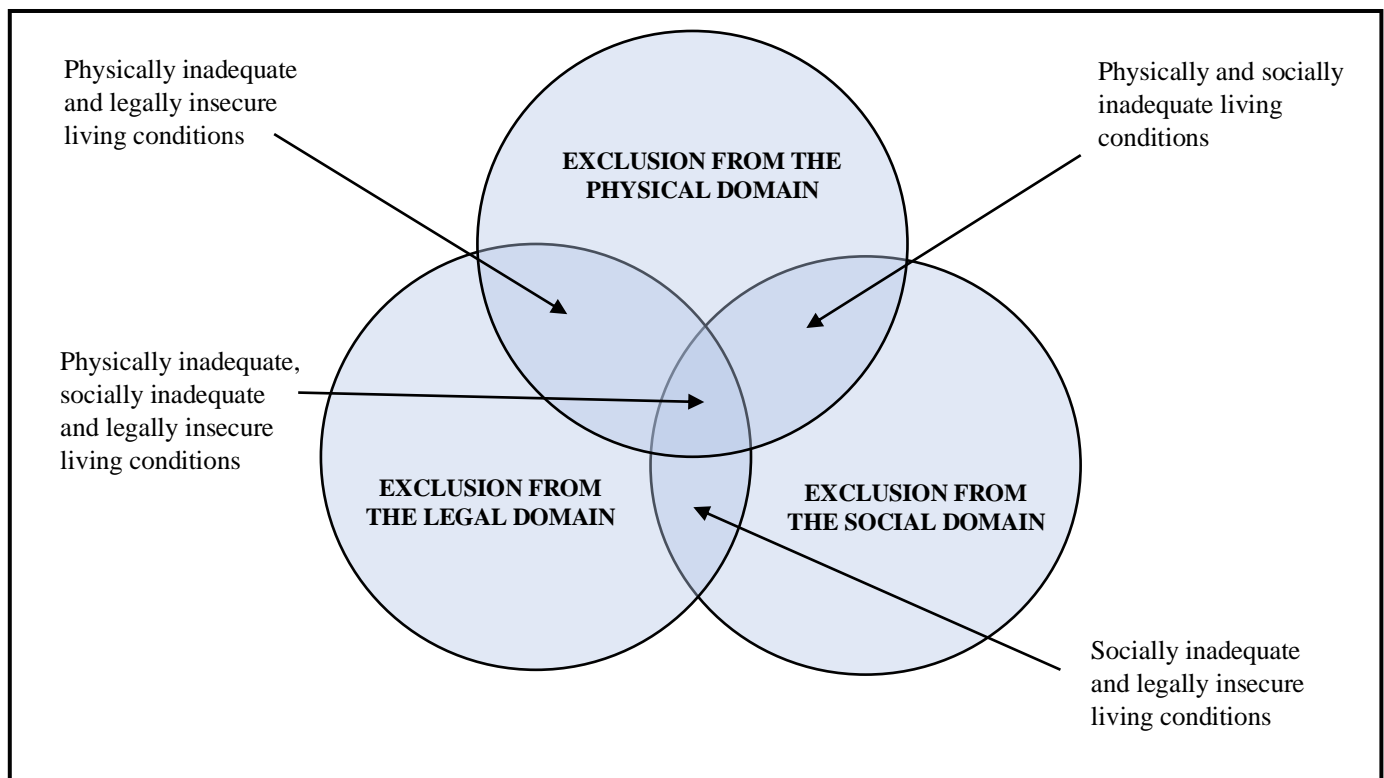
Table 2: Categories of homelessness and housing exclusion as defined in the European Typology of Homelessness and Housing Exclusion (ETHOS) model.

ETHOS – European Typology of Homelessness and Housing Exclusion			
		Category	Living Situation Example
Roofless	1	People living rough	Night Shelter
	2	People staying in a night shelter	Homeless Hostel
Houseless	3	People in accommodation for the homeless	Temporary accommodation and transitional supported accommodation
	4	People in women's shelter	Women's shelter accommodation
	5	People in accommodation for migrants	Migrant workers accommodation
	6	People due to be released from medical institutions	Medical and penal institutions
	7	People receiving long term support due to homelessness	Residential or elderly care

Source: Author's own, adapted from Edgar, Doherty and Meert (2003).

The three domains of the ETHOS model shown in Figure 3 demonstrate of the minimum elements that make up an adequate place for human habitation. It would therefore seem reasonable that exclusion from two of the three domains would result in homelessness (Chamberlain and MacKenzie 2008). This categorisation however, only suggests the outcome of homelessness if the two domains are the 'legal' and 'social'. There is no rationale provided by the framework as to why other intersecting domains result in housing exclusion (Chamberlain and MacKenzie 2008).

Figure 3: The three main domains of the European Typology of Homelessness and Housing Exclusion (ETHOS) Model.



Source: Authour's own, adapted from Edgar, Doherty and Meert (2003).

Another issue sighted with the ETHOS model is that it relates only to a person's place of habitat at a given time and place (Minnery and Greenhalgh, 2007). The model is unable to incorporate unique circumstances. For example, not every person living in a dwelling that is not their 'home' is experiencing housing exclusion or homelessness (Minnery and Greenhalgh, 2007). Examples include when someone stays over at a friend's house or when a person is holidaying at a holiday home. In these situations, people are not at their 'homes', nor experiencing homelessness or housing exclusion (Chamberlain and MacKenzie 2008). There are features of the ETHOS model which suggest that having no permanent address at a given time constitutes as homelessness. The ETHOS model has been implemented in different forms across the world and is frequently used as the basis for the definition of homelessness in an institutional context. Definitions of homelessness produced by government organisations tend to minimise the extent of homelessness by focusing on those that are most visible (Amore et al., 2013). These groups of people are often described throughout the academic literature as rough sleepers. Advocating agencies and other service providers tend to define homelessness

in terms of the disparity between the government and its responsibilities (Amore et al., 2013). Across most countries there is no common benchmark to define what constitutes as homelessness.

The ETHOS model has provided the basis for New Zealand's definition of homelessness. A definition was officially constructed in 2009 by Statistics New Zealand, The Ministry of Social Development and Housing New Zealand collectively agreeing that homelessness referred to one having no other options to acquire safe and secure housing (Statistics New Zealand, 2018). There are four general categories of homelessness in New Zealand. The first is defined as without shelter. This refers rough sleepers using makeshift shelters, improvised dwellings, living in cars, couch surfers or those as having no shelter at all (Statistics New Zealand, 2009b). The second category is defined as temporary accommodation. This refers to overnight shelters or long-term living at a non-private dwelling such as a boarding house or women's refuge. The third category is defined as sharing accommodation. This refers to the temporary accommodation of people in another person's private dwelling. An example of this might be friends or relatives staying in the garage of another person's home. The fourth category is uninhabitable housing which refers to the dilapidated housing in which people may live in (Statistics New Zealand, 2009b).

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 becoming an issue across smaller regional towns. Of those that are homeless, Māori males make up approximately 35 percent of the homeless population in New Zealand (Statistics New Zealand, 2019). The breakdown of families and involvement in child protection services such as Oranga Tamariki are common pathways into homelessness for young New Zealanders (Peace and Kell, 2001). Women have also become homeless through domestic violence and as a result the prevalence of women's shelters and refuges in New Zealand has increased. Accommodation amongst women's refuges have become stretched with local agencies needing to find emergency housing options for women and their dependants (Peace and Kell, 2001). In addition to this, a severe decline in housing affordability in New Zealand has also contributed to the homelessness situation. Many New Zealanders are unable to afford basic housing or lose their permanent accommodation due to financial hardship or unemployment (McIntosh, 2005). At the time of the 2018 Census, New Zealand's home ownership rates were at its lowest since the 1950s (Statistics New Zealand, 2019). With the recent implications of COVID-19 and many more New Zealanders returning

home from overseas, the housing crisis has only increased (Statistics New Zealand, 2021). Māori are also less likely to own a home compared to other ethnic groups. They are also more likely to live in public housing for most of their lives (Quine et al., 2004). The above factors demonstrate some of the pathways that lead toward homelessness and Māori are more susceptible to these than any other ethnicity in New Zealand.

2.2 Homelessness and Disaster

Disasters can cause significant disruptions to communities, families and individuals. The homeless are often the most severely affected by disasters due to the disproportionate disadvantages they face in terms of response and recovery (Adger, 2006; Vickery, 2018). The homeless have limited access to permanent shelter, making them vulnerable to a range of environmental hazards such as flooding, fluctuations in heat, cold temperatures, and storms. For example, when the temperature rises dramatically over summer the homeless are more at risk to outdoor exposure related illnesses such as dehydration, heat stroke or heat exhaustion (Putnam et al., 2018). The homeless have difficulties in accessing adequate resources so they cannot prepare themselves in relation to such hazards. The homeless also encounter further difficulties during a disaster. For example, the homeless often have limited or no access to mainstream communication channels such as television, radio or the internet, making it difficult for them to keep up with important information that may be relayed to the public (Ramin and Svoboda, 2009). The prevalence of mental illness, substance abuse disorders and physical disabilities also present an additional set of difficulties for the homeless (Settembrino, 2016). These factors can make it more difficult for service providers to engage with the homeless during an evacuation (Minnery and Greenhaigh, 2007). For instance, during periods of warning or evacuation the homeless may be invisible from public domains since they are already marginalised. Some organisations and service providers may implicitly view the homeless as being excluded from society, and therefore be less inclined to assist in an emergency (Minnery and Greenhaigh, 2007)

Those that are marginalised such as the homeless are among society's most vulnerable when it comes to dealing with hazards and disasters. For example, with the 1995 earthquake in Kobe, Japan more than 50% of fatalities were of those that were homeless or considerably poorer (Kubota et al., 2018). With Hurricane Katrina, the 2004 Indian Ocean tsunami and the 2010 Haiti earthquake, those that were adversely affected by the event were the homeless

(Kubota et al., 2018). Walters and Gaillard (2014), have attributed this to the fact that the homeless face disadvantages and experience greater vulnerabilities compared to the rest of society. Furthermore, the homeless are generally stigmatized and blamed for their situation and current circumstances. They are often subject to assumptions and generalisations being made about the reasons for their homelessness (Vickery, 2015). While mental illness and substance abuse are highly correlated with the homeless, the academic literature has suggested that factors such as unemployment, poor education and racial discrimination are also important causes of homelessness (Myers, Slack & Singelmann, 2008). This is similarly the case in New Zealand, where unemployment and poorer education serve as probable pathways into homelessness. In a 2013 survey conducted by Otago University, it was determined that those with limited education, lack of a permanent job and lack of steady income were more likely to be unable to maintain adequate housing for themselves or their families (New Zealand Parliament, 2019).

The homeless are highly susceptible to potentially severe health problems. Such problems include poor dental health, sexually transmitted infections, malnutrition and skin diseases (Liebler et al., 2017). Their health issues are often worsened by the inability to access mainstream medical care. Their focus on daily survival can often take precedence over medical concerns, resulting in severe complications later down the line (Stolte and Hodgetts, 2015). It can also be difficult for the homeless to maintain personal hygiene with difficulties around accessing a shower or the ability to wash and clean their clothes (Stolte and Hodgetts, 2015). These difficulties already exist within the day-to-day life of being homeless. These hurdles may be aggravated even more during a hazard, making it more difficult for the homeless to navigate through a disaster. Mental health is another burden that the homeless face. Depression, mood disorders and psychiatric issues are prevalent and are only amplified by the stress and hardship of having to be 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. For example, the Canterbury District Health Board estimated in 2013 that 146 of their mental health patients in the Canterbury region of New Zealand were homeless. This is estimated to be around 12 percent of its patients. (Laurenson and Collins, 2006). The Christchurch City Mission reported a similar correlation, that a third of people seeking accommodation also suffer from some form of mental illness (Laurenson and Collins, 2006). It appears that the homeless have always been at risk of mental health issues however, the lack of housing makes them more visible to the public – consequently making them more at risk (Laurenson and Collins, 2006). The Human Rights Commission has also

stated that the prevalence of mental health issues affecting the homeless are a direct outcome of financial stress, shortages in housing and community dislocation (Cusack et al., 2013).

To date there has been little research conducted into how the homeless experience disasters. Several sociological studies have been conducted into the day-to-day experiences of those that are homeless. These studies have demonstrated that everyday hazards such as finding a shelter, food and keeping warm are perceived by the homeless as a higher priority as opposed to large scale disasters (Gaillard et al., 2019). Those that are homeless are highly concerned with trying to acquire as many resources as they can. Different studies have emphasised that disaster preparedness is of little significance to the homeless because every day to them is considered a disaster (Vickery, 2018). Gaillard et al.'s (2019) research across Wellington and Christchurch emphasised this dimension by highlighting 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. This disconnection is important to acknowledge in DRR policies as it shows that the needs of the homeless are different to those of the wider community (Schipper and Pelling, 2006).

The Housing First policy emerged in the 1990s to address the homelessness situation in New York (Goering & Streiner, 2015). The Housing First approach has been developed in contrast to other “treatment first” or staircase systems, which simply transport the homeless through a series of stages before eventual re-housing (Goering & Streiner, 2015). With the staircase system Atherthon and McNaughton-Nicholls (2008) state that an individual would have to make their way through a stepwise progression of residential services, with increasing degrees of independence demonstrated at each step before they are deemed ‘fit’ for permanent housing. This approach has underpinned the public policies practiced in many countries globally. New Zealand, like many other countries, recognizes housing as a basic human right and central to this belief is that adequate housing for all can significantly reduce the rate of homelessness that is experienced (Boston, 2013). The Housing First pilot launched in conjunction with Auckland Council aimed to fund accommodation for 472 chronically homeless people over the course of two years. The New Zealand Government recognised that the Housing First pilot worked in Auckland and called for all local governments to submit requests and proposals to enable similar services across the country.

2.3 Policies for DRR

Policymakers have become more aware of the value in adaptive systems and have begun to incorporate the evolving idea of resilience into DRR policies. The United Nations declared the 1990's as an international decade for natural disaster risk reduction. This gave rise to the Yokohama Strategy as the first set of international guidelines for the prevention and mitigation of disasters (Keating and Kopp, 2019). The Yokohama Strategy focused on integrating local knowledge about disaster risk to improve a community's capabilities to tackle the risk that they are exposed to (Carr, 2019).

In the 2000s the concept of resilience slowly started to emerge into international strategies geared towards DRR. Policymakers began to recognize the importance of focusing on coping capacities and risk preparedness to improve overall community outcomes in relation to hazards (Collins, 2018). In 2005 the Hyogo Framework for Action (HFA) was developed. The framework's priority focus was on understanding risks and strengthening preparedness (Collins, 2018). Even though the HFA has a strong focus on risk reduction, the framework failed to take into account or address systematic factors needed to decrease community vulnerability and risk (Berg and Majo, 2017). From 2005 – 2015 many disasters around the world continued to place significant strain on people, economy, infrastructure, and ecology. These strains only worsened the state of some of the world's most vulnerable communities (Berg and Majo, 2017). Many academics have attributed this to the shortfalls associated with the HFA and limitations in measuring how effective DRR and strategies at this time were (Berg and Majo, 2017).

The shortfalls associated with the HFA required policymakers worldwide to re-evaluate how they measure and respond to hazards and disasters. Progression within the context of DRR has shown that it is often not the hazard that determines a disaster, but the vulnerability, exposure, and ability of the population to anticipate, respond to, and recover from its effects (Egawa et al., 2014). This has shifted policymakers' thinking from pure hazard response to the identification, assessment, and ranking of vulnerabilities and risks (Egawa et al., 2014). This shift in thinking also considers the social factors shaping local populations' interpretation of risks and their thresholds for action (Chatterjee et al., 2015). The implication is that societal determinants of risk can be identified and influenced to achieve better economic and social development trajectories (Chatterjee et al., 2015).

The Sendai Framework for Disaster Risk Reduction 2015 – 2030 was born from the need to ensure DRR policy reflected the evolving complexities of disaster risk in the Twenty-first century (Carr, 2019). The Sendai Framework is much broader than the HFA and has placed emphasis on “large and small, sudden and slow-onset disasters caused by natural and man-made hazards and related environmental, technological and biological hazards” (Carr, 2019). The Sendai Framework also has quantitative targets of measure for resilience to the extent that actions implemented can be assessed for effectiveness (Carr, 2019).

The literature has also noted that the Sendai Framework reflects complex current global challenges such as climate change and globalization. The framework also takes into consideration the development of new technologies in the domain of risk prediction and early warning systems (Collins, 2018). Another notable inclusion in the Sendai Framework is the prioritization of health risks from hazards. The framework thus places a strong emphasis on health resilience and promotes the collaboration between DRR and communities to develop strategies that protect people and manage adverse health risks arising from extreme weather events (Collins, 2018). It emphasises the need to be inclusive and focus on the participation of those identified as highly vulnerable to disaster. The Sendai Framework for Disaster Risk Reduction 2015-2030 is signed by 168 countries, including New Zealand. The involvement of relevant stakeholders and forming partnerships were components that were also recognised as valuable for successful DRR policies and strategies (Tozier de La and Baudin (2015).

2.4 New Zealand’s DRR Policy Framework

DRR legislative policies and frameworks define the institutional mandates and priorities of a country’s national DRR system. DRR policies across countries differ and the extent to which specific themes are part of DRR or legislation can also vary. In New Zealand, the Disaster Resilience Strategy has been developed to provide the country with long-term goals for Civil Defence Emergency Management (CDEM) (National Emergency Management Agency, 2020). The framework outlines a common agenda for resilience that can be applied to every person in New Zealand. The strategy came into effect in April 2019 and sets out what New Zealand hopes to achieve over the course of ten years in relation to disaster resilience (Blake and Niland, 2019). In terms of links to policy and practice, the strategy is informed by key sectors of society which require the promotion or implementation of resilient practices. It should be noted however that the framework acknowledges the importance of inclusiveness of

all sectors of society, including those that are marginalised. The framework, however, makes no specific reference to the homeless. The key focus of the New Zealand Disaster Resilience Strategy is detailed in Figure 4, where policy and practice on key sectors are mutually reinforcing.

Figure 4: Diagram depicting key focus of the New Zealand Disaster Resilience Strategy:



Source: National Emergency Management Agency (2020).

Within the New Zealand disaster framework also sits the Coordinated Incident Management System (CIMS). CIMS was first developed in the late 1900s with the aim of providing emergency management agencies a structure for coordination during disaster response (Saunders et al., 2020). Similar coordination systems exist within North America and Australia and have proven useful for coordinating multiple organisations, allocating responsibility and managing resource levels (Saunders et al., 2020). In New Zealand there is a legislative mandate for emergency and disaster response to be coordinated under the CDEM Act 2002. The act expects that the CIMS framework be used when a state of emergency has been declared, so that agencies are coordinating efforts and resources effectively at both the national and local level (Saunders et al., 2020).

A smooth transition from disaster response to recovery is what CDEM and the CIMS framework strive for in terms of community resilience (National Emergency Management Agency, 2020). In 22 February 2011 the city of Christchurch was struck by a magnitude 6.3 earthquake. This event highlighted the need for effective coordination between key stakeholders within a large-scale event. The epicentre of the earthquake was only 10km southeast of Christchurch's central business district (Bannister, 2012). The earthquake resulted in 185 deaths and injured several thousand. There was extensive damage to buildings and significant liquefaction across the city. As a result, several thousand homes within the area had to be demolished (Thornley et al., 2013). There is no official data available on what happened to rough sleepers that were already homeless and living within the city centre, but approximately 10,000 Cantabrians were displaced and made homeless due to the earthquake. A state of emergency was declared and CDEM was tasked coordination of the response. Lifelines such as shelter, meals and drinking water for those that were made homeless were prioritised. The director of CDEM activated the CIMS framework and began allocating responsibilities to key organisations within emergency services. The roles and responsibilities have been outlined in Table 3.

Table 3: Roles and responsibilities of key agencies associated with the 2011 Christchurch earthquake.

Key Organisation	Duties and responsibilities
Police	Preserving life, public reassurance, security, victim identification.
Fire Service	Preserving life, public reassurance, security, victim identification, attendance to fire and hazards
Ambulance	Preserving life, attendance to medical requirements, public reassurance, victim identification.
Health and Welfare	Public health and mental health assistance, release of GPs, medical officers and public health officers into the field to ensure public health risks are contained

Lifelines (power, water, wastewater, telecommunication)	Companies allocated with restoring lifelines after the earthquake, tending to damage of utilities.
Logistics, Coordination and Information (CDEM, local council, regional council)	Supply and distribution of goods and services across the region
Volunteers (from the public or agencies)	Utilised where they are needed. No specific role.

Source: Author's own

Several key agencies were involved disaster response in Christchurch. The coordination for the response relied upon cooperation as the key mechanism. Emergency related agencies such as Police, Fire and Ambulance already worked closely together outside of the context of the earthquake, so it was hoped that their existing relationships and cooperation with each other would be beneficial. The coordination of an effective response between all these agencies however, quickly deteriorated. CDEM soon realised that although the CIMS framework was enacted for the response, a small number of senior staff across these agencies were trained in relation to the CIMS framework. This meant that a lot of crucial gaps in areas such as logistics, planning and implementation were filled by professionals with little or no CIMS experience. DRR efforts were also hindered by a lack of focus on those that were homeless prior to the earthquake. As the academic literature has shown, the homeless are the ones that suffer the most in term of long-term consequences from a disaster. The homeless often have little assets prior to a disaster, and their livelihoods uprooted further when a disaster strikes. This makes the homeless more vulnerable to the next disaster (Proag, 2014). An independent review conducted into the response of the 2011 earthquake revealed throwing inexperienced staff into leadership roles forced significant decisions to be made under pressure (McLean et al., 2012).

The review also highlighted the issues with respect to the coordination and rotation of shifts. The availability of staff and volunteers within each key agency varied. People were also being pulled from one area of expertise and utilised in another area which may have been understaffed. This naturally meant that some people were overworked, and some agencies experienced fatigue quicker than others (McLean et al., 2012). The review concluded that when it comes to effective management of an emergency, a worthwhile approach would be to have the response managed and coordinated by as few key agencies as possible. The review suggested the development of a core, specialised set of agencies linked together to ensure that information, planning and the implementation of processes are not hindered by too many cooks in the kitchen (McLean et al., 2012).

The response and recovery associated with the Christchurch earthquake also placed a heavy focus on sheltering those that had been made homeless from the earthquake. Shelters that were normally prioritised for rough sleepers were opened to shelter residents that had lost their homes due to damage. Government funding that emergence after the earthquake also only benefited those that had owned properties or lost their private dwellings. There were no policies in place to assist, manage or navigate those that were homeless prior to the earthquake. As noted in the academic literature previously, the categories of homelessness that tend to receive the most attention DRR are the ones that are most visible to the public. In this instance, the number of residents becoming displaced from their homes were far greater than the 100 or so rough sleepers that were estimated to be dotted around Christchurch city in 2011 (Salvation Army New Zealand, 2015). The approach to addressing homelessness in the context of the Christchurch earthquake was reactive. Key agencies and the subsequent actions taken in response to the earthquake concentrated on taking those that were made homeless through the stages of recovery, as opposed to ensuring that all members of society were adequately prepared for a disaster to begin with.

Summary

Chapter Two has provided a literature review of some of the key ideas associated with the research topic. This chapter has also explored the notion of homelessness within the context of disaster. The definition of homelessness is first discussed and demonstrated as a perpetual problem that exists in the academic literature in terms of reaching a universal definition. Different categories of homelessness have also been introduced, reemphasising that idea that homelessness can take on many different forms. The academic literature has highlighted that the homeless are a vulnerable group of community and their vulnerabilities are only exacerbated during a disaster. There is little research as to how the homeless experience disaster and the impact of large-scale disasters. Chapter Two has also explored the evolution of DRR policies internationally and also looked at the mechanisms of New Zealand's DRR policy frameworks. By using the example of the Christchurch earthquake, it is evident that the coordination and response of the disaster management is not without difficulties. The example highlights how multiple organisations and multiple working styles can lead to shortcomings in a joint effort. The Christchurch earthquake also highlights how policies and actions focused

on those that were made homeless after the earthquake. The information developed in this chapter has provided the foundations for this research and will be discussed in further detail throughout Chapter Five in relation to the research findings.

CHAPTER THREE: METHODOLOGY

Introduction

This chapter will outline the methodologies used in this research. This chapter will provide details around what specific methods were used investigate the research objectives. An outline of the recruitment process that was used to interview key informants (KIs) and the rationale for this approach will be discussed. Details of how the interview data was analysed will also be detailed along with the ethical considerations that needed to be adhered to as part of this research.

3.1 Epistemology

Epistemology refers to assumptions people make in respect to the nature of knowledge around them (Johnson et al., 2007). Epistemology also concerns itself with how it is possible to find out more about the world and make sense of what knowledge is acquired (Johnson et al., 2007). This is the primary reasoning as to why specific methodologies; such qualitative analysis and semi structured interviews were used for this research. There are several definitions of epistemology identified across the academic literature. For Patton (2002), it involves knowledge and what knowledge may further entail. Patton (2002), refers to epistemology as question of what is (or should be) regarded as acceptable knowledge within a discipline. Furthermore, Richards (2003), stresses that the kind of assumptions which we can make or hold about knowledge deeply affect how we go about investigating and uncovering social behaviour. For instance, if knowledge is viewed as objective and tangible this would place the researcher into an observant role and align methods of natural science such as measuring and testing. If knowledge is viewed as subjective and unique then this would impose that the researcher has greater involvement with their subjects (Richards, 2003).

To gain a better understanding of ‘how we know what we know’, Crotty (1998) has broken epistemology into three distinct categories: objectivism, constructionism and subjectivism. Objectivism is an epistemological position that emphasises the importance of objectivity and evidence when searching for the truth (O’Callaghan, 2009). This means that the researchers should try to distance themselves from any impact of their research findings. In

addition to this, Crotty (1998) also suggests that objectivism holds the position that meaning already resides in objects that are awaiting to be discovered. Therefore, with this view when we recognize objects around us, we simply discover meanings which have been within them all along (O'Callaghan, 2009).

The constructivist approach believes that there are different ways of knowing about the world other than direct observation. Our interpretations and perceptions of the world can shape knowledge, and as such our knowledge of the world arises from our reflection of events rather than solely through lived experiences (Schwandt, 2003). Constructivism argues that knowledge is produced by us exploring and understanding the social environment of people being studied. This suggests that meaning is constructed by the social actors in a particular context (Schwandt, 2003). As noted by the objectivist approach, reality remains unaffected, and the researcher must distance themselves from their findings. With constructivism the researcher can construct meaning and interpretations from the participants (Gergen, 1994). The research methods used are also mostly inductive. This is because the aim of this approach is to generate a theory from the data collected, rather than trying to test an already existing theory (Adams and van Manen, 2008). Important distinctions to note between the objectivist and constructionist approach are that facts and values are not distinct and that completely objective-free research is nearly impossible (Adams and van Manen, 2008). It is difficult for the researcher to be completely detached from the research. The researcher's values and perspectives are bound to influence the findings as they become personally engaged in the research (Clark, 1998). Subjectivism has an array of meanings and interpretations in qualitative research. It is the polar opposite to objectivism. Subjectivism at its most neutral meaning refers to the beliefs, feelings, thoughts and desires that comprise a person's identity (Audi, 2012). Academics thus believe that subjectivism is more suited to the social sciences as it enables the researcher to explore the most complex component in research; human beings (Gertken and Kiesewetter, 2017).

3.2 Methodology

A qualitative descriptive approach was used for this research. Such an approach would enable systematic consideration across the scope of homelessness and DRR (Cavana, et al., 2006). The specific methodology used for this research were interviews with KIs who are

professionals that work in the space of public health, local government agencies, emergency response agencies and (NGOs).

Homelessness is a poorly understood phenomenon. In the context of researching the homeless and DRR policies it was important to adopt a semi-structured interview approach so a better understanding around the complexities of the topic could be captured. The KIs selected for interviews were hoped to provide a better understanding of what current DRR practices were when it comes to the homeless. Through the interviews, it was hoped that the KIs could provide the researcher with a better understanding of the policies developed during the COVID-19 pandemic, whether these policies were effective, and what limitations or challenges the KIs experienced during the response to COVID-19. The overall purpose of semi structured interviews was to collect data and gather information from the KIs who have experiences, beliefs, attitudes, and perceptions related to the research topic (Corbin and Strauss, 2008). This method also allowed for a dialogue to occur between the researcher and the KI through a flexible interview format. This would allow the researcher to collect open-ended data (Corbin and Strauss, 2008). This method was particularly useful for delving deeper into personally related experiences or discussions around sensitive topics such as homelessness and the COVID-19 pandemic.

3.3 Recruitment for Interviews

The recruitment of KIs for this research was crucial. KIs were identified as those that worked in the space of public health, local government agencies, emergency response agencies and NGOs. The KIs were thought to best inform the research question and objectives of the study (Labuschagne, 2003). KIs were also recruited while keeping in mind the amount of information and knowledge they could contribute to the research. As the research study focuses on DRR policies and the homeless, it would be beneficial to speak to KIs who work in sectors that deal with existing legislative policies which may impact the homeless. As only a small number of KIs could be interviewed as part of a 60-point master's dissertation, it was important to ensure each interview could provide enough data to develop rich, detailed descriptions around homelessness and DRR policies.

A KI information sheet was first drafted to provide detailed information around the research conducted. This detailed why the KI was being recruited, the aims and objectives of the research, the roles of the researcher and the KI, and how data collected from the interview would be utilised and stored. KIs were identified through existing professional networks of the researcher and contacted via the KI's email. This method enabled the researcher to send out several invitations at once to a pool of potential KIs. KIs were recruited between the period of November 2020 and February 2021. The response rate in relation to the email invitations was moderate. 11 KIs overall were contacted with 8 expressing an interest in the research. The number of participants agreeing to be interviewed as part of the research was much lower with four interviews being conducted in total.

A lower yield of interviews could be due to several factors. The time of year that recruitment was undertaken may have impacted upon the quantity of interviews that were obtained. The year of 2020 had already been an exhausting and difficult year for everyone with the implications of COVID-19. By the end of 2020 many of those in the working sector were still juggling the consequences of limited operations, loss of revenue and imposed redundancies. It is therefore understandable that while some KIs may have expressed an interest in the research, they may have just been simply too busy to participate. The topic of homelessness also proved to be a sensitive subject. One KI that was contacted agreed to an informal telephone conversation but declined a formal interview. This was because the KI had recently left a role that involved working with a homelessness portfolio. The KI advised that they did not wish to be formally interviewed about their previous role citing sensitivity with their former employer. Although this informal interview was not officially used as part of this research, the conversation with the KI provided valuable insight into how homelessness and disaster planning are undertaken at a regional level. Although several of the KIs offered to introduce the researcher to other potential participants, this proved unsuccessful.

It is important that the consent of the KI was sought prior to the interview taking place. Consent in this instance was obtained in writing by the KI signing a consent form. All interviews were conducted in person and at space convenient to the KI. This is because oral communication was considered less abstract and aligned closer to the KI's true perceptions, opinions and thoughts about the phenomenon being studied (Roulston, 2003). KIs were provided with the option of a digital interview through Skype or Zoom, but all KIs opted for a face-to-face meeting at an adjacent office space or café. The location of the interview was agreed upon by the KI and the researcher prior to each interview. Interviews were also carried

out individually with each KI rather than in a group setting. This approach was adopted so that the KI could provide the researcher with meaningful data within the specific context of their professional background. As the topic of homelessness is sensitive, individual interviews also provided the space for the KI to talk about the topic freely. Whereas in a group interview, some KIs may have been reserved about sharing their opinions and experiences in front of others (Sturges and Harahan, 2004).

A semi structured interview approach was utilised for this research. As King and Horrocks (2010) suggest, qualitative interviews should not be just a set of rigid questions that are asked and answered. If this were the case, then an in-depth exploration of the topic would not be possible. In preparation for the interviews a set of indicative questions were formulated (Refer to Appendix). These questions ensured the researcher obtained information around key aspects of homelessness, DRR and the COVID-19 pandemic which related to the aims and objectives of the study. These indicative questions, however, were not prescriptive, meaning that the researcher did not ask a series of questions in order. The interviews were conducted in a manner to provide flexibility so that the researcher could ask questions in response to what was said from the KI.

The KIs interviewed varied in terms of their professional backgrounds, but all KIs area of work related to areas of emergency management and homelessness. This has been described in Table 4.

Table 4: Information about KIs taking part in this research

Key Informant	Geographic Location	Field of work	Years of professional experience	Type of interview	Month of interview
1	Auckland	Emergency Management	5+ years	Face to face	November 2020
2	Auckland	Local Government	6+ years	Face to face	November 2020
3	Auckland	Charitable Organization	10+ years	Face to face	January 2021
4	Rotorua	Humanitarian	5+ years	Face to face	February 2021

Source: Authour's own

The interviews were conducted as face-to-face interviews as all the KIs were available in Auckland at the time of interviewing. An audio recording of each interview taken using the researcher's mobile phone. All interviews were transcribed by the researcher within a week of conducting each interview. This was to ensure that the information discussed within each interview was still fresh in the researcher's mind. Once each interview was transcribed, important points of information or quotes were also highlighted so they could be easily identified later.

3.4 Analysis of the Data

Analysis of the interviews involved a combination of techniques such as skimming through (superficial examination), reading (thorough examination) and interpreting the data. A thematic analysis was then applied to the to the analysis process to capture patterns within the data. Braun and Clarke's (2013), six-step thematic analysis procedure was used. The first step is for the researcher to familiarise themselves with the data. In this instance it involved the researcher identifying and highlighting areas within interview transcriptions that related to how the homeless were conceptualised within DRR policies, and how policies and actions supported the homeless during the COVID-19 pandemic. The second step is to assign codes to the data. This involved the researcher coding interesting features such as quotes and assigning a systematic method to the entire set of data collected. A colour coding system was adopted by the researcher so themes and categories across the raw data could be easily identified. The third step is to search for relevant themes. The researcher in this instance would group together and highlight common themes associated with the research topic. These patterns were utilised by the researcher as emerging themes and became categories for analysis (Starks and Trinidad, 2007). The fourth step involves reviewing these themes to ensure that they are relevant to the research topic. The fifth step is to define and name the themes that have been identified before moving onto the final and sixth step which involves analysis and discussion of said themes.

3.5 Researcher Reflexivity

Reflexivity refers to the researcher acknowledging their role in the research process. As a researcher there would be some assumptions, opinions and beliefs that could influence and impact the research (Dodgson, 2019). Researcher reflexivity, therefore, refers to the type of critical reflection the researcher takes in respect to their research. It is important in qualitative research to establish rigor and thus being attentive to one's own cultural, social and political perspectives, as well as the perspectives of those that are interviewed (Dodgson, 2019).

As the primary researcher for this study my interest in the homeless within the context of DRR policies originate from my professional background as a qualified Environmental Health Officer. I have worked for nearly a decade in the local government sector with the last four years being an active volunteer for Auckland Emergency Management. During the COVID-19 pandemic I also worked for the Auckland Regional Public Health Service (ARPHS) as a contact tracer. Having grown up in South Africa, a country often running on stretched resources, it seemed to me that New Zealand was a country that was well prepared for a disaster. It was not until the aftermath of the Christchurch earthquake in 2011 that it was evident to me that there were limitations associated with local disaster planning processes. It was during this time that I developed an interest in how communities cope with a disaster. This promoted my interest to pursue a master's degree in Disaster Risk Management and Development at AUT University. It was during this time that I developed a keen interest in how marginalised communities deal with disasters. I found through my reading of the academic literature at the time that there was little research conducted on the homelessness in New Zealand, especially in the context of disaster planning and DRR policies. COVID-19 also provided a good opportunity to explore how the issue of homelessness was dealt with during a pandemic. As a frontline worker for the ARPHS I was exposed to constant change as new policies, practices and procedures were being implemented daily to deal the disaster of a global pandemic.

My interest in the homeless and DRR policies, coupled with my existing professional experience in environmental health have provided me with valuable knowledge and tools to conduct this research. During the recruitment process I was able to easily identify potential KIs through my existing professional networks. This allowed me to be comfortable when engaging with the KIs during interviews. I was also able to demonstrate to the KIs who I had acquired a reasonable amount of knowledge around the topic due to my education and work experience, which further reinforced my ability to connect with KIs on a meaningful level.

3.6 Ethics

Ethical approval for this research was granted 29 September 2020 reference 20/189 by the Auckland University of Technology (AUT) Ethics Committee. The ethics application submitted to the committee outlined the purpose of the research, the research design and what assurances would be taken to maintain confidentiality and anonymity of the KIs. As the research involved discussion of sensitive topics such as homelessness and the COVID-19 pandemic it was crucial that ethical approval through AUT was sought prior to any contact being made with potential KIs. The rationale for this was so that the interviews obtained as part of the research were voluntary and KIs were not under any pressure to participate. This was especially important as the interviews were conducted during the pandemic and a lot of discussions were around the complexities associated with the pandemic and the management of the homeless during this time. When conducting interviews, the researcher also needed to maintain specific behaviours to uphold the ethical integrity of the research. The researcher needed to be respectful of the opinions and views expressed by the KIs. Therefore, if a comment was made that did not align with the researcher's opinion it was important that this was not voiced to the KI. It was important for the researcher to keep their personal thoughts to themselves so that the KIs could comfortably express themselves throughout the interview. It was also important for the researcher to ensure that their interviewing technique did not come across as too pushy or aggressive. If the researcher was interested in unpacking a particular statement or comment further this needed to be done in a manner that did not come across as bullying or cornering the KI. During the interviews it was also important that the researcher displayed a neutral yet friendly demeanour. If the researcher were to come across as robotic this could have made the KI feel uncomfortable and potentially jeopardise the data that was being collected. Basic gestures such as eye contact, smiling and not sitting with folded arms were carried out by the researcher.

Summary

Understanding the complexities associated with carrying out specific research methodologies is an important part of the research process. Understanding these complexities during the research process ensured recruitment of KIs and how interview data was analysed and interpreted was objective and free from bias. The ability to use semi structured interviews provided flexibility which allowed both the researcher and the KIs to engage in a critical and detailed discussion around homelessness, DRR policies and actions and the COVID-19 pandemic.

CHAPTER FOUR: RESEARCH FINDINGS

Introduction

The scope of this research was to investigate the extent to which New Zealand Disaster Risk Reduction (DRR) policies cater for the homeless, including whether such policies were effective and what opportunities could be sought to enhance them. The interview questions for this research focused on gathering the perspectives of professionals that work in the wider DRR sector and not for profit organisations (NGOs) that interact with the homeless on a day to day basis. The interview questions were first geared towards the structure of DRR policies in New Zealand and how these relate to the homeless. Questions were also asked in relation to DRR policies and the homeless during COVID-19 as the pandemic presented an excellent opportunity to assess how effective policies were during the disaster. As discussed in Chapter 3 the approach used for the interviews with key informants was inductive. This would allow the raw data from the interviews to produce themes, as opposed to a deductive approach where interview questions were constructed to inform predetermined ideas. The interview questions were also open-ended to minimise the researcher's influence over participants' responses. The themes that emerged from this research and that will be discussed are: 1) the complexities associated around capturing the homeless for DRR policy, 2) shortages associated with temporary and emergency housing, 3) issues associated with coordination, lack of funding and 4) access to resources and a temporary solution to homelessness through COVID-19.

4.1 Complexities associated around characterising the homeless for DRR policy

A key theme that emerged from the interviews with the KIs was the ambiguity around defining homelessness. When asked about the homeless all four of the KIs needed to clarify what category of homelessness were being discussed, as illustrated in the following quotes:

“When you think of homeless what comes to mind? The guys out on Queen Street right?”(KI

1: pers. Communication, 02/11202)

“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 of wrap around services” (KI 2: pers. Communication, 16/11/20).

“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)

It appears that rough sleepers that are male tend to be the most visible in a large city such as Auckland, and therefore garner more visibility than other forms of homelessness such as those in shelters, living in their cars or those in overcrowded or substandard living. The complexities around defining homelessness were also evident throughout some of the policy documents the KIs referred to. For example, Auckland Council’s and Wellington City Council’s homelessness strategies both identify varying grades of homelessness similar to that of the ETHOS Model. While various categories of homelessness are acknowledged, both documents primarily 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 that is addressed when it comes to city planning and development.

“There’s like different levels within homelessness too, the ones that have been homeless for years versus someone whose just entered the streets” (KI 4: pers. Communication, 04/02/2021)

“We’ve had all sorts come through to us, the mentally ill, the physically disabled, the emotionally distressed”. (KI 3: pers. Communication, 13/01/2021)

“It’s challenging to work with [homeless people] because there’s a different narrative everywhere” (KI 4: pers. Communication, 04/02/2021)

Those that are homeless can possess a multitude of characteristics. When discussing homelessness with KIs it was clear that a standardised definition of what constitutes as homelessness was could not be observed. As one of the KIs pointed out, it was evident that those that were rough sleeping were the main category of homelessness that agencies and policies tended to focus on:

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

The definition of homelessness also becomes more difficult in the context of DRR and disaster management as emphasised in this quote:

“You have the OG (original) homeless if you like before a disaster and then you have the newly made homeless as a result of a disaster. Who exactly are we talking about when we say ‘homeless?’” (KI 2: pers. Communication, 16/11/20)

What constitutes as homeless can be further problematic when it comes to both DRR and disaster management. As with 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. As expressed by the KI:

“We literally had a handful of backpackers that were ready to go to the airport and their flights were cancelled. They lost their spots at their hostel and they couldn’t afford anywhere else, so we scrambled to argue for them to be placed in emergency housing for the sake of the lockdown so they wouldn’t be on the streets” (KI 1: pers. Communication, 02/11/20).

Another complexity associated with defining homelessness is that it does not account for ethnic or cultural considerations. In New Zealand, Māori are four to six times more likely to experience homelessness and make up a large proportion of those that are experiencing homelessness. The data from the interviews with the KIs identified the importance of acknowledging the needs of Tāngata whenua when developing a criterion for homelessness. Some of the KIs voiced that there are unique spiritual and cultural complexities of being Māori and being homeless such as a physical loss of connection to whānau (family) and iwi (tribe). Many Māori see their marae (meeting place) as their home as opposed to the stereotypical structures of a house with four walls and a roof.

“For Māori being homeless is a physical disconnect with their whānau and it’s a cultural and spiritual disconnection as well” (KI 4: pers. Communication, 04/02/2021)

“Māori share such a strong connection to the land and sea so this spiritual dimension should be important when we talk about homeless Māori” (KI 3: pers. Communication, 13/01/2021).

4.2 Shortages associated with Temporary and Emergency Housing

A key theme that emerged from the interviews were the shortages associated with temporary and emergency housing. Although the KIs were not specifically asked questions around housing shortages, all of them explained how the impacts of COVID-19 had fuelled a housing crisis across the country. This, therefore, placed a greater strain on the amount of housing available to the homeless during the pandemic. The COVID-19 pandemic not only

highlighted the urgent need for the homeless to be sheltered, but it also implied that the rate of homelessness would ultimately increase across other categories of homelessness:

“Everyone is coming back to New Zealand now ‘cause they know it’s the safest place to be. But we can’t actually fit everyone in here! Expats are using all the Airbnbs and blocking out motels. Whatever is left is used for MIFs (managed isolation facilities)” (KI 2: pers. Communication, 16/11/20)

“We could only just fit the homeless that we had during lockdown”. (KI 3: pers. Communication, 13/01/2021)

Many New Zealand citizens and permanent residents that were previously living abroad were returning home to New Zealand at the start of the pandemic. Some of these people would be returning to non-permanent forms of accommodation such as boarding with friends or family. Some may be couch surfing to taking up residence in hostels or AirBnB for long periods of time. Some people may also become homeless due to COVID-19 through job loss or financial instability. All of these scenarios ultimately increase the demand temporary and emergency housing. The implications of the pandemic meant that rough sleepers needed to be housed quickly, but there was a lack of long-term planning associated with this strategy. As KI 3 explained:

“Some of the housing allocating the homeless was already set up through the pre-planning of housing first. So, this is what allowed us to quickly move those on the streets into emergency accommodation. We just didn’t know how long that could realistically be for” (KI 3: pers. Communication, 13/01/2021)

This suggested that little thought given to how long the homeless would reside in temporary/emergency housing. New Zealand moved to Alert Level 4 on 25 March 2020. This

resulted in a nationwide lockdown restricting everyone's movements. Those that were rough sleeping around the country were quickly moved into emergency housing within the space of 48 hours. KI 3 further explains that some of the housing situations were not ideal for the homeless and that this reflects a lack of understanding from the policymaker as to what is practical for the homeless:

“Many of the motels had unrealistic expectations of them (the homeless). How can you take someone off the street and put them in a room and expect them to cook for themselves when they've never done that before?” (KI 3: pers. Communication, 13/01/2021)

On 11 May 2020 New Zealander moved down to Alert Level 2, meaning that there were less restrictions in and around public spaces. There were no set policies in place as to how long the homeless would remain in emergency housing:

“Going into winter we couldn't just kick them out because that would be cruel. So, we were able to keep most of them with us (in emergency housing) through June, July August”. (KI 1: pers. Communication, 02/11/2020)

This finding is also consistent with some of the documents that were looked at in conjunction to the KI interviews. Policies developed in relation to New Zealand's homelessness policies such as the Aotearoa Homelessness Action Plan 2020-2023 make no reference as to how long emergency housing would be used to shelter the homeless in the context of a disaster (Ministry of Housing and Urban Development, 2020). The document outlines the current state of homelessness compared with emergency housing needs prior to COVID-19, and what processes are in place to increase the supply of urgent emergency housing as of 2020.

4.3 Issues associated with Coordination, Lack of Funding and Access to Resources

Homelessness is complex. There are multiple agencies in New Zealand that are involved with addressing the issue of homelessness and delivering outcomes across the country. Notable key agencies include 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 interviews with the KIs was the lack of funding provisions and resources associated with helping the homeless. Currently there are several key agencies in New Zealand that are involved with the homeless. Across these key agencies there are disparate levels of funding, resources and responsibility. Larger cities like Auckland where there is a higher proportion of homeless have been more proactive with their approach to addressing homelessness. The findings from the KI interviews showed that there was a portfolio that sits within Auckland Council that is 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 towards taking the first steps towards advocating for the homeless, they are often stalled or ranked lower in priority due to a lack of fiscal provisions. This is illustrated with the following quote:

“Some of us are super passionate about the homeless but passion doesn't always translate into policy” (KI 2: pers. Communication, 16/11/20)

Smaller regional towns across New Zealand face similar issues. Often there is a lack of detailed frameworks or policies existing for DRR, let alone resources dedicated to groups identified as vulnerable such as the homeless. This was evident when interviewing the KIs as little information was sought from smaller regional councils in terms of provisions and services for the homeless. As quoted by a KI during the interview:

“You have to get our own hands dirty if you want to see some change happening for these people (the homeless)” (KI 4: pers. Communication, 04/02/2021)

In New Zealand there are a handful of key government agencies that are involved in supporting the homeless. However, there is no one 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 disaster planning, agencies such as Civil Defence can step in assist the local community and activate a CIMs framework for response. An agency such as Civil Defence coordinates the logistics of gathering and distributing resources such as food and water. Civil defence also coordinates and offers logistical support to other lead agencies such as Fire and Ambulance 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, 02/11/202)

Through the research findings it was evident that a lot of agencies are 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:.

“There is no overarching public entity in NZ that covers funding even though homelessness is a cross agency issue” (KI 2: pers. Communication, 16/11/20)

4.4 A temporary solution to Homelessness through COVID-19

The quick pace of the COVID-19 pandemic meant that many countries were caught off guard with their response to the virus. In New Zealand the visibility of homelessness seemed to have almost been solved through a response to the pandemic. This was a popular comment that seemed to continuously appear throughout the interviews with the KIs.

“We needed something like COVID-19 to give us that push”. (KI 2: pers. Communication, 16/11/2021)

“COVID-19 proves we can solve homelessness”. (KI 4: pers. Communication, 04/02/2021)

The need to move the homeless into emergency housing was triggered by the impending nationwide level 4 lockdown. While many New Zealanders prepared themselves to stay at home for the next four weeks, local governments and NGOs scrambled to think of solutions on how to house rough sleepers. The homeless were immediately identified as a vulnerable group during the onset of the pandemic due to their chronic health issues and transient lifestyles. This meant their ability to contract and pass on the virus was extremely high. There would have been impracticalities associated with allowing rough sleepers to continue moving amongst public areas:

“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’ve been doomed”. (KI 3: pers. Communication, 13/01/2021)

“Yes we had to house them (the homeless). COVID would’ve been ten times more rampant if we didn’t!” (KI 4: pers. Communication, 04/02/2021)

Outreach workers were having to approach the homeless on the streets and advise them to sleep at least a meter apart in the lead up to the nationwide lockdown. This was a challenging message to send across and was ultimately ill received by the homeless. Those on the streets simply did not want to cope with the new demands that COVID-19 brought.

Interviews indicated that for the homeless their everyday life is often seen as a disaster, so when they were asked by outreach workers to take extra precautions and distance themselves from one another this was not seen as a priority. The threat of COVID-19 also highlighted how important existing processes and structures geared towards the homeless were. As KI3 explains:

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

This also meant that there were challenges associated with explaining the severity of the pandemic to the homeless and the justification for a nationwide lockdown. The homeless for the most part live their lives on their own terms. They know what help is available to them and they often know where to go to get this. The accessibility the homeless had to these services were almost used as bribes to encourage them quickly into emergency housing. KI4 further elaborates:

“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).

Summary

Several important themes have emerged from the analysis of the interviews with the KIs. Careful examination of the data from the KIs interviews show that there is no clear agency in New Zealand that will take the lead on supporting the homeless in the event of a disaster. This lack of clarity ultimately has contributed to ambiguity in terms of legislative action, coordination and allocation of resources and funding. The findings of this research suggest that the definition of homelessness can be broadly applied across several categories, but it is rough sleepers that garner the most attention due to their visibility across a major city such as Auckland. This has caused the direction of policies and initiatives to focus mostly on rough sleepers as opposed to other types of homeless, or those that were made homeless as result of the pandemic. The importance of Tāngata Whenua when it comes to homelessness was also evident throughout the data collected. Māori are more likely to experience homeless in New Zealand, so it is crucial that this ethnic consideration is taken into account when defining homelessness. Shortages associated with temporary and emergency housing were also highlighted through the interviews with the KIs. The COVID-19 pandemic only exacerbated these shortages. Not only were New Zealanders returning home once COVID-19 was declared a pandemic, but many New Zealanders were also facing financial hardship and at risk of becoming homeless due to the impacts of the pandemic. Homelessness in New Zealand seems to have been tackled as a result of COVID-19, but upon closer examination of the data collected it is evident that the response to COVID-19 has only provided a temporary solution to the problem. These themes will be discussed in greater detail in Chapter Five to further investigate the primary research question and research objectives of this master's dissertation.

CHAPTER FIVE: DISCUSSION

Introduction

This Masters dissertation aimed to investigate the extent to which the homeless are integrated into DRR policies and actions across New Zealand. The COVID-19 pandemic in New Zealand was used as a case study for this research as it provided a good opportunity to assess how DRR policies interacted with the issue of homelessness. The objectives of this research were to:

1. Identify the DRR policies and initiatives supporting the homeless during COVID-19;
2. Assess the relevance and effectiveness of these policies and initiatives in relation to DRR during COVID-19;
3. Recommend better ways to support homeless people for DRR.

As outlined in Chapter Four, several key themes were identified as part of the research results. This includes complexities around capturing DRR policies for the homeless, shortages associated with temporary and emergency housing, issues associated with a lack of coordination, lack of funding and access to resources, and a temporary solution to homelessness through COVID-19. Chapter Five aims to provide a discussion of these key themes in relation to the research objectives. The findings will be discussed in relation to some of the existing academic literature and grey literature around the topic of homelessness and disaster management. This section will also draw upon examples about policies supporting homeless people and how these have been applied to the context of the COVID-19 pandemic. Section 5.1 will discuss emergency housing as a prominent theme that emerged from the results. Section 5.2 will discuss the importance of gathering accurate information on the extent of homelessness in New Zealand in order to inform better decision making around disaster response for the homeless. Section 5.3 will then look at the importance of an integrated and collaborative approach to facilitate effective DRR policies and practices. Section 5.4 will then provide a conclusion to this research dissertation and provide recommendations for the future. Section 5.5 will discuss the limitations associated with this research and the impact these limitations may have had on the overall findings and outcomes.

5.1 Emergency Housing

A strong theme that emerged from the results in Chapter Four relate to that of housing shortages. To identify the existing policies and initiatives supporting the homeless, it is important to discuss the ways to house the homeless throughout different stages of disaster response. At the onset of the pandemic outreach workers and local governments scrambled to house rough sleepers before the impending national lockdown. Hotels and motels that were normally never allocated for accommodating the homeless were suddenly full. The response to housing the homeless during the lockdown was reactive. There had been some foundations laid by local authorities in providing homes for the homeless prior to COVID-19 via the Housing First scheme, which provided some easability with relocating rough sleepers.

Historically, the homeless would typically be placed in mass shelters alongside the general public during a disaster (Morris, 2020). Mass shelter accommodations have been identified in the academic literature as being ill-equipped with being able to address the complex and varied needs of the homeless (Morris, 2020). While there were provisions to accommodate the homeless in hotels and motels during the national lockdown, many of these accommodation types were not fit for purpose or practical for the homeless. Many of the homeless needed extra services for mental health and drug/alcohol addiction which were difficult to provide during time when social distancing and isolation was a must. The Housing First scheme was not fully functional in New Zealand when the COVID-19 pandemic happened, but the approach was valuable as a long-term solution to addressing homelessness. When the COVID-19 pandemic hit outreach workers needed to quickly and safely temporarily accommodate the homeless. These rooms, however, were not a permanent solution and since the national lockdown in 2020 many rough sleepers have transitioned back to the streets (Radio New Zealand, 2021). The Housing First scheme in New Zealand also failed to deal with other forms categories of homelessness such as those living in overcrowded conditions, debilitated housing or couch surfers, which during the COVID-19 pandemic were still prominent forms of homelessness. For this approach to be feasible as a practical solution to accommodating the homeless in the event of a disaster, the Housing First approach requires an appropriate supply of accommodation at the regional level. Where the Housing First approach has been implemented in New Zealand, it is evident that there has been a lack of suitable and available supported accommodation, which with the case of COVID-19 has hindered the efforts of outreach workers and local governments in moving the homeless to permanent housing.

COVID-19 and related governmental measures severely impacted New Zealand society, including homeless people. The policies and initiatives supporting the homeless during the COVID-19 response were limited. Ultimately the only process that was in place for the COVID-19 response related to moving rough sleepers off the streets and into emergency accommodation for the purposes of the national lockdown. There were no initiatives in place to assist those that were categorised within other types of homelessness. The research did not aim to focus on a particular category of homelessness, but the research findings in Chapter Four demonstrated that rough sleepers were the most referred to category when speaking with the KIs. As a result, 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. The categories of homelessness that existed prior to COVID-19, and the categories of homelessness that resulted due to COVID-19 are summarised below in Table 5.

Table 5: Table showing categories of homelessness that existed prior to COVID-19, and categories of homelessness that resulted due to COVID-19.

Type of Homelessness	Prior to COVID-19	Due to COVID-19
Rough Sleepers	✓	
Overcrowded Housing	✓	
Communal Living	✓	
Returnees		✓
Tourists		✓
Homeless due to Job loss in pandemic		✓

Source: Author's own

These results are consistent with some of the existing literature on homelessness interventions and responses in time of disaster. As Aldridge (2020) suggests, rough sleepers

tend to be more visible to the public than other forms of homelessness. O' Carrol (2019) states that this is the most confronting form of homelessness, and in large cities it is common that rough sleepers will be dotted around public spaces and the central business district (CBD) area. As this tends to be the primary form of homelessness that the public sees, it is often the category of homelessness that gets the most attention when it comes to implementing policies, and planning (Kidd, 2017). In the present study, it was evident that the large majority of policies developed were aimed at addressing rough sleeping in densely populated public areas such as the city centres. There was little information available on whether other categories of homelessness were considered and whether any suburbs outside of the CBD were examined.

In the context of the COVID-19 pandemic some claimed that rough sleepers were likely the primary focus of DRR and disaster management because they posed the biggest risks in terms of contracting the virus (Perri et al., 2020) and spreading the virus onto others (Lewer et al., 2020). For instance, their transient lifestyles and difficulties in accessing basic resources such as regular showering and hand washing facilities meant the homeless were at higher risk of contracting and transmitting the COVID-19 virus (Tsai & Wilson, 2020). This finding was consistent with the data collected from the interviews with the KIs and was also seen in other countries such as Australia and United States of America. Both countries moved quickly to address rough sleepers and move them into temporary accommodation to limit the spread of COVID-19 (Parsell et al., 2020).

In New Zealand the national lockdown promoted outreach workers and local councils to act quickly and remove rough sleepers from the streets, but there were no provisions in place to house other forms of homeless in the same quick manner. Many New Zealanders also over time were on the brink of becoming homeless due to job losses and economic instability brought on by the pandemic. In March 2021 it was estimated that 6.1 percent of New Zealand's working population were on the jobseeker benefit, compared to the 4.6 percent estimated prior to COVID-19 (Statistics New Zealand, 2021). Yet at the onset of the pandemic, the on-going response to COVID-19 has largely focused on an emergency response to assist those that are rough sleeping.

The interviews also revealed that the homeless could not be thought of as a homogenous group. Homelessness is a multi-faceted phenomenon. Beyond trying to categorise the different types of homelessness, there are also significant diversities such as culture, ethnicity and gender which need should be considered. Auckland, for example, is one of New Zealand's most

ethnically diverse cities, with more than 40 percent of Aucklanders being born overseas (Finnis, 2004). The world's largest Pasifika population is located in Auckland as well as two thirds of the country's Māori population (New Zealand Statistics, 2020). With such a unique societal make up, Auckland's DRR policies and frameworks seem to lack the ability to foster resilience across such linguistic and cultural diversity. For example, the Auckland Council Emergency Management plan has a chapter that outlines the ethnic and cultural diversity of the city, but there are no specific tools or processes set out in the four stages of emergency management (reduction, readiness, response and recovery) that tackle the challenges or issues of having such a culturally diverse community (Marlowe et al., 2017). This is problematic as many people get their sense of belonging through their cultural and religious activities, rather than being place-based (Vickery, 2005). This means that just because people are living in an area it does not equate to them being fully aware or able to cope with localised hazards (Vickery, 2005). This is an important criterion to consider when it comes to providing DRR policies for the homeless, as they are often transient in lifestyle so may move across several areas of a region. A better understanding of a city's heterogeneity is needed to ensure that responses to a disaster are more inclusive to all members of society. As Johnsen (2018) suggests, it is important to survey the extent of homeless in terms of gender, age, ethnicity and geographical location. Accurate qualitative and quantitative data on the homeless can help improve service delivery and assist with fit for purpose DRR strategies. With the example of COVID-19, outreach workers and local governments only approached the homeless that were visible to them to safely move into temporary accommodation. Outreach workers did not have any recent or reliable counts as to how many rough sleepers were situated outside the CBD areas.

Existing data shows that in New Zealand Māori are four to six times more likely to be homeless (Ministry of Housing and Urban Development, 2021). The interviews with the KIs also reinforced this notion as many commented on the vulnerability of Māori with respect to homelessness and disaster response. This finding is in line with different studies showing that indigenous people tend to make up the largest portion of those that are homeless in developed countries (Lawson-Te Aho et al., 2019). Māori have had a historic predisposition to homelessness, like many other indigenous communities that have experienced colonialization (Lawson-Te Aho et al., 2019). In addition to this, homelessness for Māori has been described as an issue that is also structural in its nature, growing from issues associated with vulnerability, poverty and social exclusion (Groot et al., 2011). This has given rise to multiple risk factors

that are exacerbated for them. Māori have been identified in New Zealand as having the poorest health status of any ethnic group.

It is estimated that only 22 percent of Māori have a personal income of NZD\$50,000 or more and only a third of all Māori acquire a formal qualification (Kara et al., 2011). There are unique spiritual and cultural complexities associated with being Māori and being homeless, and these considerations need to be considered throughout disaster-related policies and frameworks. Māori experience homelessness as a physical loss of connection to whānau (family) and iwi (tribe). In contrast to this notion, the research findings have shown that many of the homelessness services or networks in place provided little or no sense of belonging for Māori. For example, kaitiakitanga (guardianship) is a core concept of Māori principles which reinforces the social obligation of Māori to provide a safe environment for their community (Kenny and Phibbs, 2015). Manaakitanga (to extend love and compassion) is another key concept which means extending hospitality and support to another person, even a stranger (Kenny and Phibbs, 2015). These key concepts were notably absent from New Zealand homelessness services as many of these continued to separate Māori from their communities. The academic literature has noted that Māori are perceived to be resilient to a disaster, which is why they are missed when it comes to developing effective policies for DRR (Kenny and Carter, 2018). Māori custom and tradition makes them less materialistic so when a disaster occurs, they are less likely to be affected by it. Kenny and Carter (2018) argue that this perception has led policymakers to blur the lines between resilience and endurance, minimising the vulnerability of Māori with respect to hazards and disasters.

During the COVID-19 response rough sleepers were transported to hotels and motels. There is no data available to establish whether maraes or spiritual meeting places were approached or had the capacity to take in Māori rough sleepers in for the duration of the lockdowns. A marae is an integral component of Māori spirituality (Cram, 2020). Such places have historically been used by Māori as a location to gather and collaborate with the community. Maraes were typically dotted throughout rural landscapes across New Zealand, but in recent times have emerged within the urban environment (Cram, 2020). In the Auckland region alone there are 64 maraes, making them now a more common landmark within densely populated areas (Cram, 2020). Maraes have been used in the past for emergency housing purposes during disaster response: shortly after the Christchurch 2011 earthquake, maraes across the Canterbury region quickly took in homeless residents and provided them with shelter and food (Kenny and Phibbs, 2015). With large kitchens and the ability to accommodate large

numbers of people, maraes provided a practical solution to emergency housing following a disaster. The Civil Defence have since sought to provide maraes with disaster preparedness and created toolkits to assist them (Kenny and Phibbs, 2015). With respect to COVID-19 it is likely that maraes would have not been able to provide the appropriate separation and distancing between people which was crucial during a lockdown. Cooking, eating, washing and sleeping facilities are communal and movement between these shared spaces would have been hard to moderate.

5.2 Monitoring Homelessness patterns and trends

The extent of homelessness in New Zealand is currently underestimated due to the fact that there are no robust methods for counting all of the homeless. Chapter Four detailed some of the agencies that rely on physical counts to estimate the number of homeless. This can be problematic in the context of disaster planning if policymakers simply do not know how *who* they are planning for. This issue became evident when looking through policy documents as statistics and figures relating to the level of homelessness in New Zealand varied across publications. Much of the policy documents and frameworks reviewed alongside the KI interview data drew on information from Statistics New Zealand, which itself lacks up-to-date information as it is reliant on a five-year census. The use of a five-year census may misrepresent the true homelessness figures and under-count the extent of the issue as there is a reliance on self-reporting of households. Many people may not disclose the true nature of their living conditions therefore, overcrowded and temporary living circumstances may be missed through this type of reporting (Bycroft, 2015). As the census is used as a self-reporting tool, only those that have a physical address can complete the form. This ultimately misses out counting anyone that may be on the streets or sleeping in vehicles.

Auckland Council has been reliant on supplementary data from the Auckland City Mission in recent years to establish a more accurate count of its rough sleepers. Auckland City Mission undertakes an annual street count of rough sleepers located within a 3km radius of the Sky Tower. This information is utilised by Auckland Council as part of its Homelessness Action Plan. The street count, however, only provides an overview of what is happening in central Auckland and does not include coverage of any other suburbs. Other local governments have recently begun adopting the street counting method, with Hamilton City Council,

Tauranga Council and Wellington City Council citing this method in their annual homelessness reports (Ministry of Social Development, 2018).

The findings in Chapter Four also demonstrated that while attempts have been made in the past to physically count rough sleepers, those living in overcrowded housing, dilapidated housing or couch surfing were not included within the search parameters of being ‘homeless’. This is why catering for the homeless in the context of a disaster is problematic. As Mabhala (2017), suggests quantitative data across all categories of homelessness is important for quantifying resource needs. With the case of COVID-19 in the New Zealand, rough sleepers were likely prioritised with the national lockdown due to their vulnerability to the virus and because they were then most obvious form of homelessness. In the Auckland region specifically, the Auckland Emergency Management team provided some assistance during the pandemic to households by way of food parcels. Nonetheless, the agency did not have up to date data on what levels of overcrowding were occurring across Auckland homes. This meant that Auckland Emergency Management did not have accurate information as to how many households required food parcels and how many food parcels, volunteers or deliveries they needed to coordinate during the lockdown. As Fowler et al. (2019) suggest, the idea of ‘hidden homelessness’ such as those in overcrowded and dilapidated dwellings may be a more pressing issue than rough sleeping itself. The extent of the issue is unknown however, as there is little qualitative and quantitative information available on this in New Zealand. As Boven (2020) notes, census data may be flawed, and people may not be providing an accurate depiction of what is happening within their households.

A better understanding as to the state of homelessness can be beneficial for DRR planning and when responding to a disaster. This would provide policymakers with better information to create and implement policies and actions that are tailored to complexities associated with homelessness. A better understanding as to the state of homelessness would also allow key agencies to coordinate resources effectively and ensure that localised hazards do not turn into large scale disasters. New Zealand’s disaster planning philosophy is that every member of society is included in DRR planning (National Emergency Management Agency, 2019), yet at the agency level, there are no reliable forms of data as to exactly how many New Zealanders are homeless. A localised database for service providers could prove to be a valuable tool when providing aid and support during a disaster. A good example of this in New Zealand is the Social Mapping Database of Wellington. The Regional Public Health team in the area took the lead in acquiring all the contact details and descriptions of housing, boarding

accommodation and support available to the homeless across the greater Wellington Region (Wellington City Council, 2014). In the event of a disaster, local service providers can easily tap into the data collected from this exercise and use the information to consult with front line workers to coordinate support for the homeless.

5.3 Who is responsible for integrating the homeless in DRR?

It is also important to look at who is responsible for the homeless and the current structure of disaster response in New Zealand to assess the relevance and effectiveness of policies and initiatives related to DRR. Coordination occurs at various levels of disaster response. The academic literature has cited that coordination through a top-down approach, therefore central government through local government is most effective (Enekel et al., 2017). The findings in Chapter Four have shown that there is a lack of coordination occurring at the central level with several key agencies in New Zealand coordinating the homeless. The academic literature has noted that for disaster response to be effective for all groups of society clear coordination, direction and collaboration between stakeholders at the central level is needed (Schoch-Spanza et al., 2019). New Zealand has no current or proposed legislation citing which agency has responsibility for the homeless during a disaster. As Parsons et al. (2016) suggest, when an agenda item appears across the portfolio of several stakeholders its priority can often become diluted. Currently the Ministry of Social Development (MSD), Child Youth and Family Services (CYFS) and the Ministry of Housing and Urban Development (MHUD) 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 allocating resources for the homeless.

The above ambiguity has been seen in some of the meeting agendas and memos reviewed in parallel to data obtained from the KIs. In July 2020 the Auckland City Centre Advisory Board aimed to look at Auckland Council's response to homelessness after the COVID-19 Alert Level changes. The agenda highlighted that the Inner-City Auckland Homelessness initiative needed to be revived urgently as there was a sharp increase in notifications regarding anti-social behaviour from rough sleepers along Karangahape Road. A month later, in August 2020, the Inner-City Auckland Homelessness initiative provided a memo to the Auckland City Centre Advisory Board identifying the number and source of

public notifications. As Table 6 demonstrates, the public itself report the homeless to several different organisations. This suggests that there is a lack of clarity on who is tasked overall responsibility for the homeless. The memo also details that while the assessment and gathered information was conducted by a team within Auckland Council, and even though the majority of notifications were made to Auckland Council, the actual process of dealing with these notifications was passed onto the Auckland City Mission to manage the notification.

Table 6: Source of public notifications.

Source	Number of Notifications
Auckland Council	44
Member of Public	26
Auckland City Mission	5
Auckland Central Police Station	2
Auckland Motorway Alliance	4
Auckland System Management	1
St John's	1
City Guard	1
New Zealand Transport Agency	1

Grand Total	85
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Source: Authour's own

The research findings also demonstrated that some of the larger regional areas such as Auckland have been proactive in constructing strategies for the homeless in conjunction with other local agencies. Nonetheless, smaller regions across New Zealand have been limited in what they can achieve in terms of disaster policies and frameworks due to limitations with funding and resources. This was conveyed by one of the KIs interviewed, stating that they had to take the issue of homelessness into their own hands. This contrasts with what has occurred in the United Kingdom, where municipal authorities have been given specified responsibilities, funding and resource allocation from the central government to look after their homeless in the event of a disaster (Department of Communities and Local Government, 2015). The Homelessness Reduction Act 2017 has substantially transformed the United Kingdom's homelessness strategy. The act requires municipal authorities to prevent homelessness in their regions and provide services such as housing and healthcare to anyone that is homeless, therefore all categories of homelessness (Dobson, 2019). This means that every person that is homeless gets the same level of attention and priority and that resources are not simply allocated to those that need them the most (Dobson, 2019).

In the context of COVID-19 this legislative requirement of municipal authorities meant that not only rough sleepers but those that were in overcrowded housing or couch surfing were allocated emergency and temporary housing during the United Kingdom's pandemic restrictions and curfews (Lewer et al., 2020). An above process was notably absent during New Zealand's response to COVID-19 with no official provisions in place for other categories of homelessness other than for those that were classed as rough sleepers. It could be argued that New Zealand's priority to accommodate rough sleepers during the national lockdown was a result of limited hotel/motel availability. Many of these amenities were quickly being transformed into managed isolation facilities as the New Zealand government introduced mandatory hotel isolation on 9 April 2020 (Jefferies et al., 2020). It was early on during lockdown restrictions in New Zealand that hotels and motels were being set aside as managed isolation facilities. Yet, in the United Kingdom, 14-day self-isolation requirements were only introduced by the government on 8 June 2020. This meant that travellers could isolate at their

homes early in the pandemic (Smith and Potts, 2021). A 14-day hotel quarantine for travellers only become mandatory in the United Kingdom as of 15 February 2021 (Smith and Potts, 2021).

A similar approach to the United Kingdom's Homelessness Reduction Act 2017 has been established in New Zealand with the Aotearoa New Zealand Homelessness Action Plan. The plan was established in February 2020 prior to true impacts of COVID-19. The plan's primary focus, therefore, has not evolved beyond increasing the amount of emergency and transitional housing available for those experiencing homelessness. This was noted by some of the KIs interviewed and suggested that the establishment of such plan may have been helpful to utilise during the response to COVID-19. The plan's foundations provided capacity for the government to keep the homeless safe during the national lockdown. However, the plan's core focus was to ensure that those in motel accommodation did not exceed a stay of 7 consecutive nights and move onto long-term accommodation where wrap around services such as healthcare would be provided (Ministry of Housing and Urban Development, 2021). The Aotearoa New Zealand Homelessness Action Plan seems to share similar ideologies to that of New Zealand's Housing First scheme, yet the two plans seem to have been developed separately from each other. This highlights the underlying issue with current DRR policies and actions in New Zealand where there seems to be a lack of coordination at the agency level about what needs to be implemented. Both the Homelessness Action Plan and the Housing First scheme aim to move those that are experiencing homelessness through to an accommodation type where they will be provided with access to mental healthcare, drug and alcohol rehabilitation and secure long-term housing. Both these approaches provide a clear example of how two similar policies in New Zealand continue to receive political advocacy, funding and resource allocation from central government at the same time but remain separate in their implementation.

5.4 Research Conclusion

This research aimed to investigate the extent to which the homeless were integrated into COVID-19 response initiatives and policies across New Zealand. The COVID-19 pandemic in New Zealand was utilised as a case study for this research as it provided a good opportunity to assess how DRR policies interacted with the issue the homelessness. Disasters can cause

significant disruptions to communities and families. The homeless are often the most severely affected by disasters due to the disproportionate disadvantages they face in terms of response and recovery. The research did not aim to focus solely on rough sleeping; however, this was the most common form of homelessness that was referred to when collecting the data. In the context of the COVID-19 pandemic rough sleepers were likely the primary focus of disaster management planning because they posed the biggest risks in terms of contracting the virus and spreading the virus onto others. The research drew upon information provided by KIs using semi structured interviews. The research demonstrated the complexities associated with homelessness, namely issues around definition, collecting accurate data about the extent of homelessness and issues associated with temporary and emergency housing. The findings of this research demonstrate that homelessness is a multifaceted issue and has been managed in New Zealand across several key agencies. The onset of the COVID-19 pandemic prompted outreach workers and local government authorities to move rough sleepers off the street in preparation for the nationwide lockdowns. In what seemed to be a course of action that temporarily solved homelessness, the research highlights the overriding priority of public health in the face of a growing pandemic. It is for this reason in the context of DRR, current policies and frameworks do not effectively cater for the homeless. It is suggested that a top down and whole government approach is needed if policymakers are to develop effective strategies and disaster management responses for the homeless.

A common finding from the interviews was that homelessness was temporarily solved through COVID-19. The onset of a nationwide lockdown in 2020 did appear to give local governments and outreach workers the push that was needed to finally move rough sleepers into emergency and temporary accommodation. The motive behind this process, however, was driven by a public health need rather than a need for looking after a vulnerable group during a disaster. As discussed previously, the homeless have been identified as a high-risk group in the context of the pandemic. In this instance the need for ensuring that the homeless were unable to move around public spaces during the lockdown was a priority. Tackling addressing the larger issue of homelessness itself was not. The approach associated with the homeless during the COVID-19 response has been reactive and this has been the main theme behind many policies and initiatives that support the homeless during disaster worldwide.

In terms of recommendations for the future, one way to better support the homeless during disaster response would be to shift from a reactive approach to a more preventative approach. The academic literature has cited that most DRR policies tend to simply place a band

aid over the problem rather than addressing the root of the issue (Olsen et al., 2020). An ideal approach would be to look at what causes people to be homeless in the first place in order to ensure these factors are not amplified during a disaster (Brookfield and Fitzgerald, 2018). The academic literature has cited several risk factors or predictors that can lead to homelessness. Many countries in the European Union have utilised this data to develop and frame their long-term responses to DRR policies (Taylor et al., 2019). The European Union (EU) has conducted research into common pathways into homelessness and cite a lack of affordable housing, unemployment, pre-existing health conditions, drug and alcohol abuse and disabilities as key indicators (Taylor et al., 2019). Several countries within the EU such as Denmark, Finland and the Netherlands have targeted funding towards prevention strategies such as providing access primary health care, access to mental healthcare and increasing the supply of state housing available (Taylor et al., 2019). The academic literature has noted that many of these strategies have proven useful as a long-term strategy as the rate of homelessness has been declining in these countries over the last 10-15 years (Taylor et al., 2019).

Another way to foster DRR would be to adopt a national strategy for homelessness support that incorporates a whole government approach. This would see resources and funds allocated to just one agency that would be responsible for the homeless in the event of a disaster. As discussed previously, there are currently uncoordinated approaches within New Zealand when it comes to dealing with the homeless. The United Kingdom has developed a single approach called the Supporting People Programme, which is an integrated framework replacing an assortment of previously ad-hoc policies that support vulnerable people during a crisis (Robinson et al., 2020). The programme is funded by the central government and delivered via municipal authorities where several funding streams such as the social benefit, housing support, food and healthcare supplements are provided through a single grant. By implementing a national homelessness strategy like that of the Supporting People Programme, New Zealand policymakers can acknowledge that solutions for the homelessness lie across several agencies but that a collaborative approach is needed to facilitate and provide direction. A national homelessness strategy can also provide the foundation for effective long-term disaster planning for the homeless. The strategy can be implemented now as a mechanism to address homelessness but also continue to function should a disaster such as COVID-19 arise. Key elements of such a strategy would include:

- Map out existing key stakeholders such as MSD, CYFS and district health boards but also identify gaps within current provisions and service providers.
- Identify the true extent of homelessness across New Zealand and across homelessness categories using reliable and accurate data and ongoing monitoring. This has been identified as a gap within current policies as there is inaccurate data being currently utilised.
- Incorporate the needs of Māori and ensure that principles around such strategy align with Māori worldviews.
- Funding which is continuous and ongoing from the central government.
- Policy frameworks that are malleable and enable local initiatives so the strategy can be implemented effectively across all regions of New Zealand.

5.5 Limitations of the Research

This study has investigated whether DRR policies, and those produced in response to the COVID-19 pandemic, were effective and relevant to the homeless. As with any research, there are some limitations associated with this study. First, the number of KIs interviewed as part of the research was quite small. A larger number of KI interviews could have provided a better representation of the research topic and the broader themes associated with homelessness and the COVID-19 response in New Zealand. Despite significant efforts to recruit more participants, all the researchers attempts were unsuccessful and proved more difficult than expected. At the same time, it is important to note that the KIs recruited provided a good representation of professionals working within different fields connected to homelessness such as local government, emergency management and not for profit organisations. A fifth KI was approached for an interview but then advised that they were unable to take part in a formal interview. The fifth KI did, however, provide valuable information and key ideas which were in line with the information provided by other KIs.

Another limitation associated with this research was the timing of the study. The COVID-19 pandemic provided an excellent opportunity to assess homelessness within the context of a tangible and real-life case study. As the events of the pandemic unfolded while this dissertation was being written a lot of information and resources that were available were subject to constant change. The response to COVID-19 has been dynamic as new variants of the virus

have emerged since 2019. Furthermore, there was limited to no academic literature or data published at the start of this research. Data in New Zealand in relation to the pandemic was also limited, and most of the data collected from the KI interviews were difficult to substantiate or verify with against other sources. As time progressed, more academic literature and data on the pandemic became available. At the time of writing Chapter Five New Zealand entered a nationwide lockdown for the second time in response to the Delta variant. There has been some information available to suggest that some parts of the country were again trying to quickly move rough sleepers off the streets as the nation moved into Level 4. There is not however, enough data to determine whether any lessons were learnt with last year's Level 4 lockdown or whether the same processes are just being repeated.

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APPENDIX

Information Sheet



Participant Information Sheet

(Audience: Professional participants)

Date Information Sheet Produced:

21 September 2020

Project Title

New Zealand disaster risk reduction policies and the homeless.

An Invitation

I am writing to invite you, in your capacity as (*eg professional working within public health, community resilience, policy development/management, emergency response*), to participate in my research into what extent the homeless are included in disaster risk reduction (DRR) policies in New Zealand.

The research is for my dissertation in fulfilment of a Master of Emergency Management qualification at Auckland University of Technology (AUT), Auckland, New Zealand.

I am a part time university student with a demonstrated history of working in food safety compliance in local government

What is the purpose of this research?

The purpose of this research is to identify the existing policies and initiatives supporting the homeless for DRR, with specific respect to the Covid-19 pandemic, to assess the effectiveness and relevance of these policies and initiatives in relation to DRR, and to identify better ways within DRR to support homeless people.

How was I identified and why am I being invited to participate in this research?

You have been forwarded this information by (*eg organisation*) in response to my request for a suitable participant working in the field of (*public health, community resilience, policy development/management, emergency response worker*) to participate in this research.

To be eligible for participation in the study you need to have a professional qualification and/or demonstrated experience in your professional area.

How do I agree to participate in this research?

Your participation in this research is voluntary (it is your choice) and whether you choose to participate will neither advantage nor disadvantage you. You can withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

What will happen in this research?

My role as researcher involves gathering and analysing data collected in interviews and from policy documents. Your role as a participant involves being interviewed by me and sharing your knowledge, experience and perspectives on the connections between DRR, policy initiatives and the homelessness.

The interview will be audio recorded and I will also take a few handwritten notes. After the interview I will send you a copy of the transcribed recording and notes for you to either approve or comment on, to ensure that the record of the interview is an accurate reflection of what you meant to say.

What are the discomforts and risks?

I anticipate no discomforts or risks to you as a result of your participation in this research.

What are the benefits?

The benefits of this research to you as a participant are to provide professional perspective on the connections between DRR and the homeless. The research outcome shall inform policy makers and practitioners on good practice and highlight the need to improve policies geared to DRR and homelessness. The benefits for the wider community are to determine what kinds of initiatives could include the homeless better when it comes to DRR policies and to identify key gaps of knowledge which could be further studied in the future.

The anticipated outputs of this research include a dissertation in fulfilment of the Master of Emergency Management.

How will my privacy be protected?

Your name and contact details will be known only to me as the primary research and to my academic supervisor, (for the purposes of supervision). Your name will not appear in the research or in the references section of the research.

The confidentiality of data collected from you will be protected. Data collected on paper or electronically is subject to strict control and will be held securely by the university for a period of six years, after which it will be shredded or permanently erased in compliance with AUT's protocols. Please note that due the limited pool of potential participants your confidentiality will be limited.

What are the costs of participating in this research?

There is no financial payment to you or required from you in relation to participating in this research. The only cost involved for you is that of your time: for the interview, 45-60 minutes will be needed; beyond that you will need to read through the information sheet, consent form and the transcription of the interview.

Where will the interview take place?

The interview can be conducted online through a video communication platform such as Skype or Zoom, or at coffee shop. This will be up to the participant to decide which method/option they prefer for an interview. In person interviews will be audio recorded and online interviews will be screen recorded. This is so consent of the participant in the research can be evidenced within the interview process as a consent brief will be read out to the participant before the commencement of the interview.

What opportunity do I have to consider this invitation?

Please respond within two weeks of the date on the email to which this invitation is attached.

Will I receive feedback on the results of this research?

You can choose to be sent a copy of the completed study or a one to two page summary of the results digitally by email

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr. Loic Le Dé, School of Public Health and Interdisciplinary Studies, AUT, 64+ 9 921 9999 x 7499

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Anita Sundararaj

Email: anita.sundararaj@aucklandcouncil.govt.nz

+6421481567

Project Supervisor Contact Details:

Dr. Loic Le Dé, School of Public Health and Psychosocial Studies, AUT, 64+ 9 921 9999 x 7499

Email: loic.le.de@aut.ac.nz

Auckland University of Technology Ethics Committee Contact Details:

Executive Secretary

Dr Carina Meares

ethics@aut.ac.nz

+64 9 921 9999 x 6038

**Approved by the Auckland University of Technology Ethics Committee on 23 September 2020, ATEC
Reference number 20/189**

Consent Form



(Audience: Professional participants)

Please sign and scan back the completed form to the researcher

Project title: New Zealand disaster risk reduction policies and the homeless.

Project Supervisor: *Dr Loic Le Dé*

Researcher: *Anita Sundararaj*

- I have read and understood the information provided about this research project in the Information Sheet dated **dd mmmm yyyy**.
- I will have an opportunity to ask questions and to have them answered by the primary researcher.
- I understand that notes will be taken during the interviews and that the interview will also be audio-taped and/or video recorded and transcribed.
- I understand that taking part in this study is voluntary and that I may withdraw from the study at any time without being disadvantaged in any way.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to be continued to be used. Please note once the findings have been produced any removal of my data may not be possible.
- I agree to take part in this research.
- I wish to receive a summary of the research findings (please tick one): Yes ☐ No ☐

Participant 's Signature:

Participant 's Name:

Participant 's Contact Details (if appropriate):

.....

.....
Date:

*Approved by the Auckland University of Technology Ethics Committee on type the date on which the final approval was granted AUTECH
Reference number type the AUTECH reference number*

Note: The Participant should retain a copy of this form.

Indicative Questions



Indicative questions for the semi-structured interview: (i) Key informants

Tell me more about your day-to-day role, and how this relates to Disaster Risk Reduction (DRR)?

What sort of interaction does your role have with the homeless?

What is your opinion or review of the wider DRR strategies, and how these have been implemented in New Zealand regarding the homeless?

Do you think resilience strategies in New Zealand cater to all members of the community?

What gaps or areas for improvement can you identify with current DRR strategies in New Zealand in regard to homeless?

Are there areas of DRR strategies that you think work well in New Zealand in regard to homeless people? And if so, why?

What do you think are the key challenges to DRR and homelessness in New Zealand?

What do you think could be done to improve upon these challenges?

Whom do you consider to be the key stakeholders involved with DRR in regard to homelessness in New Zealand?

Do you think engagement with other stakeholders is needed/necessary?

What opportunities do you think can be further explored within DRR in New Zealand?

With respect to homelessness, what do you think is planned to tackle the projected rise in numbers in New Zealand?

What strategies do you think need to be specifically implemented to address the rising number of homeless people in New Zealand?

What policies were in place to manage homelessness before the Covid-19 pandemic?

What challenges were faced during the pandemic to help support the homeless?

Can you please share some good practices on homelessness and Covid-19?

What lessons were learnt about the homeless from the Covid-19 situation?

Do you think policies and practices will change because of Covid-19?

What sort of obstacles or barriers do you see that limit the homeless from being adequately included DRR policies?

What changes can be made to build the resilience of the homeless?

What areas of policy do you think need further working on to improve the inclusion of the homeless in disaster resilience strategies?

Do you have any final thought or thing you want to add?

Thank you; that concludes the questions seeking your professional perspective.

Conclusion and thanks; terminate interview.

Protocol for recording interviews (for all respondents)

Each interview will comprise a two-person meeting between the primary researcher and a participant.

A coffee shop or office will be used for the interview.

The interview will be recorded using audio recording equipment only (ie no visual element).

Handwritten notes will also be made during the interview by the primary researcher and these will form part of the interview record.

The interview audio record and handwritten notes will be transcribed by the primary researcher.

A copy of the transcription will be sent to the participant for the approval or comment.

Approval of Ethics



TE WĀNANGA ARONUI
O TĀMAKI MAKĀU RAU

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

29 September 2020

Loic Le De
Faculty of Health and Environmental Sciences

Dear Loic

Re Ethics Application: **20/189 New Zealand disaster risk reduction policies and the homeless**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 29 September 2023.

Standard Conditions of Approval

1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEK Secretariat

Auckland University of Technology Ethics Committee

Cc: Anita.sundararaj@aucklandcouncil.govt.nz