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The Impact of the Covid-19 Pandemic on Homelessness and Neighborhoods.

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Author: Nicolai Schenke
Master: MSc Human Geography
Specialization: Conflicts, Territories, and Identities
Faculty: Nijmegen School of Management
University: Radboud University, Nijmegen, The Netherlands
Student Number:
Supervisor: Dr. Swedlund
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Abstract

This master thesis explores the impact of the Covid-19 pandemic on the homeless population of Hanover in Germany. Specifically, the theoretical framework based on the ideas of Whitehead et al. (2016) focuses on the impact of the neighborhood on the individuals. Hereby, two distinct dependent variables were assessed: Collective control and neighborhood disorder. 12 qualitative interviews were conducted to gain insights about the effects of the pandemic them. To ensure that this thesis is not writing about homelessness and marginalizing the group, the participants consisted of experts of the field and homeless people in an even ratio. The data gathered in this thesis indicates that the pandemic has resulted in a lower collective control and a higher neighborhood disorder. Even though civil society and politics have tried to minder the negative effects of the disease and the measurements to prevent the spread of the virus, they were unable to compensate for them. As a result, homeless people reported from severe negative consequences on their daily life. Based on the findings, politicians are urged to finally battle homelessness and not only the negative consequences of homelessness. One solution could be the unconditionally provision of a home to persons in difficult living situations.

Keywords: homelessness, covid-19, health, housing first, sliding neighborhoods.

Abbreviations

APA	American Psychological Association
Covid-19	Coronavirus Disease 2019
CSG	Civil Society Groups
DGB	Deutscher Gewerkschaftsbund
EU	European Union
FAG	Facharbeitsgemeinschaft
HF	Housing First
I.P.	Interview Partner
LAK	Landesarmutskonferenz
NGOs	Non-Governmental Organizations
USA	United States of America

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“[The artist] Hundertwasser said, “The house is the human’s third skin” [...] How are you supposed to grow without having roots?” (I.P.9, first chairperson, and social worker, 2021).

1 Introduction

In German there is the saying, “Was bedeutet es zu wohnen?” This roughly translates to “What does it mean to live?” and includes the question “How do people live inside their homes”. In our daily life, these questions, are often neglected. Other foci, e.g., the question of how to create an affordable housing situation for the lower-income population, is often more prevalent in the public discussion. In other words, people engage with questions around the economy of living or the architecture of living, but less with the question of living in itself. How people live is a reflection of traditions, customs and human development. In a globalized society, ways of living are diverse and differ depending on societal status, job, and social group. Also, old hierarchies of living are challenged. The elderly live in residencies, small apartment complexes, or nursing homes. Young entrepreneurs might live in luxurious apartments or participate in alternative living spaces (Hasse, 2018, pp.4). The way of living creates structures that can result in either social inclusion or exclusion. Especially the hardships that homeless people face are a vivid example of the consequences that can result from the way people live. Homeless people are not able to "live", nor are they able to live a life of cultivated wandering like nomads (Hasse, 2018, pp.6).

Since 1997, the member states of the European Union set the goal to fight homelessness, establish social protection and counter social exclusion. In Germany, however, a right for a living space ("Recht auf Wohnen") does not exist. Therefore, homeless people have no law they can base their demands on to live a decent life in a safe environment; their own space. The opposite is the case, and the state has lost its influence on providing space for people in need. Especially, financialization and deregulation of the housing market have been contributing factors to this development (Busch-Geertsema, 2004, p.28). Currently, people all around the globe are struggling with the Covid-19 pandemic. But how are homeless people dealing with this situation? In my thesis, I address the philosophical question, what does it mean to live during a pandemic? In other words, I will evaluate how the Covid-19 pandemic and the implemented measurements to tackle it by the German government had an impact on the living situation of homeless persons.

The data generated show that the Covid-19 pandemic has significantly worsened the living situation of homeless people. Even though service providers, NGOs and the city of Hanover have invested more time, money, and energy, the actors have not been able to compensate completely for the negative impact. The interviews provide support that solutions to fight the root causes of homelessness must be implemented as soon as possible, instead of trying to fight the symptoms of homelessness, which might be increased by external events.

From a theoretical point of view, the thesis expands the theoretical framework by Whitehead et al. (2016) successfully to homelessness. Interestingly, the data of this thesis reveals that one of the indicators could be modified for further research to better suit the realities of the individuals.

1.1 Homelessness

Homelessness is more than just being without a home. Often, the term refers to a set of social problems which include to be unhoused. In the 1980s, homelessness was indeed labelled as a state of poverty which is so profound that not even poor-quality housing can be afforded (Hulchanski et al., 2009a, p.6). Cushing Dolbeare summarizes it eloquently,

"The one thing that all homeless people have in common is a lack of housing. Whatever other problem they face, adequate, stable, affordable housing is a prerequisite to solving them. Homelessness may not be only a housing problem, but it is always a housing problem; housing is necessary, although sometimes not sufficient, to solve the problem of homelessness." (Dolbeare, 1996, p.34).

In this way, homelessness is a result of the organization of our society and of our housing system. Thus, norms, laws and regulations are contributing to homelessness in their own unique way. Of course, no societal actor wants people to suffer from homelessness, but social dynamics have to be changed to prevent it from happening (Hulchanski et al., 2009a, p.8). Especially housing, income and support services or the lack of them determine if individuals or families will find themselves in a downward spiral (Hulchanski et al., 2009a, p.9). Other scholars oppose this view and define homelessness as an individual problem. Homelessness also means that often healthcare separates between housed and unhoused people (Hulchanski et al., 2009a, p.7).

Frankish et al. (2009, p.131) acknowledge the nuances between homeless people and showcase that the group of homeless persons is heterogeneous. According to them, homelessness can be defined along a continuum. Most extreme cases are people living outdoors and those living in shelters. These individuals are referred to as "absolute homeless". However, homelessness also includes individuals who are staying with friends or relatives for some time. Being able to define homelessness is crucial because the definition can have a tremendous impact on which people can benefit or are excluded from certain policies. For practical reasons, however, it can be that scientists narrow the definition down. In a survey conducted by Street Health, the definition of homelessness was different. According to their including criteria a person was homeless when they have "stayed in a shelter, outdoors or in a public space, or with a friend or relative for 10 or more days in the 30 days prior to being surveyed" (Hulchanski et

al., 2009b, p.150). I chose this definition for my thesis but add it by two parts. Firstly, people are also homeless when they have stayed in places not designated for living. This includes, e.g., cellars and abandoned warehouses. Secondly, people are homeless when they do not have a secured tenancy. I decide to use this definition because it is more inclusive than other definitions. It includes people with diverse realities, e.g., who sleep at various places. Moreover, this definition allows me to conduct interviews with persons who might have found and/or lost a home during the Covid-19 pandemic. Finally, I favor this combination because it includes the definition used by the city of Hanover (Landeshauptstadt Hannover, 2018).

1.2 The Covid-19 Pandemic

On the 8th of March 2020, the German government began registering Covid-19 infections. The numbers were constantly rising until a drastic increase was registered from the end of October of the same year onwards. Since then, more than 22,500 persons in Hanover have been infected with the disease (Hannover, 2021). From the 24th of April 2021 onwards, Lower Saxony had to adopt the Federal measurements that have to be implemented when on three days in a row the incidence rate is above 100 infections with Covid-19 per 100,000 inhabitants. Before this date and when the incidence rate is below the threshold, the laws of the state of Lower Saxony take effect. The regulations target basically all aspects of life ranging from school, work, over social life, and transportation. Not all parts have to be discussed in this thesis but the ones that might have an impact on the here assessed research population should be mentioned. Most prominent is the restriction of people that are allowed to meet for private reasons. The federal restrictions only allow one person to meet with another household per time, excluding children until they reach the age of 15. Also, a curfew is implemented which forbids to stay at public places between 10pm and 5am the next morning. However, the law grants an exception for homeless persons (Niedersachsen, 2021).

Homeless people are especially prone to get infected with Covid-19, simply because they do not have a place that protects them and enables them to isolate from others if necessary. It is also problematic that many homeless people do not have sufficient access to sanitary facilities to wash their hands. Moreover, is it nearly impossible to follow the social distancing rules in the shelter facilities. Additionally, a substantial number of local food banks and helping NGOs had to close their offers due to restrictions (Walther, 2020). Homeless people report that the pandemic has worsened the already troubling situation for them. Additionally, they report from miserable circumstances in the shelters. According to the people concerned, the facilities have only enough space to accommodate one fourth of people in need. Furthermore, they report

defects such as the neglect of hygiene protocols. Others voice their hopelessness. They have to leave the shelters in the morning without knowing where they will spend the following night (NDR, 2020).

Many of the facilities and non-governmental organizations (NGOs) that help homeless people also voice their frustration about lacking support by the government. In 2018, about 237,000 people were homeless, excluding refugees living in Germany. 41,000 of them were forced to live on the streets. According to the head of the NGO Bundesgemeinschaft Wohnungslosenhilfe, Werena Rosenke, homeless persons are not able to follow all guidelines and restrictions imposed by the government to prevent the spread of the virus. She explains that it is nearly impossible for them to reduce social interactions, isolate and minimize actions in public space. Mrs. Rosenke also gives the example of crowded shelters but criticizes an overwhelmed system in which no bureaucratic institution has information about the appropriate procedures (Kaschel, 2020). Even though the city temporarily used hotels to accommodate homeless people, they closed some of them again. Even though the city assures that the hygiene concept is a success, NGOs criticize the actions harshly: The concept is not enough to protect the vulnerable group and is insufficient (Trammer, 2020). Only in mid-April of 2021 was it possible for a few homeless people to get vaccinated. Two hundred and fifty homeless people were able to receive a first vaccination against Covid-19. However, 150 persons who wanted to get a vaccine waited without receiving one. Some of the persons concerned reported that their whole life has changed since the pandemic started. They report a lack of support by the government but also by family and friends (T-Online, 2021).

1.3 Research Objective and Research Question

As outlined above, people in Germany are facing two distinct crises. First and foremost, a housing crisis in the bigger cities. This is result of the financialization of the housing market and increasing in rent prices (Ginski and Schmitt, 2013, p.1). Second, but not less important, a health crisis, produced through the global spread of Covid-19 (Pleitgen et al., 2020). Martin et al. (2020) already pointed out that the Covid-19 pandemic may have an influence on the physical and mental health of homeless people. In a more general concept, Whitehead et al. (2016) explain that the living environment of people (neighborhoods) can impact their physical and mental health through two opposing pathways. According to the authors, the neighborhoods can either improve people's health via collective control or decrease people's health via a process called neighborhood disorder. This conceptualization was not created to evaluate the impacts of a neighborhood specifically on homeless people. Nonetheless, it is perfectly

applicable. Therefore, I want to form a research question that combines all the mentioned aspects with each other:

How does the Covid-19 pandemic impact collective control and neighborhood disorder amongst the homeless population in Hanover?

As outlined above, I will use the conceptual framework by Whitehead et al. (2016), which I will describe in detail later in this thesis. Hence, “collective control” and “neighborhood disorder” will be my dependent variables. Collective control describes a multi-level construct that can empower individuals of disadvantaged concentrated environments (Wallerstein, 1992, p.198). Actions by individuals, organizations and political actors which increase empowerment, trust, control of anti-social behavior and the possibility to organize against unhealthy conditions of the neighborhood lead to collective control. Collective control can lead to increased mental and physical health (De Vos et al., 2009). Neighborhood disorder describes a social disorder in which individuals negatively perceive their neighborhood. This perception can be induced by minimal safety, low investment in public services or segregation (Wallace, 1993). Neighborhood disorder can lead to a decrease in mental and physical health of the individuals that experience it (Ross, 2011). Chapter 2.2 will explain both concepts in detail.

The Covid-19 pandemic is an event that very likely accelerates existing differences and increases the difficulties for the marginalized group. Therefore, the “Covid-19 pandemic” will be my independent variable. In other words, I will add an independent variable to the conceptual framework of Whitehead et al. (2016) due to the novel circumstances that the world is facing right now. The city of Hanover was chosen because it constitutes a large city in Germany with more than half a million inhabitants (Hannover, 2020) and due to the researcher’s familiarity with the spatial structure and people. Furthermore, the headquarter of the Landesarmutskonferenz Niedersachsen (LAK) is in Hanover. The LAK is the NGO that provided me with the research internship opportunity. Due to their support, I can conduct this thesis. For me being able to make use of their extensive network and expertise and for them making use of the finding of this thesis, it is necessary to write about the situation in Hanover. Finally, relatively to its size, Hanover has a lot of homeless people. In total, around 4,000 inhabitants are affected by homelessness. Comparing homelessness per capita, Hanover has more homeless people than Berlin. Although, NGOs estimate that 20,000 homeless people live in Berlin, the city has around seven times the number of people living there (Reeh, 2020).

1.4 Societal Relevance

The habitation of space in metropolitical areas is resulting in two crises. First, it creates a division of the society. Second, it is not sustainable. The segregation of quarters in wealthier and poorer areas can lead to disadvantages, e.g., in the provision of drinkable water or energy for the disadvantaged citizens (Hasse, 2018, p.8). We can observe that multiple groups are discriminated against in the economic system that surrounds the housing market and often the groups which intersect. To these groups belong retired persons, (international) students, single-parent households, families with multiple children and others (Betz, 2020, p.11). Citizens with lower and middle incomes are ousted from their spaces and therefore experience difficulties to participate in working or societal life (Egner et al., 2018, p.7). Between 2009 and 2016 the average rent in big cities increased by 46% on average. Scholars like Heeg (2017) and Egner et al. (2018) argue that primarily the financialization of housing ("Ökonomisierung von Wohnungen") and the reduction of the welfare state are the driving forces behind this problem (Betz, 2020, p.43). Even though the rents have drastically increased in bigger cities, no, or not enough, living space has been generated, going against the premises of the free market. Furthermore, government and states withdrew from this societal problem even more by declaring the goal to reduce debt and the reduction of social spending. Thus, especially cities have to react to the rising problem (Egner et al., 2018, p.6), whose most extreme and inglorious result can be homelessness.

In 2018, around 678,000 people were homeless in Germany. In comparison to 2017, the number of homeless people rose by 19% (BAG Wohnungslosenhilfe e.V., 2019). This large and vulnerable group is even further disadvantaged through the recent outbreak of the respiratory disease Covid-19 (Coronavirus disease 2019). Highly relevant for the present study is that through their everyday reality they are vulnerable to the infection with Covid-19 for three reasons. Firstly, homeless people have less access to basic hygiene conditions. This includes masks and disinfectants but also simple hand washing – what increases the likelihood of a contagion. Secondly, limited access to media results into a lower information level about the pandemic. Thirdly, depression, sleep deprivation and malnutrition all reduce the strength of the immune system. Therefore, the illness could progress more severely (Martin et al., 2020, p.1).

NGOs that advocate for homeless people, such as the Landesarmutskonferenz Niedersachsen (LAK), warn that more people are in risk of losing their home due to the pandemic. At the same time, homeless people are less likely to find shelter at friends or relatives. In addition, they fear that aid organizations must reduce their services due to new regulations to keep distance and new hygiene standards (DGB, 2020, p.2). Furthermore, NGOs

vocalize their concerns about the safety of their clients. They assume that the situation will worsen because of slow bureaucratic system, which has shown not enough support for the NGOs taking care of homeless people. Likewise, they highlight that the crisis would add to the mental and physical stress of homeless people (BAG Wohnungslosenhilfe e.V., 2019). In the second half of 2020, the alliance "Niedersachsen hält zusammen" ("Lower Saxony holds together") was formed, which advocates for solidarity during the Covid-19 pandemic. The members of the NGO demand that the government and science assess the impact of the pandemic on the homeless community (DGB, 2020, p.4). As outlined above, the impacts of Covid-19 on the homeless community have not been clarified yet. In my Master thesis I want to evaluate exactly those consequences.

Specifically, I want to appraise the impact of Covid-19 on the collective control and neighborhood disorder, two possible features of neighborhoods which can have either a positive or negative impact on residents' physical and mental health. The findings of this thesis could possibly show changes in these features or that they got intensified. The thesis could also contribute to strengthen or weaken policies which focus either on mitigating the short-term effects of Covid-19 or try to address the long-term problems of the housing market in Germany's bigger cities.

1.5 Scientific Relevance

From a scientific perspective, urban scientists focus primarily on two different agendas: On the one hand, they analyze the increase in repressive policies from which politicians hope to order the urban space. On the other hand, they focus on the daily-life experiences of homeless people in urban spaces. The latter strain highlights the subjective experiences of homeless people and their strategies to master daily life in the urban space (Marquardt, 2013, p.150). Researchers work with microanalytic or with ethnographic methods, to show how the subjects deal with exclusion and the declining acceptance of the common population. Besides the subjects, also institutions, their work and their struggles through rising rents can be put into focus. Those institutions can be soup kitchens, warm rooms, or emergency shelters. Until now, a lot of scientists have focused on the most visible form of homelessness, people without any shelter which live on the street. The other facets of homelessness and their differences must be put into focus as well and further studies in this direction seems to be fruitful (Marquardt, 2013, p.151).

Due to the novel situation that the world is facing since the Covid-19 pandemic started, researchers are eager to assess the impacts of the virus and the impacts of the measurements to contain the spread of the virus. Also, scientists are researching the impacts of the pandemic on

mental health (compare, Gavin et al., 2020; Oldham et al., 2021; Lee, 2020). Moreover, researchers have been assessing how homeless people must deal with the virus and its implications (Tsai and Wilson, 2020, Wood et al., 2020; Wu and Karabanow, 2020). Additionally, some scholars have combined the themes of homelessness and mental health regarding the Covid-19 pandemic (Martin et al., 2020; Dotson and Koh, 2020). However, all the papers are relatively short (around four pages) and do not link the topic to theoretical debates of human geography. By writing my thesis, I want to combine the aforementioned aspects. How much social processes of homeless people impact their physical and mental health is still debated (Schreiter et al., 2020, p.1025). Nevertheless, quantitative data show that the aspects correlate with each other. In comparison to the common German population, homeless people in Germany are 22 times more likely to abuse alcohol. Moreover, 24.4% of homeless people are addicted to drugs, in comparison to only 0.5% of the reference group. Furthermore, homeless people are twice as likely to suffer from major depressions and are significantly more prone to suffer from anxiety disorder or psychotic illnesses (Schreiter et al., 2020, p.1025)

To combine the aspects of living environment, homelessness, and Covid-19, I will use the theoretical framework by Whitehead et al. (2016). This theoretical framework explains the link between mental/physical health and how people are living, by referring to the impact of collective control and neighborhood disorder. It has not been applied to the context of homelessness yet. To make the thesis feasible and fitting for my research question, I will only focus on the impacts of the Covid-19 pandemic on the aspects of neighborhood disorder and collective control and will assume – based on Whitefield's previous research – that they affect health outcomes in both negative and positive ways. In other words, given constraints on the type of data I was able to collect, I will not directly measure how collective control and neighborhood disorder affect health outcomes. Instead, I will use Whitefield's ten indicators to explore how the pandemic has had an impact on homeless peoples' sense of collective control and neighborhood disorder.

I encourage other scientists to assess this highly relevant question who have a scientific background in psychology or medicine. As long as no data is available, we could only assume that the pathways that lead from collective control and neighborhood disorder to decreased or increased mental health are correct and theoretically deduce a possible change. However, it would be a risky assumption without scientific evidence.

Nevertheless, this thesis will contribute to assess the applicability of the first half of the theoretical framework by Whitehead et al. (2016) to homelessness and will add another element: the Covid-19 pandemic. Chapter 2 will explain all concepts in detail.

1.6 Structure of the Thesis

In the following chapter, this thesis addresses the history of different policies that shaped the interactions between politics, communities and homeless persons as well as give insights into the theoretical approaches that have been used by scientists. Interestingly, policy decisions were made before the scientific assessment of the topic. Therefore, I will address the history of policies prior to the theoretical concepts. Nonetheless, the explanations of the latest assessments of the “Housing First” approach will then lead me to my research question and to my conceptual framework which – in its original version by Whitehead et al. (2016) – focuses on the effects of the way homeless people live on their mental health. Further, the chapter will explain how the conceptual framework can be extended by the idea of the imagined or perceived neighborhood and how the study can benefit from it. Moreover, the methodological chapter will describe my research philosophy and explain the case design. Deriving from the conceptual framework, this thesis will demonstrate two hypotheses and the operationalization of the research design with its dependent and independent variables. Furthermore, it will be reasoned which method of inquiry was chosen. The methodological chapter shall explain in detail how the data were collected, how the interview partners were generated, which questions were asked and how the transcripts were coded. Additionally, the chapter discusses the strengths and weaknesses of the research design as well as ethical and moral pitfalls and dilemmas that accompany this master thesis. In the empirical chapter, the thesis presents the results of the conducted interviews. Hereby, an evaluation of the experiences of every interviewed individual is presented. In a synopsis, the results of this master thesis are discussed. Conclusively, the thesis summarizes the most important findings, reflects on everything that has happened while writing this thesis and recommendations are given for other scientists.

2 Theoretical Chapter

2.1 Literature Review and History of Ideas

2.1.1 Homelessness and Health

The relationship between homelessness and health is twofold. On the one hand, health conditions like mental illness, substance abuse or medical illness can already increase the risk of becoming homeless. On the other hand, being homeless can also increase health problems (Hulchanski et al., 2009a, p.14). In other words, if people are exposed to long periods of homelessness, it is very likely that their physical and mental health will decline (Gaetz, 2012, p.4). Nevertheless, it is important to point out that not all homeless people are mentally or

physically ill (Canadian Population Health Initiative of the Canadian Institute for Health Information, 2009, p.181). Gaetz demonstrates that the lack of safety is leading to more trauma and injuries (Gaetz, 2012, p.4). Homeless people are 29 times more likely to have Hepatitis C and 20 times more likely to suffer from epilepsy. Furthermore, they are significantly more likely to suffer from heart diseases, cancer, asthma, or rheumatism (Khador & Mason, 2007). Additionally, the mortality rate of homeless people is above the average of the general population (Gaetz, 2012, p.8).

2.1.2 Traditional Policies to Address Homelessness and Housing First

Traditionally, policies to help homeless people incorporate several steps which must be adhered to before housing is provided. One way of approaching homelessness is the Continuum of Care Model, also known as "treatment first". This model consists of several phases and its final stage permanent housing is granted to the participants. Yet, the participants have to accept a referral to a shelter or a drop-in center first. Further, they have to consent to psychiatric or substance abuse treatment (Canadian Population Health Initiative of the Canadian Institute for Health Information, 2009, p.196). Individuals, especially those with mental illnesses or disabilities, have to acquire certain skills preparing them to live in independent housing. This concept is bound to the idea of sobriety and compliance with psychiatric treatment. However, research has shown that people acquire certain skills best when they are already in the environment where they have to apply these skills (Tsemberis et al., 2003, p.651). As a result, the Continuum of Care approach based on the "housing readiness" concept achieved only modest results and people often remained homeless (Tsemberis et al., 2003, p.652).

A different approach to homelessness is presented by the concept of Housing First (HF). The origin of the HF approach dates back to the "Beyond Shelter" program implemented in Los Angeles in 1988 (Waegemakers Schiff and Rook, 2012, p.5). Actors involved in a HF project engage with homeless people quite differently to actors involved in the established "treatment first" or "housing ready" concepts, since, as outlined above, those require active engagement or a series of stages before participants are offered accommodation. (Busch-Geertsema, 2013, p.4). Pathways to Housing established a HF model to help people who were chronically homeless. In this approach, the unconditional provision of an apartment was combined with an offer to receive treatment and other support. (Tsemberis et al., 2003, p.651). Hereby, the people remained autonomously in their decision-making and could choose the kind of help they wanted. (Tsemberis et al., 2003, p.652). The core principles of the HF approach focus on eight different aspects,

"Housing as a basic human right; respect; warmth, and compassion for all clients; a commitment to working with clients for as long as they need; scattered-site housing in independent apartments; separation of housing and services; consumer choice and self-determination; a recovery orientation; and harm reduction" (Busch-Geertsema, 2013, p.4).

The last principle is not the most important one, however it is rather crucial for the concept. The idea is that individuals should have access to a harm reduction environment. This access is meant to lower the negative effects connotated with substance abuse and should protect the individual, as well as the community. It is not mandatory that participants stay abstinent, and it is not a prerequisite to remain in a HF facility (Gaetz, 2014, p.11). Furthermore, the social workers involved in a HF program can support the participants in their dealings with bureaucratic matters, such as claiming social or other benefits like pensions. Interestingly, a significant number of participants felt lonely after moving into their own apartment. They reported the lack of social networks and thus felt socially isolated and lonely. This was especially the case when contact to former peers were reduced to a minimum (Busch-Geertsema, 2013, p.6).

Longitudinal data from the USA demonstrates that the HF approach led to high housing retention rates. In particular, the pioneering model "Pathways to Housing" had great success. Housing First Europe established five test sites to assess how valuable the approach would be for European countries. The locations established in Lisbon, Budapest, Copenhagen, Amsterdam, and Glasgow, were based on the original approach but altered to fit local needs or to adapt to local law (Busch-Geertsema, 2013, p.5). The evaluation of HF projects in Belgium by the EU concludes that the approach is very suitable in addressing homeless people "with complex support needs." The EU Commission gathered evidence that HF projects are effective in various EU countries and within different welfare systems. They highlighted that a shift in the mindset of actors in politics and civil society must occur towards HF. Moreover, the commission acknowledges the cost-efficiency of the project (Busch-Geertsema, 2016, p.5). At country level, multiple reports about homelessness have been issued. This includes the UK in 2004, Denmark in 2005, Norway in 2006, Austria in 2009, Finland in 2010, Portugal in 2010 and Denmark again in 2013 (Busch-Geertsema, 2016, p.8).

Arguably, the staircase approach mentioned earlier offers a more complete solution, by not only ending homelessness but also targeting and ending drug and alcohol use. However, some authors argue that it would be unfair to compare the two approaches due to higher expectations set by the first model (Pleace and Quilgars, 2013, p.10). Moreover, HF might not

reach all people in need. Up to 20% of the participants fail to remain in sustainable housing and the chronically homeless people, who are in greatest need, are often not addressed by this approach. Lastly, critics argue that HF can only reduce costs for the community when it either targets chronically homeless people who are in constant contact with the justice system or whose costs for medical treatment are over-proportional high. However, all three arguments are not sound (Pleace and Quilgars, 2013, p.10). Pleace and Quilgars (2013) argue that the very foundational assumption that all people can be "housing ready" is already flawed, which would explain the high failure rates of this approach. Further, it can be argued that HF is a reversed staircase approach in which appropriate housing is the first step to address all other issues. Finally, the two authors argue that it is less about saving money than it is about cost effectiveness. The strongest argument in favor of HF is that it is an effective approach to end homelessness and thus, reduces expenditures in other sectors (Pleace and Quilgars, 2013, p.11). Waegemakers Schiff and Rook (2012, p.17) approach the studies conducted to assess HF in North America skeptically and find significant flaws in some of them. They criticize the methodological approach used in some of the studies and question the robustness of the gathered results. Nevertheless, they conclude that HF is effective. They underline the effectiveness especially for "single adults with mental illness and substance use issues in urban locations where there is ample rental housing stock" (Waegemakers Schiff and Rook, 2012, p.17). They also acknowledge that a significant number of communities, from North America and Europe, which adopted a HF approach reported lowered costs of services (Waegemakers Schiff and Rook, 2012, p.17). Finally, they conclude that the HF approach "has achieved its primary purpose and mitigated against the inevitable poor social and health consequences of homelessness" (Waegemakers Schiff and Rook, 2012, p.18).

Research dominantly from North America, but also from the European Union, concludes that the "Housing First" approach is the most effective one to tackle homelessness (Gaetz, 2014, p.1). Based on the extensive research carried out it seems that a scientific consent has been reached and that the HF type of intervention to battle homelessness can be called "best practice" (Gaetz, 2014, p.1) "Best practice" is commonly understood to imply evidence-based techniques or interventions that have been demonstrated to work well with most persons and have the least potential for adverse results (Waegemakers Schiff and Rook, 2012, p.4).

2.1.3 The Possible Causal Pathways of HF

The evaluation of the literature that engages with homelessness and health shows a variety of actors that are interested in the topic. Not only scholars from Psychology, Political Science or

Sociology are eager to address the issue; in addition, policy makers and governments have commissioned evaluations to find suitable policy responses. The chapter above demonstrates the validity and success of the HF approach. For example, in Amsterdam 89% of the participants in HF projects reported improvements in their quality of life. 70% of the participants reported a reduction in drug use and an improvement in mental health respectively. In Lisbon, four out of five participants had reduced stress levels, improved sleeping habits and reported an improvement in their physical and mental health (Busch-Geertsema, 2016, p.11). To explain these findings, scholars give different explanations focusing on micro-, meso- and macro-level explanations. As part of my analysis, I will look at the meso-level and its implications next.

The theories that focus on the meso level, evaluate the processes of interactions between people with each other and their spatial surrounding. What these theories have in common is that they center around and start with the disadvantaged living environment of the people. Neighborhoods' environments can have a substantial effect on peoples' health. A study by Liu et al. (2018, p.1) has shown that there is a positive relationship between ratings of neighborhoods and health status. The neighborhood environment can have a negative impact on persons' mental health (Cutrona et al., 2006). People who are exposed to chronic stressors by their environment are more likely to have depressions (Ross, 2000), fear and mistrust against others (Ross and Jang, 2000), loneliness (Kearns et al., 2015), anger (Schieman and Meersman, 2004) and distress (Cook et al., 2009). The researchers assume that the interactions in such an environment can lead to a sense of collective hazard and powerlessness which then function as chronic stressors and over time can damage health. One crucial factor that could help to reduce these harmful effects is the support of social networks, e.g., family or friends as Schieman and Meersman (2004) outline.

This leads to contrary theories which focus on the positive effects resulting from community empowerment. Community empowerment means the process of positive interaction of people, e.g., when the members of one community can act together and can challenge unhealthy living conditions (Whitehead et al., 2016, p.55). From a meso-level perspective, the inclusion into a system of social support or community engagement can increase the individual's health which can be easier maintained in a stable housing situation. One study with homeless women compared women with substantial and no social support. The scholars conducting the study concluded that individuals who felt supported reported a higher self-esteem, better coping, greater life satisfaction and less anxiety or depression in comparison to the women with no support (Nyamathi et al., 2000). Community engagement can include health

services or transportation planning as well as housing improvements (Milton et al., 2012, p.316; Cairncross et al., 2002). Community initiatives can further focus on drug abuse, social exclusion, or neighborhood renewal (Milton et al., 2012, p.321). The impacts of the evaluated initiatives were diverse. Some had a positive impact on the housing quality, others increased neighborhood safety. Multiple studies also concluded that community engagement increased the social capital of neighborhoods and that the bond among neighbors was strengthened (Cairncross et al., 2002; EDuce Ltd, 2005; Johnstone et al., 2005). Furthermore, several studies acknowledge that residents were empowered by community projects and were able to develop skills or acquire new knowledge (EDuce Ltd, 2005; Johnston et al., 2005). Ziersch and Baum (2004, p.499) conclude that engagements in Civil Society Groups (CSG) can be diverse and include, for examples, ties to sports groups or social action groups. Interestingly, they found a negative correlation between mental and physical health and the engagement in a CSG. Yet, they explain the correlation with other factors and argue that the respondents with a lower health status had more time to engage with CSG due to joblessness which is highly associated with a poorer health. Four studies that were used in the review by McGowan et al. (2019) reported an increase in physical health when people from disadvantaged environments engaged in CSG or other community projects (Boyle et al., 2006; Bolam et al., 2006; Callard and Friedli, 2005, Ziersch and Baum, 2004). Other studies showed a contrary outcome when mental disorders were assessed, hinting at an inverse relationship towards social capital (Almedom, 2005; De Silva et al., 2005). Nonetheless, it has remained difficult to identify clear pathways that lead from participation in empowering interventions to improved health. So far, conclusive empirical data and the "appropriate methods of analysis" have been lacking (Milton et al., 2012).

On the micro level, the review shows that there is a link between the feeling of hopelessness or a more confident attitude towards someone's possibilities to change their faith and mental health (Pleace and Quilgars, 2013, p.13). Correspondingly, the uncertainty about the future, in unison with social isolation, a lack of social support and social, cultural and economic exclusion can potentially be a threat to mental health (Pleace and Quilgars, 2013, p.16). As outlined earlier, adequate housing can clearly reduce these risks to someone's well-being. The Canadian Institute for Health Information (2006) acknowledged that housing can have a tremendous positive effect on individuals by providing a physical structure that shelters them as well as a concept or idea of security and stability. What they call "home" provides individuals with control over space and privacy. Thus, it forms a place of retreat that creates "ontological security" and provides individuals with predictability and continuity in their daily

lives (Pleace and Quilgars, 2013, p.17). Relatively little attention is put on housing when assessing social integration. Instead, researchers evaluate indicators that are dependent on the housing situation such as privacy, personal and neighborhood safety, and personal freedom (Pleace and Quilgars, 2013, p.23). Social integration is a complex phenomenon which can be defined in multiple ways. Nevertheless, it is widely agreed that it focuses on the possibilities of individuals to follow their drive to work, learn and participate in their community. The second part is that all members, including disadvantaged people, have the same opportunities to fulfill their needs. Integration is in its core threefold and includes physical, social, and psychological integration. The first concept describes the degree to which people can join activities and use goods and services. The second concept describes the social interaction of community members with each other, or in other words, the quantitative and qualitative aspects of an individual's social network. The third concept describes the feeling of belonging to the community and the emotional connection to neighbors (Pleace and Quilgars, 2013, p.34).

2.2 The Conceptual Framework

Homelessness results from a complex entanglement of individual and societal factors. On the individual level a lack of educational and job skills, family problems, mental illness or substance abuse can have their share in contributing to homelessness. On the societal level poverty, high rents, bad labor market conditions, a decrease in public services and discrimination can have an impact (Frankish et al., 2009, p.132). Also, the ways in which homelessness can damage an individual's health are manifold. Physical and mental well-being can be compromised by a lack of sleep (Hulchanski et al., 2009b, p.158). In addition, social exclusion can have negative consequences for one's health and especially increase the risk of addiction, illness, or disability. Moreover, almost 40 percent of people questioned had received no help during emotional crises or felt very lonely or remote from other individuals (Hulchanski et al., 2009b, p.160).

The lack of coping mechanism can be directly linked to higher stress levels. Such coping mechanisms typically consists of talking to a trusted person or productive problem-solving. Homeless persons, however, are more likely to find stress-release through substance use, by avoiding the problem, harming themselves, having negative thoughts or by withdrawing from social networks. Another link can be established between social support and coping with stress and thus, also with well-being. Hereby, the number of social relationships can play a role, but also the frequency of contact, their availability or type (Canadian Population Health Initiative of the Canadian Institute for Health Information, 2009, p.184). Furthermore, almost half of all

respondents emphasized that they face stressful or extremely stressful daily lives. Stress can have severe negative consequences such as high blood pressure, heart diseases and stomach or intestinal ulcers. Also, the immune system can be compromised when individuals are exposed to stress for a long duration of time. As a result, individuals are more susceptible to a variety of other health conditions (Hulchanski et al., 2009b, p.162).

Next to poverty, stress and social isolation, homeless people are negatively affected by the lack of healthy food, exposure to violence and injuries, crowded conditions in shelters in which they are exposed to diseases, and overall, the exposure to heat, cold and all kinds of weather conditions (Hulchanski et al., 2009b, p.166). Many of the negative factors to which homeless people are exposed to, such as instability, social isolation, and violence, worsen the mental well-being of persons who became homeless. It must be mentioned that mental illnesses might be a contributing factor to becoming homeless in the first place. However, it is only one factor out of many others and the societal factors are much more contributing to persons becoming homeless. Only five percent of the interviewees mentioned mental health as one of the reasons why they lost their home (Hulchanski et al., 2009b, p.168). Additionally, a significant number of homeless persons are subject to physical violence by strangers, acquaintance, police, other shelter residents or partners (Hulchanski et al., 2009b, p.160).

In the following chapters, I will outline the theoretical framework by Whitehead et al. (2016). This framework will be the theoretical basis for this master thesis. To answer the research question, I will focus on neighborhood disorder and collective control as my dependent variables. Nonetheless, I will explain the original concept prior. The adjustments will be explained in chapter 3.

2.2.1 The Neighborhood Disorder

The first contextual factor of concentrated disadvantaged environments, the neighborhood disorder, was primarily developed by US sociologists (Wallace and Wallace 1990; Pearlin, 1989; Hill et al., 2005; Latkin and Curry, 2003; Mirowsky and Ross, 2003). Neighborhood disorder can lead to severe consequences which not only target the physical structures that construct the classical definition of a neighborhood but also the individuals that inhabit the space. This may include increased fear, mistrust, isolation, anger, anxiety, and demoralization. Additionally, neighborhood disorder can reduce the interaction among neighbors and thus their social ties which undermines social control (Ross and Mirowsky, 1999, p.412). Ross and Mirowsky (1999, p.413) use the concept of perceived neighborhood disorder. Hence, they focus on visible social and physical cues which indicate that there is a lack of order and social control

in the community. Social disorder – as defined by Ross and Mirowsky- can involve violent actions of people such as fighting, trouble among neighbors as well as the presence of people of the street consuming drugs or being intoxicated who therefore create a sense of hazard. Contrary, physical disorder means the devaluation of physical objects in a neighborhood. This not only includes abandoned buildings or vandalism but also disturbances by noise or waste (Ross and Mirowsky, 1999, p.413).

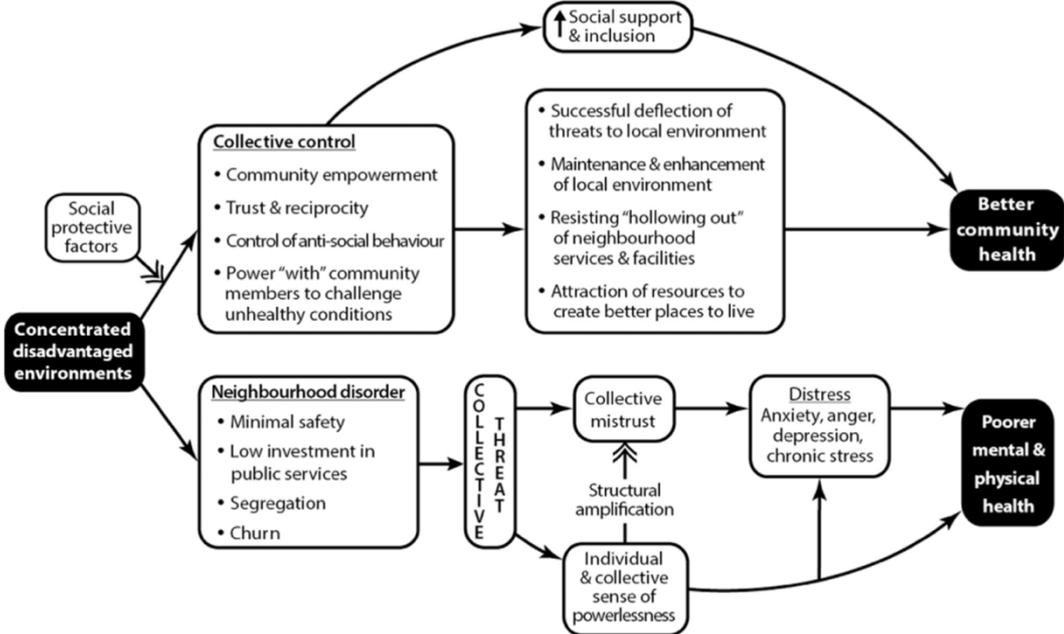


Figure 1: Conceptualization by Whitehead et al. (2016, p.56)

Different factors might interact with each other to create neighborhood disorder including minimal safety, low investment in public services like social welfare, health or police protection, segregation, and a high transience/turnover of local people (Wallace, 1993). As a result, the inhabitants of such quarters or neighborhood perceive their environment as threatening and get alienated from their own space. Another possible result might be anger and depression. In their conceptualization of neighborhood disorder, Ross and Mirowsky (1999, p.414) put a lot of emphasize on the perception of the individuals within a neighborhood. They underline that the characteristics of a neighborhood can be perceived differently by different actors. Furthermore, they acknowledge that the assessments of residents have generally spoken a higher validity than an external assessment, e.g., done by outsider researchers (Ross and Mirowsky, 1999, p.415).

In general, chronic stressors can be triggered by neighborhood disorder and lead to anxiety, anger, or depression. Another result can be poorer mental and physical health. Perceived powerlessness and collective mistrust go hereby hand in hand, interact and possibly

reinforce each other. While the feeling of being powerless can be reinforced by a threatening environment, a certain degree of perceived control in an unsafe environment can hinder collective mistrust (Ross, 2011). Pearlin and Bierman (2013) developed a framework to explain the causal pathway between stressors and mental health. Consequently, in their concept more stressors are associated with worse mental health conditions. The stressors reduce the health-protective coping resources of an individual which then leads to a decline in mental health. In this scenario the resource is called mediator. On the contrary, coping resources have the potential to increase mental health by improving the individual's potential to mitigate the stressors. Then, they are called moderator (Bostean et al., 2018, p.116). Bostean et al. (2018, p.116) summarize,

"a mediator falls within the causal pathway between the stressor and the outcome, whereas a moderator (specifically, stress buffer) modifies the association between the stressor and outcome such that one or more groups are protected from the harmful effects of stressor exposure".

The authors also acknowledge that the neighborhood stressors have been understudied by scholars. Possible dangers to an individual's health (crime, drug use, vandalism etc.) are more often reported by individuals from disadvantaged neighborhoods (Aneshensel and Sucoff, 1996). People that perceive their environment as dangerous, feel fear and anxiety and might alter their behavior (Aneshensel, 2010). These stressors have additionally a worsening effect on the sleep quality, which in return increases psychological stress (Hill et al., 2009). Social support has the capability to hinder distress from the environment. Family, friends, or other actors might be able to encourage the individual to reduce the threat associated with the stressor (Campos et al., 2014).

2.2.2 Collective Control and Empowerment

The other contextual factor of concentrated disadvantaged environments, collective control, and empowerment, focuses on empowering aspects that can occur and health. The authors evaluated literature from health promotions, community developments and poverty-reduction. Hereby, the starting point remains the same: an environment of concentrated poverty or disadvantage. Yet, the focus lays on factors that can empower the individuals of those environments enabling them to challenge these conditions (Whitehead et al., 2016, p.56). Collective control can have different effects: Community empowerment, trust and reciprocity, control of anti-social behavior and power "with" community members to challenge unhealthy conditions. Community empowerment can be defined as

"a multi-level construct that involves people assuming control and mastery over their lives in the context of their social and political environment; they gain a sense of control and purposefulness to exert political power as they participate in the democratic life of their communities for social change [...] A study of empowerment, therefore, implies not just studying individual change but also change in the social setting itself" (Wallerstein, 1992, p.198).

Health literature tells us that empowerment can tackle social determinants of health, such as powerlessness, which is attributed as a core risk factor for individual's health (Syme, 1989; Marmot, 2005; Popay, 2010). The sense of being powerless and actual powerlessness develop from the daily experiences of marginalized communities and their daily exposure of living in hardship over an extended period of time (Wallerstein, 1992, p.202).

Furthermore, community empowerment can directly and indirectly have a positive influence on the health of the residents. Neighborhood activity could increase the investment into social services of a certain kind to target a specific problem or prevent specific, possible harmful actions, e.g., the construction of a toxic waste facility. In other words, when community members act unified, they can directly exert positive influence by reducing negative impacts caused by other actors through collective control and the gathering of resources to reduce other risks to health (De Vos et al., 2009). Empowerment can also indirectly benefit the local population by reducing social isolation through participation in community activities which then result in improved mental health (Wallerstein, 2002). This effect can be enhanced by improved social support and supportive networks like NGOs. They can mitigate social isolation and connect individuals in the neighborhood. Thus, a collective consciousness and a collective sense is augmented and as a result, alienation and distress is reduced (Bernard et al., 2007). For Whitehead et al. (2016) community empowerment is a process and an outcome at the same time. The interaction of social cohesion, community capacity, sense of continuity and ontological security makes it an outcome (Hiscock et al., 2001).

Simultaneously, community empowerment can be described as a social protective factor in itself because it also results in increased community control. Indeed, the residents of a neighborhood can use their social influence for social connections and to support each other. Through these connections social ties can empower individuals (Henry et al., 2014, p.191) as outlined above. But they can also control each other's behavior. Community control is a kind of informal control exerted by the members of the community. Informal control can refer to the willingness of individuals to intervene and interfere when others are disturbing public places, manage child behaviors or take care of public areas. The crucial difference to formal control,

e.g., in the form of an authority such as the police, is that the residents of a neighborhood take on responsibility for their quarter. Further, they take the authority to "regulate each other's behavior collectively and informally" (Henry et al., 2014, p.190).

2.3 Core Assumptions and Interrelatedness

2.3.1 Micro and Macro Level Theories

Whitehead et al. (2016, p.51) assessed existing theories regarding control of the living environment and "socio economic inequalities in health-related outcomes". As the result of this effort, they synthesized three conceptual frameworks, focusing on the micro/personal, meso/community and macro/societal levels, respectively. All three conceptual frameworks developed by Whitehead et al. (2016) should be considered together as a "comprehensive whole", because the different mechanisms overlap and interact with each other. The explanations on the meso-level evaluate primarily the place and community people live in and asses their interaction among each other. The focus hereby is on the disadvantaged living conditions of certain parts of society, through which they can only exert a low control over their lives and cannot change it to the better. To answer the question why this is happening, we must consider the micro-level explanations and how they interact with the macro-level (Whitehead et al., 2016, pp.58).

On the micro level, the authors forged a theoretical framework with a high emphasize on the control belief of the individual. According to their framework, individuals in low social positions have a lower control over their lives and thus over their destiny. As a result, the individuals suffer from chronic stress responses, which can lead to mental and physical health problems. The framework differentiates between actual and perceived control over the individual's destiny. The former pathways concern the person's ability to use economic and social resources to control their living environment. Due to their low societal position, they also have an insufficient number of resources to exert proper control over their lives (Whitehead et al., 2016, p.54). This can lead to direct health-damaging effects, such as the exposure to unhealthy living conditions (CSDH, 2008). Additionally, it can also lead to indirect health-damaging effects, like chronic stress (Giddens, 1991). The chronic stressors can trigger physiological mechanisms like autonomic, neuroendocrine, immune, and inflammatory responses or the release of hormones with negative effects on the body that can lead to high blood pressure and the "stimulation of blood clotting factors" (Steptoe, 2006).

Further, according to Charlton and White (1995), people from lower social status – as they perceive the future as uncertain – tend to prioritize actions with immediate reward instead

of investing into actions with an uncertain outcome in the future. Thus, those persons might have a higher tendency to smoke and drink in order to gain the immediate benefits while ignoring the health damaging effects (Adams, 2009). The perceived control over one's destiny is focusing on the lowered expectations of what the individual can accomplish. This can lead to negative psychological responses like aggression and hostility, to ineffective coping, low self-esteem or depression or even metabolic disturbance (Charlton and White, 1995; Bosma et al., 1999).

Theories at macro-level evaluate the societal context of individuals. The cultural orientation – how to interact with different groups of the society and socio-political transitions – can have a great impact on people's life. For the former factor, gender bias, and for the later factor, macro-economic transitions in the USSR, can be vivid examples. As the figures demonstrate, both factors can lead to a lowered control over aspects in daily life, which then result into poorer health for certain parts of society (Whitehead et al., 2016, p.57).

2.4 A new Conceptualization of Neighborhood

The term "neighborhood" is rather loosely used whenever scholars evaluate neighborhood effects. Often, they make use of predetermined administrative boundaries which have, however, little theoretical foundation to use them as operational units. Instead, Guo and Bhat (2007, p.31) argue that scientist should "measure what matters to people over the area that really matters to people". The term "neighborhood" is vague, and the concept can mean many things. Nonetheless, it is crucial to assess neighborhood effects and their influence on the well-being of people. The authors outline that an older definition of neighborhoods describes them as "discrete, non-overlapping, communities, leading to the common use of administratively defined zones for analyzing neighborhood effects" (Guo and Bhat, 2007, p.32). Other scholars, such as Suttles (1972), argue that neighborhoods are more similar to a hierarchy of ecological grouping. Hereby, the lowest level refers to the closest proximity to the individual and its local network. The boundaries of a neighborhood in this way are opaque and differ between individuals. The definition of neighborhood in the level above describes an area that can vary in size but includes a conglomeration of stores or buildings, such as supermarkets, religious buildings, or restaurants, that is known not only to people living in their proximity but also to outsiders. The second highest level refers to an area that is artificially constructed by either the governments or companies (Guo and Bhat, 2007, p.32). On the highest level, the term neighborhood already refers to entire parts of a city which can be targeted by governmental policies (Guo and Bhat, 2007, p.33), e.g., North Hanover, Centre of Berlin etc. When viewed

in this way, individuals can have multiple memberships in different neighborhoods. Thus, members of one household can have different neighborhood memberships through different social processes. As a result, group memberships evolve over time and memberships on the individual level are fuzzy and subjective. From this idea scholars developed the concept of unfixed neighborhood boundaries which is called "sliding neighborhoods" (Guo and Bhat, 2007, p.33).

Even if we are able to define the area that defines a neighborhood, we still have to clarify which aspects within this area describe a neighborhood and which characteristics it can have. Liu et al. (2018) argue that three categories create a neighborhood environment: built, natural and social environments. The first environment includes "man-made surroundings that provide the setting in which people live, work, and recreate on day-to-day basis" (Liu et al., 2018, pp.2). This comprises roads, buildings but also recreational areas and food sources. It has direct influence on the peoples' decisions-making, e.g., whether they walk to their work, use public transportation, or use their own car. Other impacts on health could be whether people go for walks, do sports, or eat in a fast-food chain (Patel et al., 2003; Cohen et al., 2008; Collins et al., 2009). Kwon et al. (2017) for example analyze the impact of the space occupied by humans on their recreational behavior which have an impact on their physical and mental health. They focus especially on the walkability of a neighborhood because it is a cheap and often easy to access activity which has a positive impact on both mental and physical health. The second category, the natural environment, includes all naturally occurring things. Thus, it refers to the climate, weather, natural resources, vegetation or living species that can influence human behavior (Kaplan and Peterson, 1993). The last environment deals with the social relationships and cultural influences and is thus referred to as social environment. It encompasses social networks, safety concerns and social support (Yen and Syme, 1999). Studies show that a broad and strong social network which can generate substantial support can lead to better health and a reduced mortality risk (House et al., 1988; Yen and Syme, 1999; Poortinga et al., 2007).

In this study, I will use the concept of "sliding neighborhoods" that was mentioned above. Moreover, I will especially focus on the social environment of these neighborhoods. Therefore, I will not assess one specific neighborhood that is defined by the bureaucratic system of Hanover. Instead, I will assess the neighborhoods that are defined by my interview partners.

2.5 Critique of the Theory

Hunt (1987) and Popay (2010) point out that negative effects can also occur from community empowerment. According to the authors, scientists should not overestimate the capabilities that

communities have even when the individuals would work together. Realistically, their influence is limited and even if they would work together, they would not be able to challenge political, socio-economic, and cultural forces that shape and influence the neighborhood. The constant fight against those factors could possibly lead to burn-out or resignation and an increase in the sense of powerlessness if no progress can be achieved. All theoretical concepts of Whitehead et al. (2016) begin with parts of the society in low social status and look at the mechanisms that could lead to a decrease in health. By choosing this approach they neglected the processes that lead to this diverse society in the first place. Moreover, the authors did not include counter-theories in their synthesis of their three frameworks. They justify this by stating that the theory-testing will either refute or strengthen the pathways and causal mechanisms that they outline (Whitehead et al., 2016, p.58).

“We also did not seek to synthesise the counter-theories and critiques of the theories that are discussed here. This is partly because any one of the links on the postulated causal pathways [...] would require a paper of its own to offer a meaningful critique. It is also because, after the synthesis of theories, the next logical step is to look at the empirical evidence for the hypothesised pathways. The empirical evidence will support or refute the separate links and help eliminate the pathways for which there is little or no supporting evidence. This process in turn should reveal alternative theories for the phenomena under study. Most important of all, we had to draw a boundary around the theories to make the task manageable and ultimately useful for informing future strategy development. In this way, these limitations are also a strength.” (Whitehead et al., 2016, p.59).

3 Methodological Chapter

The following chapters will explain in detail the methodological choices of the researcher. Chapter 3.1 will explain the scientist’s research philosophy and the case design. In chapter 3.2, the hypotheses and the operationalization of the research design will be presented. This subchapter will also include a visualization to let the reader better understand the relationship of the variables. The following chapter will elaborate which sources and methods of inquiry are used in this thesis. Next, the strengths and weaknesses of the research design will be discussed. Finally, chapter 3.5 will discuss ethical considerations.

3.1 Research Philosophy and Case Design

Research is always grounded in the philosophical assumptions of the researcher. The scientist influences the study through their worldview, paradigms, and beliefs. Thus, it is important to

make these assumption, paradigms, and frameworks visible and explicit. The qualitative study conducted here is based upon the assumptions in ontology, epistemology, axiology, rhetoric, and methodology (Creswell, 2007, p.15).

Ontology refers to the researcher's assumptions about the nature of reality. The question that must be asked is, "what is the nature of reality" (Creswell, 2007, p.16). Ontologically, positivism describes the view that one "real" reality exists while post-positivism is critical towards the single perfect reality and highlights its imperfections. Other approaches, such as those related to critical theory, go further, and conclude that the reality is shaped by social, cultural, economic, and other factors that vary by time and place. Constructivism is based on the idea that multiple realities can be co-constructed and can co-exist. These realities are localized and constructed under specific circumstances (Lincoln et al., 2018, p.216). In qualitative research, scientists generally accept the existence of multiple realities. The original intent of a qualitative study is to report the different reality of each individual by closely studying them. This becomes evident, e.g., through the different interpretation of an event that multiple witnesses observe (Creswell, 2007, pp.17). In my study, I accept multiple realities and therefore, follow a constructivist ontology.

As a result of these different views on reality, different epistemologies follow. Positivists are convinced that an absolute truth can be found. Thus, findings from research can be "absolutely" true and display a dualism of true and false. Again, postpositivist have a slightly different opinion and can be classified as modified dualists. Scientists who follow this epistemology would conclude that results can be probably true. They are convinced to come closer to one truth. Constructivists, however, highlight the subjective nature of truth (Lincoln et al., 2018, p.216). To answer which epistemological assumption the researcher has, we must explore the relationship between the subject and object, or researcher and the object of investigation. The context in which the study is conducted is important, as it is usually the environment of the participants, and thus influences the individuals. In general, the researcher tries to reduce the distance between themselves and the participants. This can be done by spending as much time as possible in the researched environment, which ultimately also increases the amount of information gathered firsthand (Creswell, 2007, pp.17). Rooting in my ontological assumptions, one could argue that my epistemological assumptions can be labelled as constructivist as well. However, I would not label myself to have only one specific epistemology. To be able to understand the reality of homeless people the researcher has to accept that their reality can deviate from others. Yet, the research question and the chosen approach of this thesis is quite positivistic. In sum, I think that the findings of a thesis are

influenced by the researcher but that to a certain degree the findings can support or weaken certain assumptions or hypothesis. Thus, I would label my epistemological as a mix of various approaches which encompass positivism, constructivism and post-positivism.

In qualitative research the methodological question asks what kind of methods are used in the study. As a result of the different ontologies and epistemologies, the methodologies also differ significantly. While positivists work with experiments, qualitative methods and verification of hypotheses, constructivists, on the other end of the spectrum, work with dialectics or hermeneutics (Lincoln et al., 2018, p.216). To understand the different strains better, it is important to look at the inquiry aim. Positivists try to explain phenomena, by using predictions and controlling them. By contrast, constructivists try to understand and reconstruct phenomena (Lincoln et al., 2018, p.216). Besides ontology and epistemology determining the method, the experiences of the scholar can also determine what kind of data is collected and how it is analyzed. Moreover, in qualitative work, scientists are permitted to change their strategy mid-study to address new questions that come up (Creswell, 2007, p.19). The aim of this study is to deeply understand how the novel situation of the Covid-19 pandemic affects the realities of homeless persons, and how it influences their perception of neighborhood disorder and collective control. This is done in a case study. These choices demonstrate the ideas of constructivism.

Furthermore, a good researcher should always reflect on their values and biases and make them explicit. This is referred to as the axiological assumptions. Hereby, the scientist must reflect on their values and biases and accept that they are present and can have an impact on the study. This is often referred to as "positioning in the study" (Creswell, 2007, p.18). Therefore, I have to continually reflect on my position as a male, white, middle-class student who was never exposed to homelessness.

Finally, the rhetorical assumptions deal with the language that is used by the researcher. The language can be, e.g., informal, or formal. It can occur that scientists who engage in qualitative research use metaphor, a story-telling language, or the first-person pronoun (Clandinin and Connelly, 2000). Additionally, sometimes they abandon terms used in quantitative research and replace them, e.g., using the term "credibility" instead of "internal validity" (Lincoln and Guba, 1985). The language that I use in this Master Thesis is based upon the academic literature that I have been reading in the past years while conducting the courses in Human Geography and Political Science. My aim is to ensure scientific precision and easy readability by using this language. For the interviews with the participants, I will adjust my language to a more informal tone to reduce the distance between me and the individuals.

Another question that I must answer at the beginning of the methodological chapter is which nature my research has, whether my research follows an inductive or deductive approach. In qualitative methods, an inductive or emic approach refers to a context specific and bottom-up approach that is often approached from the actor's point of view. This approach starts with the observation and pattern conceptualization and ends with theory generation. The deductive or etic approach in contradistinction describes that the researcher starts with external theories and criteria and uses them to approaches a phenomenon. The goal of this approach is to rigorously test a hypothesis and therefore a theory (Tracy, 2013, p.22).

The nature of this research is deductive. The thesis starts with an external theory, a theoretical approach developed by Whitehead et al. (2016). This approach is expanded by the independent variable of the Covid-19 pandemic. In the following chapter, the thesis will discuss if the gathered data supports or weakens the hypothesis. Therefore, also the second criteria of a deductive approach – hypothesis testing – is fulfilled.

3.2 Hypotheses and Operationalization of Research Design

3.2.1 The Independent Variable

The independent variable assessed in this thesis will be labelled the “Covid-19 pandemic”. This will summarize the different impacts that the virus has had. Although the virus itself and the harm it can cause is included in this independent variable, the focus will be on the measures taken by federal, state, and local governments to prevent the spread of the virus. Furthermore, this will consider decisions made because of the regulations imposed due to the pandemic and the economic difficulties due to the recession following the begin of the pandemic. The former can include political decisions which reduce services or impact social life, e.g., restrictions on social gatherings. The latter can include the cuts to funding, lack of resources or shortages of personnel which can have a negative impact on the provision of services by NGOs.

3.2.2 The Dependent Variables

For the authors “concentrated disadvantaged environments” are places in which humans suffer from multiple disadvantages and/or suffer from poverty (Whitehead et al., 2016, p.56). By using the concept of “sliding neighborhoods”, which was explained in chapter 2.4, it is possible to deviate from the original rigid definition that is limited to one specific place. Instead, I reason that the individual's concept and the location of their daily activities define their neighborhood. I reason that homeless people live in “concentrated disadvantaged environments” all the time, independent from one specific location. First, homelessness complicates the access to basic

hygiene and to health services. Second, it makes it harder to participate in public or cultural activities. Third, homelessness makes it very difficult to protect personal belongings and important documents (Diakonie, 2020).

Whitehead et al. (2016, p.56) theorize that two contextual factors – collective control and neighborhood disorder – can influence how concentrated disadvantaged environments are and thus the overall health of the community. Thus, this thesis must assess if both contextual factors have increased or decreased. In other words, *my two dependent variables will be collective control and neighborhood disorder*. Both dependent variables can be measured with indicators that the authors outline in their paper (Whitehead et al., 2016, p.56). Higher levels of collective control can be measured with the indicators “community empowerment”, “trust and reciprocity”, “control of anti-social behavior” and “power “with” community members”. Higher levels of neighborhood disorder can be measured with the indicators “safety”, “investment in public services”, “segregation”, and “contempt”. Derived from the framework and from the literature and news research, I assume that the measurements to prevent the spread of the coronavirus, as well as the other implications that the pandemic created, had a severe impact on the two variables. I expect that collective control suffered substantially from the pandemic. Hereby, I assume that “community empowerment”, “trust and reciprocity”, “control of anti-social behavior” and “power “with” community members” have been reduced due to the closing of shelters and the reduction of services for homeless people.

H1: Perception of collective control has decreased for homeless people during the pandemic.

Thus, we can confirm the first hypothesis, if most of the data shows that the indicators for collective control have worsened or decreased during the Covid-19 pandemic. In contrast, we must reject the first hypothesis if the data indicates an increase or improvement of the indicators.

Furthermore, I expect that neighborhood disorder is reported to be more severe than before the pandemic. I expect the participants to report lower investment in public services, more segregation and even contempt. I also expect perceptions of safety to have decreased, even though one could argue that the reduction of people engaging with each other could lead to a reduction in harm. Nonetheless, I presume perceptions of safety have decreased due to higher stress levels amongst the population and thus, an increase of aggressive behavior.

H2: Perception of neighborhood disorder has increased for homeless people during the pandemic.

We can confirm the second hypothesis if the data demonstrates that the indicators for the neighborhood disorder have decreased during the Covid-19 pandemic. We must reject the second hypothesis if the data makes clear that the indicators have increased during the Covid-19 pandemic.

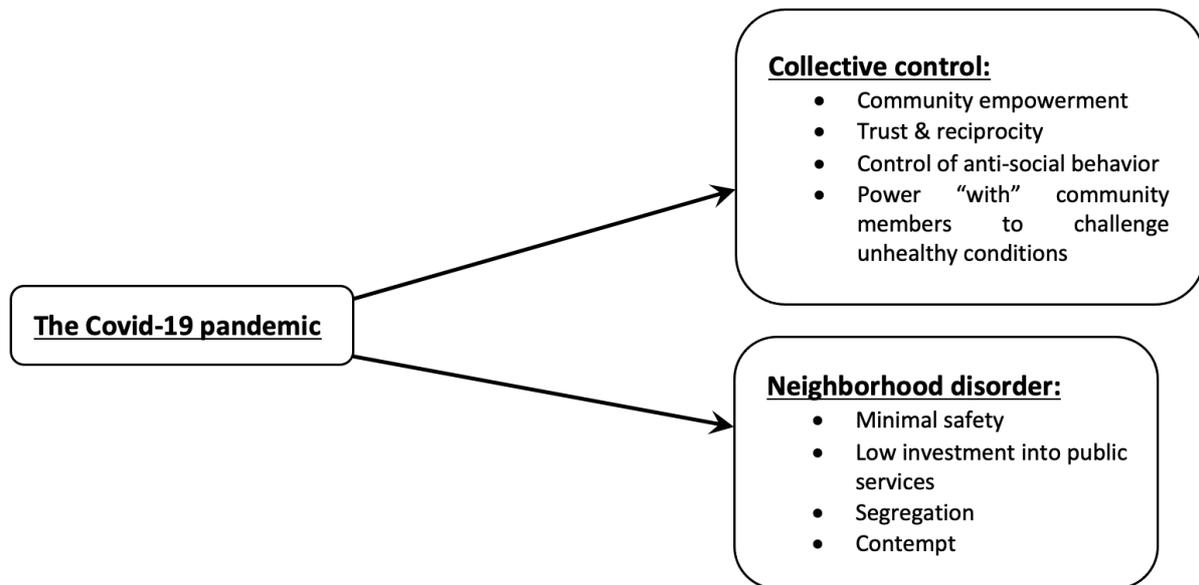


Figure 2: Theoretical Conceptualization, Own Representation.

3.3 Sources and Method of Inquiry

"We conduct qualitative research because a problem or issue needs to be explored" (Creswell, 2007, p.39). This citation by Creswell quintessentially exemplifies why I chose to conduct a qualitative study. Qualitative research is ideal to understand complex and detailed issues because it can reveal otherwise undetectable aspects by talking to people. Multifaceted contexts can be understood because they are inseparable from the people that live within them and thus impact their reports. As a result, qualitative research enables us to evaluate mechanisms and models. Furthermore, qualitative research can empower individuals by allowing them to be heard and sharing their story. Yet, it is crucial to minimize any power relations between scientist and participant, e.g., by reviewing the research questions by them (Creswell, 2007, p.40). A case study usually explores one case within a bounded system. The researcher uses in-depth data collection to acquire detailed information. To gather this information the scientist can use multiple sources of information such as interviews or documents (Creswell, 2007, p.73). This is the reason why, in this thesis, I focus only on the effects within Hanover. My goal is to

understand the effects within this particular city due to its attributes that I outlined in my earlier chapters.

To learn about social life, researchers often rely on verbal accounts. Hereby, interviewing can be a useful tool, with a variety of facets and a range from unstructured to open-ended interviewing. All the various forms of interviewing have in common that the interviewer and interviewee have a face-to-face encounter and that the goal is to deeply understand the interviewee's experiences, situation, or perspective. In this way, the two individuals meet on an equal level and have a conversation (Taylor et al., 2016, p.102). Interviewing can be used to learn about certain effects which cannot be observed by the scientist directly. Thus, the interviewees are the scientist's informants and reveal for the scientist how certain events occurred or how they and others view those events (Taylor et al., 2016, p.104).

Moreover, interviews are a great tool to discover, understand and reflect on the investigated matters. They can capture the subjective experiences and viewpoints from the participants and enable the researcher to understand them in greater depth. Another benefit of conducting interviews, besides the depth of understanding that can be achieved, is discovering and exploring important aspects of the research objective that usually would have remained hidden. Interviews can reveal an array of opinions, motivations, or experiences. Additionally, they enable the participants to explain motivations, rationales, or justifications to explain themselves or their experiences. Most important for this study is that interviews can reveal issues that cannot be observed or properly accessed by the researcher (Tracy, 2013, p.132). The effects of the Covid-19 pandemic on the functioning of neighborhoods can only be assessed by the people that experience their realities. Quantitative data could possibly indicate some tendencies regarding safety, e.g., by assessing crime statistics. Nevertheless, it is only possible to truly understand the phenomenon with a qualitative assessment. To gather these insights, interviews seem to be the most applicable method.

For a formal description of an interview, Dunn can be referred to (2005, p.79). Dunn defines them as a verbal exchange in which the interviewer tries to gather information from the interviewee. He outlines that three different versions of an interview can be implemented by the interviewer. First, the interview could strictly follow a list of questions prepared by the interviewer. No deviations from the contents of the questions and the order in which they are asked is permissible. Secondly, semi-structured interviews follow somewhat a list of questions and are conducted in a more informal tone. They allow the participant to elaborate and allow the researcher to ask other questions which might arise during the interview incrementing relevant material for the study. Thirdly, unstructured interviews follow more the interviewee

and their story (Dunn, 2005, p.80). In general, it is possible to gather enough information through interviews, that the method can be used on its own. However, it is also possible to supplement interviews with other methods to gain further insights. This tactic is named triangulation and would transform the research into a multi-methods design (Longhurst, 2010, p.106). There are various methods of interviews that theoretically range between structured and unstructured interviews, but which is most suitable for this study? I will explain my decision in the next pages.

Parker (2005, p.53) argues that completely structured or unstructured interviews do not exist. On the one hand, people tend to elaborate beyond the structure of an interview. Sometimes this can happen before or after the interview happened. Therefore, the structure of the interview is rarely completely followed. On the other hand, a totally unstructured interview does not exist either because the researcher always has an idea of which direction the interview should go in. Because of these arguments, I will conduct semi-structured interviews in this master thesis. Semi-structured interviews are beneficial for knowledge-production because they allow for follow-up questions. This allows the researcher to follow important details or approach from interesting angles that might occur during the interview. Furthermore, it allows the researcher to direct the conversation towards issues that are important for the study (Brinkmann, 2018, pp.1002). The goal of interviews is to gather the interviewee's descriptions. These descriptions convey how they perceive or experience their world (Brinkmann, 2018, pp.1003).

In this thesis, I will conduct interviews with two distinct groups and, consequently, I will conduct the interviews in different ways. The first group I will interview will consist of experts in the field, e.g., managers of NGOs and social workers that engage with homeless people daily. Therefore, I will conduct a form of interviewing that is labeled “expert interviews”. Interviewing experts in the field is beneficial for this study because they can have valuable knowledge useful to reconstruct certain processes or get insights into routines, interactions, and organizational structures (Gläser and Laudel, 2009, pp.11; Bogner and Menz, 2005, p.43). Hereby, it is important not only to choose experts of the highest ranks of an organization, but rather to diversify the experts and their rank amongst the hierarchical structure (Kaiser, 2014, p.132). I want to outline multiple questions that can be applied to all experts and prepare more detailed follow-up questions. Because I want to access experts with different occupations from the local government and different NGOs, the follow-up questions are important to access the specific knowledge of each expert.

The second group will consist of homeless persons. These in-depths interviews can be classified as an attempt to learn about the events of the Covid-19 pandemic from the perspective of homeless people in Hanover. These interviews shall uncover information that can only be truly experienced by the interviewed subjects. This form of interview is closely related to life histories which shall also capture the subject's experiences and the values the subjects assign to them. On this basis, researchers can better assess theories of social life (Taylor et al., 2016, pp.103). Characteristic for life histories is that they often only contain one question, e.g., "tell me the story of your life" (Brinkmann, 2018, p.1001). Though I don't want to reduce the interview to one question, I will reduce the number of questions, and will ask questions that let the participants express their experiences more freely and let them express what they find to be more important. Thus, the way I will interview homeless people can be referred to as "oral history", a term synonymous with allowing the experiences and perspectives of the participants to be heard and expressed. Hereby, not the whole life is taken into account but rather a specific event or a sequence in their lives (Tracy, 2013 p.141).

Other methods, e.g., observing participants seem also to bear fruitful answers to research questions as well, but come with significant drawbacks which will render them not useful for this master thesis. In fact, participant observation can be seen as the best method to gather data about people, as it is the method that provides the deepest understanding of people's behavior. However, it is not the most practical method in all circumstances because of the amount of time and effort that the method demands (Taylor et al., 2016, p.104). Taylor et al. (2016), present the notion that a life history cannot be constructed by following a person their whole life but rather through interviews. They summarize "the choice of research method should be determined by the research interests, the circumstances of the setting or people to be studied, and practical constraints faced by the researcher" (Taylor et al., 2016, p.105).

The authors subscribe to the view that interviews are suitable for different conditions. Firstly, the researcher must have a clear research interest and should be able to determine clear questions for the interview. Secondly, the method is suitable for scholars who want to evaluate past events or do not have access to a specific setting or individuals. Thirdly, interviews can be beneficial when the scientist has time constraints. Often it takes time to arrange access to specific places or to find informants. As a result, interviews can help to generate data quickly (Taylor et al., 2016, p.105). Finally, interviews can be beneficial for scientists that want to use induction to construct theories (Taylor et al., 2016, p.106).

3.3.1 Data Collection

As outlined above, often, the best way to acquire data about individuals is to simply exchange information with them by conversing with them. Yet, a simple conversation is often not methodological enough to get the precise information. Additionally, people might speak too quickly, fail to recognize the true meaning of what is being said, or interrupt others before they can say what they intend to say. Thus, semi-structured interviews can be excellent methods to systematically gather information about individuals (Longhurst, 2010, p.103). Even though human geographers use a variety of different techniques, such as participant observation or visual methodologies, semi-structured interviews can be used for a variety of topics and are amongst the most used (Longhurst, 2010, p.104).

Valentine (2005, p.111) underlines that the goal of interviews is to understand the individuals' experiences and to make sense of them. Qualitative research is done with a small sample size and are nested in the specific context. As a result, the samples can be purposively gathered. Hereby, it is important to set boundaries which limit the aspects that must be studied and to set a frame which helps to uncover or confirm the possible mechanisms which work. The sampling strategy can be chosen prior to the study or in the early stages of the study because it can be difficult to determine the best type of strategy priorly. However, the choice of sampling strategy should always be exemplified and justified (Miles et al., 2014, p.47). Moreover, the sampling should be theoretically driven. This means that the conceptual question should determine which individuals are selected (Miles et al., 2014, p.48). In my case this means that the persons should to some degree have different living-situations, e.g., completely homeless, living with friends, etc. Respectively, the experts should consist of persons from various NGOs or service providers with different positions or occupations.

Tracy (2013, p.135) describes a variety of different sampling methods, varying from random sampling to opportunistic sampling, to maximum variation sampling. All these methods have their benefits and drawbacks. For the purpose and characteristics of this study, however, I will choose to apply a snowball sampling method within a certain group of people. Importantly, this method allows for access hidden populations. By using this method, I must identify participants who fit the criteria for this master thesis and ask them whether they know people who might be suitable and willing to participate in the study. By using this approach, the number of participants can be expanded quickly. On the downside however, the researcher might inadvertently sample individuals that are very similar to each other because they are from a similar group or demographic. Thus, it is helpful to ensure that participants vary a lot from each other (Tracy, 2013, p.136).

I will use my networks from the internship at the LAK Niedersachsen to get access to the first participants. This has the characteristic of opportunistic sampling, which uses personal networks to generate participants for a study (Tracy, 2013, p.135). Nonetheless, this is beneficial to the data collection in multiple ways. Firstly, the LAK already has a broad network of people that have been or are currently in our definition homeless. They are politically aware, and it would be pertinent to the to gather their insights. Secondly, their network also consists of social workers and others who are involved in working with homeless people, e.g., people who work in shelters. Further they have an even broader network and are in touch with homeless people on a regular basis. This demonstrates a fast and efficient way applying snowball sampling. Thirdly, this method enables me to access the hidden homeless population. As outlined prior, homelessness does not merely refer to people living on the streets, whom one might think to approach for this study. Homelessness has a lot of faces, and thus, is best represented when the participants of this study have different backgrounds and living situations.

In practice, I formulated an email that I send to around 350 members of the network. The network includes social workers, members of NGOs and service providers, and homeless people. I chose a couple of social workers and homeless persons to conduct interviews with. While communicating with them, I asked them for other experts and/or homeless persons that might be willing to participate in the study. I decided to approach experts from different NGOs and service providers, such as Diakonie, Caritas, Rotes Kreuz (red cross), or Obdachlosenhilfe Hannover e.V. Unfortunately, I was not able to interview a representative of each organization because of respondents canceling shortly before the agreed appointment and both parties being unable to agree on another date. Nevertheless, the interviewees of this thesis display the variety of the organizations and have different professional backgrounds.

To word good interview questions, the researcher can follow six principles. First, the questions should be simple and clear. Second, they should address one issue at a time. Third, they should lead to open-ended and complex answers. Fourth, they should be neutral, non-leading and straightforward. Fifth, the questions should uphold the participant's identity. Sixth, appropriate follow-ups and probes should be prepared (Tracy, 2013, pp.145). It is also crucial that the researcher behaves in a specific manner while conducting the interview. The interviewer should have substantial knowledge about the topic and person, but also be gentle and forgiving with the respondent's pace. Furthermore, the researcher should be sensitive, open-minded, probing, attentive and interpreting the results (Kvale, 1996, p.148). Appendix A will contain the interview questions that I prepared for the interviews.

3.3.2 Interview Partner

Generating the right participants for the interviews is crucial. Usually, the participants' background must be closely related to the research topic or should have a lot of experiences in the assessed field. In quantitative research it is utterly important to generate a randomized or representative research population. Reasons for choices are to remain as objective as possible and to guarantee the replicability of the study (Longhurst, 2010, p.108). Qualitative studies and interviews stand in high contrast to this procedure.

The following table includes all respondents, independent of whether they are “experts” or “homeless people”. All persons interviewed are experts for this study and equally important to understand the underlying processes and variables assessed in this thesis. Furthermore, I decided to anonymize all participants of the study. There are only a few service providers for homeless persons or NGOs in Hanover. Therefore, one of the participants reasoned that it might be relatively easy to conclude which persons shared their knowledge.

Name	Organization	Position	Homeless	Date
Interview Partner 1	Service provider for Homeless Persons	Social Worker	No	01.06.2021
Interview Partner 2	Service provider for Homeless Persons	Social Worker	No	04.06.2021
Interview Partner 3	NGO for Homeless Persons	Social Worker + Second Chairperson	No	07.06.2021
Interview Partner 4	No Affiliation	None	Yes	11.06.2021
Interview Partner 5	Service provider for Homeless Persons	Nurse	No	15.06.2021
Interview Partner 6	NGO for Homeless Persons	Radio Show Host	Yes	17.06.2021
Interview Partner 7	NGO for Homeless Persons	Spokesperson	Yes	17.06.2021
Interview Partner 8	No Affiliation	None	Yes	30.06.2021
Interview Partner 9	Service provider for Homeless Persons	Social Worker + First Chairperson	No	09.07.2021

Interview Partner 10	No Affiliation	None	Yes	09.07.2021
Interview Partner 11	City of Hanover	Administrator	No	16.07.2021
Interview Partner 12	No Affiliation	None	Yes	16.07.2021

Table 1: Information about Interview Partner

3.3.3 Data Analysis: Directed Content Analysis and Coding

To make sense of the gathered data, I will use directed content analysis. This strategy fits the design of this thesis because it builds upon existing theory which then determines the initial coding scheme. Furthermore, the objective of directed content analysis can be to extend a theory or theoretical framework which also suits this thesis. Moreover, this approach is suited to analyze data collected through interviews (Hsieh and Shannon, 2005, p.1281).

Before we can use coding to decipher the interviews and attribute parts of them to certain aspects of our theory, we must transcribe the interview. Transcription is necessary to convert the information stored as an audio file to written records. It is no requirement, but most people find it easier to analyze printed rather than auditory data. Transcribing the interviews is a time-consuming exercise. Yet, it is not a waste of time. The researcher must listen carefully to the audio material and can reflect on their tone, wording, and pace. Additionally, the scientist can reflect on the questions and the reactions of the participants which grants better insights for the following interpretation (Tracy, 2013, p.178). In the following step, the data must be organized to make the work with the materials easier and more efficient. The method that is most commonly used is to organize the material chronologically by their date of collection. This can show the trajectory of the analysis and is therefore beneficial (Tracy, 2013, p.185). Coding means to label and systematize the data. Various techniques can be used to achieve this which make use of materials like printed transcripts and colored pencils or computer-programs, software and excel spreadsheets. Manual approaches that use paper and pencils are suitable for creative scientists that like to work with physical materials. This enables them to use highlighters, markers, pens, and other tools to cut, paste and connect different papers or sections of papers (Tracy, 2013, pp.186). Computer-aided approaches can use excel-tables or the marking functions in office programs to analyze the data more efficiently (Tracy, 2013, p.188). In my thesis, I will make use of Atlas.ti to organize and code my data. It reduces the complexity

to maneuver between the records and allows for quick and easy access. Moreover, it enables me to change my codes quickly if necessary.

After three-quarters of the data is collected, the scientist should start to evaluate the data and start the data immersion phase. Hereby, the researcher should start with a primary-cycle coding which refers to the initial coding activity. Nevertheless, the whole analysis can include various coding-cycles. Codes refer to a word or a short phrase to the identification of data its belonging or representation of a specific phenomenon (Tracy, 2013, p.189). While engaging in this process it is beneficial to prepare a codebook to keep track of all the definitions, key codes and examples that are used by the researcher in the study. This codebook has the function of a key to the evaluation. Additionally, it improves the validity of the study (Tracy, 2013, p.191). Based upon these aspects I use two coding cycles which I will briefly summarize.

For the first coding cycle I analyze the data based on the variables described in the theoretical chapter. I assign each variable with one code. Because I was able to base the codes on the theoretical framework, the codes are named the same as the variables. In other words, the variable “segregation” is assigned with the code “segregation” and is used when a person mentioned something regarding segregation of homeless people from other homeless people or from other parts of the society. When an interview partner mentions something about investments in public services, I code the part of the interview with “investment in public services”. Thus, labeling it for the variable “investment in public services”. This concept is used for all variables and codes. Furthermore, I include the code “direct impact of Covid + measurements on mental and physical health” to code interesting points that cannot be attributed to one of the variables.

In a second coding cycle I add three subcodes to better organize and refine my existing codes. Each code is extended by a code labelled the same, with the addition of “increase”, “decrease” or “general information or neutral”. This is beneficial to assess the data and evaluate how strong the variables have changed during the Covid-19 pandemic. All codes can be found in the codebook provided in Appendix A.

3.4 Strengths and Weaknesses of the Research Design

The first limitation of the interview is the artificial setting that is provided in the interview situation. The interviewed persons may behave differently and tell different stories depending on the situation. Therefore, the participants might alter their answers and their evaluation of situations might differ from when they happened (Taylor et al., 2016, p.106). Secondly, by relying solely on interviews the researcher is unable to understand a lot of the contexts to deeply

understand the perspective of the participant (Taylor, 2016, p.106). Moreover, the informants can be unwilling to express important aspects, or the researcher simply does not acknowledge them as important or misinterprets aspects because the two individuals communicate in different nuances of language (Taylor, 2016, p.107). Additionally, by using the directed content analysis the researcher is more likely to find supportive evidence for his or her used theory than finding evidence that weakens it (Hsieh and Shannon, 2005, p.1283). Weaknesses in qualitative research can occur due to a lack of (internal) validity and reliability (Creswell, 2007, p.251).

In this thesis, I mitigate weaknesses in these regards with multiple strategies which are therefore the strength of the research design. By interviewing not only homeless people but also experts of the field I can gather more than the experiences and the pure results of the pandemic. Instead, the experts can reveal hidden mechanisms, e.g., between NGOs and government, the funding or legal hurdles during the pandemic. Using this approach, I can combine the knowledge of the lived experiences of homeless people and access facts about the impacts on the organizational structure that surrounds the group. Even though formally not labelled in this thesis as “triangulation” combining two different versions of semi-structured interviews has surely the characteristics of this method. Instead of triangulating different methods, I triangulate different data sources in the sense that I have two distinguishable groups which provide me with different information (Creswell, 2007, p.251). Furthermore, I will use a feedback loop to discuss the finding with some of the participants. Additionally, I included a reflection of the possible biases that accompany this study. To ensure reliability, I will check the transcripts multiple times and I will keep a codebook which I will critically discuss with my peers and my coworkers (Creswell, 2007, p.252).

3.5 Ethical Discussion

It is utterly important to focus, next to the quality of the methods, on the ethics of the study and possible problems that are related to ethics and morale. The highest premise is to do no harm. Before conducting the research, it is crucial to ask for the study's worth, to think about situations in which people might get exploited, to ensure the participants' anonymity and assess possible legal issues regarding data privacy (Miles et al., 2014, p.66; Creswell, 2007, p.141). The researcher should write an agreement that the participants must sign which explains them all their rights and in which relationship they are with the researcher. It should include that the data will be stored safely, and the data will be anonymized. Further, it should inform the participant about the voluntarily character of the study, its goal and what for what the data will be used. It should be mentioned as well, what possible consequences or benefits can follow the

study (Miles et al., 2014, p.67; Creswell, 2007, p.142). My letter of informed consent can be found in Appendix A. Harm, as outlined earlier, should be absolutely avoided. Hereby, harm can be in physical or other forms. The reputation of a person be harmed and as a result this person will lose their job or won't get promoted anymore (Miles et al., 2014, p.70). Ideally, the process of the research is empowering for the participants and should at least include to discuss the relationship between researcher and participants and address the power differences (Bond, 1990).

Traditional research can indeed be exploitative in nature, particularly of vulnerable groups. Emily Paradis (2009, p.753) focuses on the researcher's interest. If the researcher's interests are the only thing that are shaping the research process research is exploitative. A process, in which an uninvited researcher enters the world of the participants for the purpose of extracting data and leaves immediately to produce an article that only benefits him or her, can truly be labelled as "experimental colonialism" or exploitative (Paradis, 2009, p.754). The aim for research ethics is to hinder exploitation or oppression of the studied individuals by the researcher and to help the marginalized group to promote their interests via the research (Paradis, 2009, p.754). Scientists must question and challenge the social injustices that lead to homelessness. Moreover, they must ensure that they do not reproduce these injustices (Paradis, 2009, p.755). Paradis emphasizes that research with vulnerable groups should go beyond the standards set by organizations such as the American Psychological Association (APA).

Furthermore, it is crucial to reflect on the position of the researcher and their past experiences and education which could have shaped or limited the point of view (Paradis, 2009, p.757). Formulating ethically just research questions is equally challenging. According to Paradis, the questions are often framed around the most relevant information but also include hidden assumptions or biases of the researcher. Especially in the work with homeless people scientists must be careful not to risk the homeless community by perpetuating stereotypes and stigma (Paradis, 2009, p.758). One advantageous idea is to ask the participants for their ideas for improving the services that are offered to them. It is important to ensure that the participants do not depend on the relationship with the organization or researcher who is conducting the study. Otherwise, their initial incentive to participate at the study might not be voluntarily nature but rather a benefit calculation due to the dependency. An unfamiliarity ensured by an external scientist also guarantees that a participant does not reveal information that they normally would not have shared with others (Paradis, 2009, p.759).

Even though it is standard practice to compensate the participants for their time and effort as a sign of mutual respect and to acknowledge them as equal partners, it might be an

unethical decision to do so with homeless people. Indeed, the money could lead to an initial incentive to participate at the study and the participation would not be voluntarily (Paradis, 2009, p.761). Also, the American Psychologist Association (APA) acknowledges that a financial compensation might compromise the participant's autonomy in the decision to participate at or continue with a study. In sum, scientists must pay great attention to not economically exploit the participants and avoid offering inappropriate compensations to not coerce participation (APA, 2019; APA, 2017). Instead, some scholars offered non-monetary compensation like a meal or simply their help with buying and carrying groceries for scientists without funding (Liebow, 1993).

As outlined above, to ensure to be not exploitative, I must target the oppressive structures of the research population and use this research to combat these structures. In my opinion the term "oppressive structures" is in the here applied context too strong. Nonetheless, I can detect disadvantaging structures. I want to refer to the disadvantaging structure to the non-implementation of housing first. As outlined in previous chapters is the scientific consensus, that HF would provide the best policy option to help homeless persons. Without HF, they are truly systematically deprived because they are in a disadvantaged position to cope with every other burden. Therefore, this thesis can indeed help to point out and to challenge this disadvantaging structure.

To ensure that the interview questions that I will pose to the participants of the study are acceptable, I critically discussed them with my co-workers and members of other NGOs that are more experienced in the work with homeless people. Moreover, I discussed a suitable compensation with the same people to satisfy and balance the aspects of voluntariness and fairness towards the participants. Especially, the compensation was discussed with heat from some sides and some partners even threaten to withdraw cooperation should participants not be compensated in the way they defined (monetary compensation of 9.50 Euros/hour, ticket for the public transportation and a meal). In the end, all parties agreed to a compensation of 20 Euros per interview and person.

4 Empirical Chapter

In the following chapters the findings of the interviews will be summarized, and it will be thoroughly described what my interview partners outlined during the interviews. Hereby, I will not split the participants into two groups – experts and homeless people. Instead, I will tread them equally and will organize the chapters according to the indicators that were defined in

chapter 3.2.3. First, this thesis focuses on the topic homelessness. Although, it is necessary to ask experts to evaluate certain indicators, e.g., “investment in public services”, homeless people must be treated equally in their contribution to this thesis. There is no reason, why I should weight the data generated from homeless people minder important than the data generated from people with a home. Second, as outlined earlier, it is an ethical choice. Exploitation or oppression must be avoided, and the interests of the marginalized group should be promoted, as Paradis (2009, p.754) outlined. The interest of homeless people is to be treated equally to the general population. Interview Partner 7 problematized this, “[Because of the Covid-19 pandemic] the situation in Hanover or in other states worsened... People talked *about* us but not *with* us.” (I.P.7, spokesperson, and homeless person, 2021).

I will start to summarize the information associated in the theoretical framework with collective control. This contextual factor includes the indicators “community empowerment”, “trust & reciprocity”, “control of anti-social behavior” and “power “with” community members to challenge unhealthy conditions”. Then, I will continue with the indicators that are associated with the neighborhood disorder. Namely, “safety”, “investment in public services”, “segregation”, and “contempt”. It is noteworthy that the interviews were conducted in German for practical reasons. German is the mother tongue of all participants and the interviewer. Thus, it made communication easier and enabled the researcher to use a tone that was appropriate and to make the interviewee more comfortable. All translations from German to English were done by the researcher. The full transcripts of all interviews can be found in Appendix B.

Before describing the findings, I want to address the concept of “sliding neighborhoods”. Only three respondents outlined the environment they conduct their daily activities in and the area which they would define as their neighborhood. Nevertheless, those three participants strengthened the concept with their answers. As displayed in Appendix A, two participants’ concepts of their neighborhood did not match the areas that they spend their activities in. I.P.8 marked two different areas on the map which clearly differ from each other. While he spends most of his time in Linden-Mitte, Linden-Limmer, Linden-Süd and Oberricklingen, he defined his neighborhood as Ricklingen and the area surrounding three lakes, the so called “Kiesteiche”. I.P.12 only highlighted the city center as the area he spends time in. The area he described as his neighborhood was not displayed on the map. A clear mistake of the researcher, who should have had a bigger and more detailed map of Hanover available. I.P.10 did not mark a neighborhood because he reasoned to have no neighborhood. “As a homeless person you have no neighborhood in this sense.” (I.P.10, homeless person, 2021).

4.1 Collective Control

4.1.1 Community Empowerment

Community empowerment functions through the services of the NGOs and service providers in Hanover. Already before the pandemic they tried to support their clients not only with food, shelter, and clothing but to support them in legal affairs, by establishing contacts among each other and by organizing themselves politically. “The offers were already there before Corona.” (I.P.7, spokesperson, and homeless person, 2021).

“The people are coming here; it is an agency. The people come here; they can stay here. They can get food, prepared bread et cetera. Coffee, tea, such things. The place is designed in a way that it is a safe and quiet space [...] We have an outpatient clinic here [...] We have an office here and our clients can manage their affairs.” (I.P.2, social worker, 2021).

As mentioned earlier, a lot of people showed solidarity and increased their support for the NGOs and service providers. This includes the city of Hanover which increased their efforts to help. Most noticeably, one NGO was able to increase their efforts, network and influence substantially, even though the pandemic made it more difficult to remain in contact with members.

“Everything changed to the better because the actors got more sensitive. “There is the self-representation [of homeless people] and they have to be heard, they want to be heard.” It began like this. It did not matter in which region. We were invited to symposiums and seminars. Sure, during the lockdown we had to do everything online. Some people also told us that members, contacts... from the network unfortunately broke off. What a surprise because only the fewest homeless persons own a device with digital access. But the requests have increased.” (I.P.7, spokesperson, and homeless person, 2021).

Nevertheless, the organizations had difficulties to compensate for all the severe consequences of the pandemic. Most facilities had to completely or partially close during some phases of the lockdown and were unable to support homeless people. Even after they were able to reopen, their services were reduced or significantly less people were able to make use of them. “Suddenly, people living on the street had no points of contact anymore. That means that their daily structures, the points of contact, were closed.” (I.P.3, second chairperson and social worker, 2021). Additionally, the contact to social workers and to officials in the bureaucratic system, which might be important to claim benefits, were reduced. “There are no direct contact partners. You don’t have contact anymore to the authorities. They were all send to home office.”

(I.P.4, homeless person, 2021). One social worker made an important point. He pointed out that while the services were reduced homeless people had a higher demand of services and support than ever before.

“Actually, you have a higher demand. [...] How should I take part in society when everything is closed, and I cannot go outside anymore? At least I need a cellphone and WIFI. Something. And even that is not granted to the [homeless] people. They say, “No, why? They don’t need it”” (I.P.9, first chairperson and social worker, 2021).

4.1.2 Trust & Reciprocity

Generally, trust and reciprocity are low according to the respondents and vary depending on the individual. “It is hard to answer because they are so individual human beings [...]” (I.P.1, social worker, 2021). The answers show that trust towards people that actively help homeless people exist. “You actually don’t know how to thank people. It is not a matter of course that people help you.” (I.P.8, homeless person, 2021). Yet, the trust seems lower towards other homeless people.

“No, no, no. From my experiences not. [...] There are no “friends” on the street. Those are partnerships of convenience that come together [...] Everyone is occupied, basically around the clock, except when you are sleeping, to survive [...] From a psychological point of view, I am not attributing a value to any encounter.” (I.P.10, homeless person, 2021).

The pandemic had negative consequences on trust and reciprocity. At first, fear of contracting the disease was creating not only physical distance among peers. “In the beginning, like the other parts of society, they were quite cautious because they were afraid. Also, people did not know how contagious the virus was.” (I.P.2, social worker, 2021). Furthermore, the limited number of services and contact to social workers reduced the trust even more.

“The exchange, I think that... When there is no pandemic, it contributes to a better mood and that they can relax. They are in a better mood because we give them a good feeling. Now that is not possible, and our clients feel less heard.” (I.P.2, social worker, 2021).

Additionally, one social worker emphasized that homeless people suffer often from mental illnesses. These illnesses might have worsened by the pandemic and thus have decreased trust.

“[...] Because of the masks, that we distribute, it is not possible to perceive each other’s facial expressions. The people cannot perceive our facial expressions and that might be... We must deal with a lot of people with mental illnesses. Those range from depression to schizophrenia, and for someone with mental illnesses it is... This whole situation is burdening because the people simply develop fear.” (I.P.2, social worker, 2021).

4.1.3 Control of Anti-Social Behavior

Anti-social behavior refers to actions that conflict with norms, rules, and laws (Science Direct, w.d.). These actions can be manifested in fighting, drug abuse or general behavior that endangers community safety and create community concerns (Day, w.d.). Only few information have been revealed about the control of anti-social behavior by conducting the interviews. Control of anti-social behavior is low among homeless people, and actors such as police or security personal are perceived as not helping actors. “If the guy over there has trouble, then I am the one helping him. However, if I need help no one is helping me. Not even this guy.” (I.P.12, homeless person, 2021). Nonetheless, homeless people showed some solidarity during the pandemic. “Those we got in touch with were showing solidarity.” (I.P.1, social worker, 2021). Nevertheless, the restrictions prevented people from staying in services facilities and thus, social workers from preventing or controlling anti-social behavior.

“Yes, it is like that because the people cannot come to our facility, or only in smaller numbers. And they cannot stay in this facility that we are in right now. We are sitting in the space of what is usually the smoker room. People are usually sitting here, chatting, reading newspapers... Like in a café. And well... That is currently happening on the street. The difference is that we can control certain situations. We also prevent conflicts from happening in the first place.” (I.P.2, social worker, 2021).

He added, “Our work has a lot to do with conflict management. To prevent conflicts and to ensure that everyone can feel safe. Outside of this facility this is not possible. There is no social worker that could observe certain situations.” (I.P.2, social worker, 2021).

4.1.4 Power “with” Community Members to Challenge Unhealthy Conditions

Multiple interviewees reported a generally low power of homeless people to challenge unhealthy conditions or exert influence on decisions of their environment. As outlined earlier, some groups form, e.g., along their nationality. Moreover, organizations that promote empowerment and want to organize homeless people to exert influence on politics do exist and have been growing support during the pandemic. “Everything changed to the better because the

actors got more sensitive. “There is the self-representation [of homeless people] and they have to be heard, they want to be heard. It began like this. It did not matter in which region. We were invited to symposiums and seminars.” (I.P.7, spokesperson, and homeless person, 2021). Yet, most homeless persons do not have the capacities to engage in such activities. Interview Partner 2 summarized strikingly, “There are people in this milieu, in this scene, who engage in such activities. But you must add that the level of organization is in principle not as high. You have to imagine that people living on the street are in a daily fight for survival.” (I.P.2, social worker, 2021). The social worker added, “Our clients have not enough time to take care of such things. They kind of delegate that mentally to the social workers. In turn, we understand ourselves as the voice of homeless people.” (I.P.2, social worker, 2021). Furthermore, some participants outlined that the solidarity among homeless people is already low, which makes it even harder to form interest groups and challenge certain challenges in their environment.

“No, no, no. From my experiences not. [...] There are no “friends” on the street. Those are partnerships of convenience that come together [...] Everyone is occupied, basically around the clock, except when you are sleeping, to survive [...] From a psychological point of view, I am not attributing a value to any encounter.” (I.P.10, homeless person, 2021).

Because the possibilities to challenge unhealthy conditions with others were already low the pandemic let only to a small decline. This decline of power to challenge unhealthy conditions “with” community members was due to the closing of facilities and the increased scarcity of resources. “Everything was closed. That was a problematic situation. The allocations battle increased.” (I.P.9, first chairperson and social worker, 2021).

4.2 The Neighborhood Disorder

4.2.1 Safety

Safety is a constant concern for homeless people in Hanover. In general, members of the group are constantly exposed to hazards of the environment, e.g., extreme weather conditions and other people, which increases the likelihood of being subject of physical harm or theft. One individual concluded that in his impression the safety of homeless persons had declined for years, independently from the pandemic. He summarized,

“Nowadays, you have to watch out for your clothing. In earlier years, there was no need to do that [...] Nowadays the people get, simply

because of... not even for weed or so, they get beaten to death. During my times that was not existing.” (I.P.12, homeless person, 2021).

Also, shelters do not guarantee safety although they should protect homeless people, e.g., from weather conditions. Interview Partner 2 explained,

“A lot of people that are living on the streets do not live there because they like to but because they want to avoid the situation in the shelters. Structural violence exists, it is dirty, there is security personnel who somehow think that their job includes to hassle our clients in the hallways and so on.” (I.P.2, social worker, 2021).

Similarly, Interview Participant 6 voiced his concerns, “To be honest, I was scared to be inside of the facility.” On the contrary, Interview Partner 4 noted, “In general, I always feel safe”. However, he described that he tries to avoid city centers and camps usually on the outskirts of the cities he is migrating to. It is further noteworthy that homeless people might experience a compromised safety but do not pose a threat to other parts of the society as a social worker noted, “There are no crimes in which people that are affected [by homelessness] and live in poverty and stay there... No crimes against pedestrians but rather against each other at most.” (I.P.9, first chairperson and social worker, 2021).

Regarding the threat of the Covid-19 virus, it is astonishing that the homeless community was less affected than the general population. “We know about seven people who were sick [infected with Covid-19]. That is a low number. That is infinitesimally low.” (I.P.3, second chairperson and social worker, 2021). Also, a vaccination campaign initiated by the City of Hanover might have contributed to the low number of cases. It is noticeable that the willingness of homeless people to get vaccinated was higher than the willingness of the general population. “[...] I would say that 90 percent of the addressed people accepted the offer, and they were happy to receive it.” (I.P.1, social worker, 2021). Nonetheless, the pandemic increased existential threats of homeless persons. “There was nothing compared to the fear of not getting any food. The fear. We don’t know where to... It is terrible.” (I.P.3, second chairperson and social worker, 2021).

Furthermore, more people migrated from smaller towns and the outskirts of the city towards the city center. This behavior resulted in a higher number of homeless people concentrated on a smaller space. Moreover, the higher number of homeless people had to rely on fewer services and less shelters due to closure. As a result, more people were camping in the city center, and they were more visible because almost no tourists or working people were in

it. As a result, homeless persons were prone to the harassment of security personnel and the police.

“They are more visible because they are more noticeable. And in my opinion, they are more often controlled by the police and get reported for not following the corona laws [...] It is a factor for the psyche somehow, that compromises the mental health.” (I.P.1, social worker, 2021).

Finally, respondents reported a more aggressive behavior from all members of the society. The respondents assumed that a lot of people were frustrated because of the restrictions of public and cultural life. “I think at one point all people were simply annoyed. You could have said “hello” to the friendliest person. He would have wished you a “good day” in a normal situation but instead he would have said “Shut up! Don’t talk to me!”” (I.P.8, homeless person, 2021). On the contrary, other respondents suspected that others faced existential fear and changed their behavior out of helplessness. “A lot of services closed. That increased the “predator behavior” of people in the homeless community to a higher level as even before.” (I.P.7, spokesperson, and homeless person, 2021).

4.2.2 Investment in Public Services

In Hanover there are primarily service providers and NGOs engaged with the support of homeless people. Depending on the type of organization, they have different sources of funding. On the one side, the service providers which receive public funding for their projects such as Diakonie or Caritas. On the other side, NGOs which source of funding is primarily private charity. The city of Hanover engages in supportive activities and can direct money to projects of the providers. However, it is important to acknowledge that this bureaucratic institution is limited in the amount of money that they can allocate to the budget given to the organizations. They are dependent on the funds made available by the federal, state, and local government. The interviewee, working for the city of Hanover, explained, “The administration of the city of Hanover earns no money. It has no money available [...] Indeed, I was about to say that. The money is allocated to the administration [...] by the government” (I.P.11, administrator, 2021).

One drastic example of the consequences that followed the measurements to contain the virus, was a period in which less drinking water was available for the vulnerable group. “The drinking fountains that exist here in Hanover. Seven units – and we protested – were turned off. You must imagine that. They were not even able to access drinking water.” (I.P.3, second chairperson and social worker, 2021).

The investment in public services might not have been reduced intentionally by cutting the funding of the projects. Yet, certain services were drastically reduced due to new restrictions to contain the spread of the Covid-19 disease. Interview Partner 4 clarifies, “The facilities and the possibilities to shower and like I said to wash your clothes and and and. Yes. They all ceased. Well, the majority ceased.” He added later that the usual bureaucratic experts were not available to support him, “There is no direct contact, you have almost no contact anymore with the authorities. The authorities were sent into home office, if it was possible, and that is why you have almost no direct contact.” Moreover, Interview Partner 1 illuminated the consequences of the restrictions, e.g., that facilities of clean needle programs such as the “Stellwerk” had to close.

“Additionally, there are the restrictions of the provision of help. They have often the goal of harm reduction. Therefore, drug using people are more at risk than before the pandemic. Because the use of drugs is again very hidden and conducted without any support.” (I.P.1, social worker, 2021).

Also, some positive changes were acknowledged by the interviewees. According to some of the experts, the novel and critical situation was recognized by the service providers and the NGOs, and they tried to compensate the closed services as much as they could. Hereby, the city of Hanover was able to help more unbureaucratically than before. Instead of checking each expenditure and demanding justification for every Euro that was spent, the bureaucratic system suspended some of their procedures. As a result, the organizations had more capacities to quickly implement new projects and direct help. “Sure, we had to write a project proposal [...] but it was relatively unbureaucratic to start with the project.” (I.P.3, second chairperson and social worker, 2021). Furthermore, a vaccination campaign was initiated to ensure protection against the virus.

“Most of the homeless persons are already vaccinated in Hanover. Primarily with Johnson and Johnson, because they are usually not so reliable to come to the second vaccination. But it works. That worked very well in Hanover. I have to say that, even though there were few vaccines in general.” (I.P.3, second chairperson and social worker, 2021).

Moreover, different actors who were engaged in the distribution of food and clothes immediately started to extend their services. Hereby, they got a higher support by the society and by the city than before the pandemic. The interviewees reported that places to stay during the day and shelters had to close for some time but were allowed to reopen with a decreased

capacity and with a hygiene concept. It was questioned, though, if the support was sufficient to substitute the missing services. “We received a lot of food products. We did not need to cook ourselves during this time. The city did that and carried the costs. But one warm meal per day is not sufficient and definitely not during winter.” (I.P.3, second chairperson and social worker, 2021).

Moreover, there were a limited number of places established to accommodate homeless persons for a limited period. “They [the service providers] managed to accommodate homeless persons in hotel rooms.” (I.P.1, social worker, 2021). Additionally, a project was established to facilitate basic medical services to people living on the street by approaching them directly with medical staff.

“The city approached us and said that they can imagine us to do something because we have an expertise so to say. Because we already have a lot of contact. We have already a lot of patients that need support in our accommodation facilities which we already take care of. That means that we were already close to the group. We are already familiarized with the group of patients, and we had quickly the idea to do something with visiting the people. Not only social work but nursing [...]” (I.P.5, nurse, 2021).

4.2.3 Segregation

In general, the interviewees reported that a segregation by the “normal population” can be reported. Although, homeless people are physically present in areas that are frequently visited by other people they tend to be ignored. Interview Partner 3 mentioned that a lot of people have “fear of contact”. This might be the case even when people are injured or hurt. “There is a crouched man, and it seems like no one cares. It not only seems like it, in fact nobody cares.” (I.P.10, homeless person, 2021).

Multiple respondents also mentioned the role of “neighborhood” in relation to segregation. In contrast to an intuitive idea of “neighborhood” the interviewees concluded that the “neighborhood” removes all privacy from them and forces anonymity upon them.

“We talked about neighborhood earlier... It [the central station] is for me a place of neighborhood. But it does not exist there for real. No one is living there permanently. But there are... it changes. Instead of the people that seek anonymity.” (I.P.9, first chairperson and social worker, 2021).

“[...] the only anonymity that you have is when you are alone when you are walking. As soon as you sit down somewhere... if you have something to drink with you or a bag next to you are automatically more

conspicuous than when you are walking.” (I.P.9, first chairperson and social worker, 2021).

One homelessness-affected person reports, “Like I said, you do not have a neighborhood as homeless person, alright? That is obvious, as a homeless person you have no relations. Absolutely. That affects every social relation. That is for sure. You have nothing.” (I.P.10, homeless person, 2021).

On the contrary, one nurse reported that sometimes smaller groups form. “For example, the Polish homeless people, they have something like a community or family [...] If one person cannot speak German, another translates and explains what we can do or where he can go with his wound.” (I.P.5, nurse, 2021). Also, parts of the general population engage actively with people in difficult housing situations and voluntarily help them. Interview partner 2 underlines, “To be honest, luckily there is always a part of the in quotes “normal population” that helps our clients, by for example voluntarily food distributions. Some have one homeless person that they help and remain in contact with.” (I.P.2, social worker, 2021). During the pandemic this voluntarily work has increased as Interview Partner 3 declares, “The willingness to help. You realize that a lot of people showed solidarity and called us. “Can we help you? We would like to support you in your voluntarily work” and so on and so forth.” (I.P.3, second chairperson and social worker, 2021).

Several Interview Partner highlighted an increase of segregation during certain phases of the pandemic. This was especially the case when more people worked from home and less people came to the city center. Furthermore, wearing masks contributed to an even greater anonymity.

“The social street magazine “Asphalt” has the function that people can make some money and that it creates an encounter on equal basis and to come into conversation with people that you would normally not talk to. And that was even harder because of wearing a mask and because of social distancing.” (I.P.1, social worker, 2021).

Additionally, the quickly made decision to make FFP2 mask mandatory for walking in the city center, the central station, supermarkets, and using public transportation as well as the general reduction of public transportation and cultural institution challenged the efforts of homeless persons to participate in social life. “I cannot even go to Lidl to buy some groceries. I cannot get something to drink because I need a FFP2 mask.” (I.P.5, nurse, 2021).

“You grow lonely on the social level and additionally on the cultural level. Basically, you are, you cannot... You cannot enter anywhere [...]

Visiting a theater or going to the cinema, it is harder because of Corona. Yes, you experience that. You are excluded.” (I.P.10, homeless person, 2021).

Moreover, some of the increased investments done to accommodate homeless persons were criticized to foster segregation due to their remote locations. Interview Partner 9 added ironically, “Yes, behind the Maschsee, the hostel at the outskirts, there they [homeless people] can live. There they do not bother anyone.” (I.P.9, first chairperson and social worker, 2021).

4.2.4 Contempt

Multiple interviewees highlighted that they feel unaccepted or despised by other people and that they have the feeling that the society wants to oust them. Interview Partner 4 analyzed the situation, “Forever, for years we as homeless people are ousted. We are not wished for.” (I.P.4). Interview Partner 9 summarized the opinion that people hold towards homeless people in his own words, “They see it like this “I am scum. I am incapable of achieving something alone. Because I cannot do it”. But you have to in a meritocracy.” (I.P.9, first chairperson and social worker, 2021). Like with the variable prior, it becomes visible that not the whole society has negative attitudes towards homeless people. One social worker pointed towards the different narratives that people associate with homelessness. On the one side, people portrait them as persons in a difficult situation in life that need help. This is a more understanding perspective and might result in higher acceptance and willingness to help. On the other side, people emphasize the negative consequences that higher rates of homelessness might result on, e.g., noise.

“There is a lot of understanding for the difficult situation for people without accommodation and homeless people. On the other side, there are individuals that are bothered, and they are even more bothered if homelessness is more visible. The pandemic made it more visible.” (I.P.1, social worker, 2021).

The pandemic possibly has converse effects. While some parts of the society showed more solidarity and understanding for the increased difficulties that homeless persons faced during the pandemic, others showed more negative attitudes towards them. It is noteworthy that the increase of people helping was highlighted only by the “experts”, while the interviewed homeless people stressed the rise of negative attitudes towards them. Interview Partner 3 emphasized,

“Has the willingness to help increased? Yes, the people formed a lot of small splinter organizations which cooked soup at home or prepared

some breads, went to the streets with a handcart and said, “we are going to provide food”. Indeed, the willingness to help had increased significantly.” (I.P.3, second chairperson and social worker, 2021).

Interview Partner 12 voiced different experiences, “Everyone is in a worse mood. They are all annoyed because nothing was open. They were all, how can I say it, absent-minded.” (I.P.12, homeless person, 2021).

4.3 Synopsis

The data displayed in chapter 4.2 show that collective control was on a low level before the pandemic. It becomes evident that the pandemic has worsened the conditions to some degree but not drastically because the indicators of collective control “community empowerment”, “trust & reciprocity”, “control of anti-social behavior” and “power “with” community members to challenge unhealthy conditions” were already quite weak. Nevertheless, it seems like the great engagement of NGOs, service providers and private citizens decreased the negative impacts of the pandemic significantly. Their extra work and commitment enabled homeless people to get food and to use some of the services despite of the restrictions. In sum, *we found evidence in support of the first hypothesis*: According to my respondents the perception of collective control has reduced for homeless people during the pandemic.

The data displayed in chapter 4.3 show that the neighborhood disorder was prominent before the pandemic started. The interviewees reported relatively low safety, even within shelters. Also, “segregation” and “contempt” were prominent as the interviews indicate. The indicator “investment in public services” is debatable. NGOs and service providers have been and are facilitating services that help homeless people. However, social workers also complained about a lack of funding as well as limited capacities for the growing number of clients. Most strikingly, basically every interviewee named one crucial point that has not been addressed by sufficient funding or political will: Housing. Adequate housing opportunities for homeless people have rarely been funded by politics, although all participants stressed the importance and benefits. During the pandemic the investment in public services have not been reduced. Quite contrary, they have been increased as the data highlight. Yet, the new challenges and restrictions let to an increase in “segregation” and “contempt”. This dynamic could not be stopped by the increased “investment in public services” but only reduce its devastating effects. Furthermore, the “safety” of homeless worsened slightly. While they were relatively quickly able to receive a vaccination against Covid-19 and not significantly more crimes were reported against homeless people, participants reported a higher number of harassments by security

companies, e.g., in the city center and the central station. Additionally, some interviewees reported more aggressive behavior by other people.

Although, the city and private actors invested more in services they could not completely compensate for the negative effects of the pandemic. In other words, the indicator “investment in public services” increased but the three indicators “minimal safety”, “segregation” and “contempt” worsened during the pandemic. The sum of the three indicators outweighs the increase of investments. Therefore, according to the generated data the perception of neighborhood disorder has increased during the pandemic. In other words, *this thesis provides evidence in support of the second hypothesis.*

5 Conclusion

By finding support for the two hypotheses, we can infer that the independent variable “Covid-19 pandemic” had tremendous influence on the theoretical framework and the indicators. It is also evident that the theoretical framework is applicable to the situation of homeless persons and sliding neighborhoods. While the thesis was able to strengthen the two hypotheses, answering the initial research question is more complex. The research question addressed in this thesis is *“How does the Covid-19 pandemic impact collective control and neighborhood disorder amongst the homeless population in Hanover?”*. As outlined earlier, the data show that the perception of collective control has decreased, and neighborhood disorder has increased during the pandemic. Yet, it is important to acknowledge that the pandemic has had the biggest impact by indirectly decreasing the capacities and services of NGOs and service providers. Already prior to the pandemic, these services were crucial to improve the difficult living situation of homeless people. As a result, the services and offers that could be an indicator for “investment in public services” have been compromised. However, the indicator “investment in public services” has increased. Thus, the Covid-19 pandemic has not only changed the indicators but has changed their dynamics slightly. At the same time, this reveals that not “investment in public services” should be an indicator but “public services accessible by the population”. This reformed indicator could take better into account external influences which compromise the effects of the investments. In other words, it would be beneficial to look at the output of those investments instead of the input. For example, “investment in public services” could be high but badly implemented and therefore, be insignificant for the targeted population.

Scientific and Social Relevance

In this thesis, the theoretical framework of Whitehead et al. (2016) was successfully applied in a new context and linked the themes homelessness and Covid-19. The individuals I spoke to reported severe negative consequences due to the Covid-19 pandemic. Therefore, I encourage other scientists to use this thesis as a starting point to create a new study that focuses on the impacts of the pandemic on homelessness and/or health. Moreover, this thesis demonstrated the limitations of the theoretical framework. Valid arguments were found to expel the indicator “investment in public services” and to replace it in future research with the indicator “public services accessible by the population”. As outlined above, the individuals I spoke to revealed that they perceived a lower investment in public services during the pandemic even though the investments were increased. This shows the limitation of the original indicator in a novel situation like the one of the pandemic.

This thesis highlights the urgency with which we – as a society – must address homelessness. Hereby, it is crucial to include homeless people in the discussion about what should be done and how it should be done to improve their lives. The conducted data display opinions and expertise of different civil society actors and balance them equally with the expertise and experiences of homeless people. Thus, this thesis is one small contribution to leveling the playing field between a marginalized and privileged group of people. Additionally, the social relevance of this thesis will grow in the future. Together with a colleague from the LAK Niedersachsen, I want to present the findings of this thesis to a broader audience and critically discuss them together with experts and homeless people. Moreover, we want to expand the portfolio of the LAK Niedersachsen by writing a policy or opinion paper on basis of this thesis.

Reflection and Recommendations

The research about homelessness widened my horizon and confronted me with my own privileges and prejudices. Homelessness is an important topic that is understudied. Yet, after conducting this study I conclude that the term “homeless person” does not reflect the diversity of the group. The talks that I had before and after the interviews revealed my bias that I assumed homeless people form a homogenous group. This is not true. The only attribute that they share is that they are currently without a formal housing situation. Beside that they are individuals that have their unique history and their personal fate that consequently led to homelessness. Moreover, my interview partners suggested to conduct further studies about homelessness along more categories such as sex, ethnicity, or age. Interview Partner 12, a person directly

affected by homelessness, suggested to film him over a day to record all the negative reactions by the pedestrians (I.P.12, homeless person, 2021). This idea seems fruitful to make their daily hardship more visible. A project that incorporates this idea and displays the results, e.g., on social media, could promote awareness and compassion of some parts of the population.

Another point that was highlighted was the term “homeless person” in itself. Two individuals explained that they analyzed the term with others and concluded that the term is inappropriate. After discussing other options, they decided that the term “person in special life situations” is more appropriate. They acknowledged that this might not be the final term and that the discussion is ongoing. “Which term is the right one? How do you call the people in the future? We in the FAG, we forced ourselves to take a decision and agree on the term “person in special life situations”” (I.P.7, spokesperson, and homeless person, 2021). Nonetheless, I want to encourage other people to use this term in their private life as well as in science. It could help to focus on the difficulties that surround homelessness instead of reproducing old clichés. Critically reflecting on this thesis, I must admit that I am reproducing the term “homeless person” or “homeless people” as well. However, due to the readability and to be clear in the scientific debate about what I am addressing, I decided not to change the term in this thesis.

This thesis demonstrated that the theoretical framework by Whitehead et al. (2016) is applicable to homelessness and extendable by the independent variable, the Covid-19 pandemic. The benefit of this is twofold. On the one hand, the theoretical framework has not been applied to the context of homelessness yet. Including the definition of “sliding neighborhoods” made it possible to apply the theoretical framework on dynamic individuals rather than artificially drawn, bureaucratic entities (neighborhoods). Thus, it matches far better the reality of groups who are mobile and cannot be categories to be living in classic neighborhoods. On the other hand, this thesis demonstrated that the theoretical framework can be adjusted to intervening events and is still relevant. I want to encourage other scientists to use this framework for their research. Likewise, I encourage them to pick up the findings of this thesis, to add new variables and to go into details with the diverse group of homeless people. On the societal level, this thesis highlights that homelessness must be addressed by the political actors. They have to seek the dialogue with the NGOs and service providers that are experts in the field and incorporate their knowledge in the strategy. At the same time, they have to empower homeless people by giving them agency and including them in these discussions.

According to the conducted interviews the strategy to fight homelessness is straight forward: The political actors have to ensure that each individual can claim their right to live in their own flat, apartment or room. All other actions only aim at reducing negative consequences

of homelessness but not at ending homelessness which is the root cause of. The findings of this thesis show that the involved actors are helping homeless people with all their available resources. Interview partner 9, a social worker, highlighted, “My goal is to get rid of my job.” It became evident that most of the actors were able to milder the negative effects of homelessness to some degree and to partly reduce the negative effects of the Covid-19 pandemic. Although, this external event had severe negative consequences for homeless people. However, the fundamental issue of adequate and sustainable housing for all people remains mostly unaddressed. Therefore, this thesis underscores the findings of the scientific and societal debate about the right of housing, outlined in chapter 2.1.2: Housing First projects have to be implemented to fight homelessness effectively and efficiently. Although, multiple studies have clearly shown the benefits of this policy (Busch-Geertsema, 2016), local political actors are reluctant to implement the strategy. This thesis contributed with primary data to this discussion: Political actors in Hanover are unable to ignore that a feasible, effective, and efficient strategy to combat homelessness has been determined and that local NGOs and service providers are supporting this strategy.

The interviews conducted in this thesis clearly revealed that the NGOs and service providers are mitigating the negative effects of homelessness but also that fighting homelessness becomes a more pressing issue. Unless the root causes of homelessness are eradicated the number of homeless people will grow. Besides this political rationale the interviews underscored the importance of adequate housing on a humanitarian level. One of the participants explained the importance of giving all people the right to housing for both aspects eloquently, “[The artist] Hundertwasser said, “The house is the human’s third skin” [...] How are you supposed to grow without having roots?” (I.P.9, first chairperson and social worker, 2021).

6 List of References

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7 Appendices

7.1 Appendix A

Information for the participants

Landesarmutskonferenz Niedersachsen

Hannover, 07.06.2021

Informationsschreiben Masterarbeit “Wohnungslosigkeit und Gesundheit während einer Pandemie“ (Arbeitstitel) - von Nicolai Schenke (M.Sc. Political Science, M.Sc. Human Geography, Radboud University Nijmegen).

Sehr geehrte Damen und Herren,

mit diesem Schreiben möchte ich Sie auf meine Studie zum Thema “Obdachlosigkeit und Gesundheit während einer Pandemie“ (Arbeitstitel) aufmerksam machen. Um relevante Daten zu erheben ist es mein Anliegen, Betroffene und Expert:innen zu interviewen.

Zu meiner Person:

Momentan studiere ich Humangeographie an der Radboud University in Nijmegen, Niederlande, an der ich bereits meinen Master in Politikwissenschaften abschloss. Der Studiengang Humangeographie, mit dem von mir gewählten Schwerpunkt, setzt den Fokus auf internationale Konflikte, Migrationsforschung und Entwicklungshilfe. Momentan absolviere ich ein Praktikum bei Landesarmutskonferenz Niedersachsen (LAK), welche meine Forschung unterstützt. Stetig ergeben sich mir neue Erkenntnisse und ich lerne täglich neue Dinge, da ich mich mit Obdachlosigkeit erst seit Anfang dieses Jahres intensiv beschäftige. Deshalb befinden sich meine Arbeit, aber auch mein Wissen in einem konstanten Wandel. Meine genaue Fragestellung für die Forschung lautet:

How does the Covid-19 pandemic influence collective control and neighborhood disorder amongst the homeless population in Hanover?/Wie beeinflusst die Covid-19 Pandemie kollektive Kontrolle und nachbarschaftliche Störungen in Hannover?

Wissenschaftliche Relevanz:

Aktuell wirken die Pandemie und die einschränkenden Maßnahmen der Bundes- und Landesregierungen. Als ein so einschneidendes Ereignis, muss es wissenschaftlich betrachtet werden. Ein Bereich, welchem hierbei mehr Beachtung geschenkt werden muss, ist da Thema Obdachlosigkeit. Ich wende das Modell von Whitehead et al. (2016) an und erweitere es um die intervenierende Variable der einschränkenden Maßnahmen/Corona-Pandemie. Dieses Modell betrachtet den Zusammenhang von Nachbarschaften und den Einfluss der

Gegebenheiten (z.B. geringe Sicherheit, geringe Investitionen in öffentliche Leistungen, empowerment) auf die physische und mentale Gesundheit der Bewohner:innen.

Soziale Relevanz:

Die Einschränkungen der Pandemie-Verordnungen haben das Potential, die in dem Modell beschriebene Pfade zu verändern. Nach Abschluss der Arbeit sollten die Pfade und wie genau die Verordnungen auf die Nachbarschaften wirken, besser verstanden sein. Ich erhoffe durch die Erkenntnisse zu dem Forderungskatalog der LAK beitragen zu können. Auf Grundlage der Erkenntnisse aller Informationen, die durch die Arbeit zusammengetragen werden, wollen Fabian Steenken und ich ein Strategie- oder Positionspapier für die LAK schreiben, welches die LAK für Ihre Zwecke verwenden kann. Darüber hinaus werde ich in meiner Arbeit auch die neusten Erkenntnisse und Argument für das Konzept „Housing First“ zusammentragen, welche dieses Papier weiter stützen sollen. Die Arbeit soll zudem allen Bündnispartner:innen zu Ihren Zwecken zur Verfügung gestellt werden.

Für meine Forschung brauche ich noch einige von Wohnungslosigkeit betroffene Menschen, welche mit mir ein kurzes Interview führen möchten. Ich würde Sie daher bitten, Betroffenen, welche eventuell Lust an einer Teilnahme hätten, von der Studie zu berichten oder das Flyer bei Ihnen auszuhängen. Die Partizipierenden werden mit einer Pauschale von 20€ für die Teilnahme kompensiert. Anbei finden Sie den Flyer mit den wichtigsten Informationen und auch ein Datenblatt welches ich allen Teilnehmenden aushändige.

Liebe Grüße

Nicolai Schenke

Letter of informed consent

Radboud University Nijmegen

Landesarmutskonferenz Niedersachsen

„Wohnungslosigkeit während einer Pandemie“: Informationsschreiben zum Interview

Im nachfolgenden Text sind die Informationen bezüglich des Interviews zur Masterarbeit, mit dem Arbeitstitel „Wohnungslosigkeit während einer Pandemie“ von Nicolai Schenke (im Folgenden „Student“ genannt), zusammengefasst. Der Text beinhaltet Informationen bezüglich des Ablaufs des Interviews, dessen Freiwilligkeit, sowie der Privatsphäre der Partizipierenden und deren Daten.

1. Die Teilnahme an dem Interview ist freiwillig und ist in dem Interesse an dem Thema begründet.
2. Der Student darf die in dem Interview generierten Daten für das Verfassen seiner Masterarbeit nutzen, welche unter Umständen veröffentlicht wird.
3. Die generierten Daten dürfen von den der Landesarmutskonferenz und ihren Partnerorganisationen verwendet werden. Die Daten werden *nicht* für Werbezwecke verwendet.
4. Von dem Interview wird eine Audiodatei erstellt. Diese wird anschließend verschriftlicht. Beide Dateien werden sicher durch den Studenten verwahrt, sodass dritte keinen Zugriff auf die Daten erhalten können.
5. Der Name der Partizipierenden wird anonymisiert, sofern nicht anders vermerkt. Hierbei geht es darum die Identität der Partizipierenden zu schützen, sodass sie keine möglichen Nachteile aus der Veröffentlichung erfahren. Das Geschlecht und das Alter der Person dürfen weiterhin verwendet werden. Auch die Position/der Beruf der Person darf verwendet werden, sollte es für die Studie relevant sein.
6. Die Partizipierenden haben das Recht zu jeder Zeit das Interview abzubrechen.
7. Die Partizipierenden haben das Recht zu jedem Zeitpunkt ihre Zustimmung zur Verwendung der Daten zu widerrufen. Eine verbale Kommunikation oder ein informelles Schreiben reichen aus. In diesem Fall wird der Student die Person aus allen Berichten und Notizen streichen und wird sämtliche Aufzeichnungen, als auch schriftliche Daten über die Person löschen.
8. Weitere Fragen beantwortet der Student stets zu bestem Gewissen. Für weitere Rückfragen ist der Student wie folgt zu erreichen: nicolai.schenke@student.ru.nl, +4915787932752.

Hiermit stimme ich _____ zu, dass ich die oben genannten Informationen gelesen und verstanden habe, und ihnen zustimme. Ich möchte, dass meine Daten nicht anonymisiert werden: ja nein

Ort, Datum

Unterschrift

Declaration that the interviewees received their compensation.

Aufwandsentschädigung Interview

Hiermit bestätige ich, _____, dass ich eine Aufwandsentschädigung in Höhe von 20 Euro erhalten habe. Die Aufwandsentschädigung wurde für die Teilnahme an einem Interview für die Masterarbeit von Nicolai Schenke ausgehändigt. Der Arbeitstitel der Masterarbeit lautet „Wohnungslosigkeit während einer Pandemie“.

Ort, Datum

Unterschrift

Interview Questions for the interviews with experts

Variable	Question	Translation into German
Opening and introduction 1	When and why have you decided to help vulnerable groups professionally? What is your position in this organization?	Wann und warum haben Sie sich entschieden vulnerable Gruppen beruflich zu helfen? Was ist Ihre Position in dieser Organisation?
Community empowerment 2	Were you/your organization able to support homeless people during the pandemic? How have tried to support homeless people during the pandemic?	Waren Sie und Ihre Organisation in den letzten anderthalb Jahren fähig, von Wohnungslosigkeit betroffene Menschen zu unterstützen? Wie haben Sie versucht die Betroffenen zu unterstützen?
Trust & reciprocity 3	Have the relationships between you and homeless people changed in a way that can be attributed to the pandemic? In which ways has it changed?	Hat sich das Verhältnis zwischen Ihnen und den Betroffenen verändert? In welchen Bereichen hat sich ihr Verhältnis verändert?
Segregation 4	Has the social interaction between you and the homeless people changed? How have they changed?	Haben sich die sozialen Interaktionen zwischen den Betroffenen verändert? Wie haben sie sich verändert?
Control of anti-social behavior 5	Has the solidarity within the group of homeless people changed? If yes, in which ways?	Im Vergleich zu vor der Pandemie: Hat sich der Zusammenhalt innerhalb der Gruppe der Wohnungslosen während der Pandemie verändert? Wenn ja, wie hat er sich verändert? (Hat eine Vereinsamung während der Pandemie stattgefunden? Sonst gab es ja Gruppen, welche einen geschützt haben).

Contempt 6	<p>Has the interaction between homeless people and other parts of the society changed in comparison to before the pandemic?</p> <p>How has the interaction between homeless people and other parts of the society changed?</p>	<p>Haben sich die sozialen Interaktionen zwischen den Betroffenen und anderen Teilen der Bevölkerung verändert?</p> <p>Wie haben sie sich verändert?</p>
Low investment in public services 7	<p>Have the political actors reacted to the consequences that the pandemic brought to the homeless population?</p> <p>Has the support of the federal government, state, or city for your organization changed?</p> <p>How has the support of the government changed?</p>	<p>Haben die politischen Akteure auf die Pandemie und deren Konsequenzen für die Betroffenen reagiert?</p> <p>Hat sich die Unterstützung der Bundes-, Landes-, und Kommunalregierungen verändert?</p> <p>Wie hat sich die Unterstützung verändert?</p>
Power “with” community members 8	<p>Has had the pandemic an influence on the way homeless people are able to organize themselves?</p> <p>If yes, how has it the pandemic changed the way homeless people are able to organize themselves?</p>	<p>Hat sich die Pandemie auf die Möglichkeiten von wohnungslosen Menschen ausgewirkt, sich zu organisieren, um Ihre Interessen zu vertreten?</p> <p>Wie haben sich die Möglichkeiten verändert?</p>
Minimal safety 9	<p>Has the safety of homeless people changed? Do they report to feel more or less safe than before the pandemic?</p> <p>How has their safety changed? What do they report?</p>	<p>Hat sich die Pandemie auf die Sicherheit von wohnungslosen Menschen ausgewirkt? Berichten Sie davon, sich mehr oder weniger sicher zu fühlen als vor der Pandemie?</p> <p>Wie hat sich ihre Sicherheit verändert? Was genau berichten sie?</p>
Wrapping it up	<p>What do you wish for in the future? For example, from the general population or from political actors.</p>	<p>Was wünschen Sie sich für die Zukunft? Beispielsweise von der Bevölkerung oder von politischen Akteuren.</p>

Interview Questions for the interviews with homeless people

Variable	Question	Translation into German
Introduction/conceptualization of neighborhoods as sliding neighborhoods.	Can you please indicate on this map which areas you would define as “your neighborhood”?	Können Sie bitte auf dieser Karte verzeichnen, welche Bereiche Sie als „Ihre Nachbarschaft“ bezeichnen würden?
Introduction/conceptualization of neighborhoods as sliding neighborhoods.	Can you please indicate on this map in which areas you usually do your daily activities?	Können Sie bitte auf dieser Karte verzeichnen, in welchen Bereichen der Stadt sie sich täglich und nächtlich aufhalten?
The Covid-19 pandemic	How have you experienced the past one and a half years? What has been challenging? Have there been positive changes?	Wie haben Sie die letzten anderthalb Jahre aufgenommen?
Follow-ups:		
Trust & reciprocity	Has your trust towards other people changed?	Hat sich Ihr Vertrauen zu anderen Menschen verändert?
Community empowerment	How do you perceive the engagement of other people to help you?	Wie nehmen Sie den Einsatz von anderen Menschen war, Ihnen zu helfen?
Power „with“ community members to challenge unhealthy conditions	Do you think that you can change some things to the better with the help of friends and other people (NGOs)?	Denken Sie, dass Sie mit der Hilfe von Freunden und anderen Menschen etwas zum Besseren ändern können?

Control of anti-social behavior/minimal safety	Do you feel more or less safe than before the pandemic started?	Fühlen Sie sich mehr oder weniger sicher seitdem die Pandemie angefangen hat?
Low investment in public services	Do you perceive more or less support by organizations that offer you services?	Erhalten Sie mehr oder weniger Unterstützung von Organisationen, welche Ihnen Dienste anbieten?
Segregation	Do you feel more or less integrated by the people that surround you since the pandemic started?	Fühlen Sie sich von den Menschen in Ihrer Umgebung mehr oder weniger integriert seitdem die Pandemie startete?
Contempt	Do you feel accepted by your neighborhood?	Fühlen Sie sich in Ihrer Nachbarschaft akzeptiert?
Wrapping it up	What do you wish for in the future? For example, from the general population or from political actors.	Was wünschen Sie sich für die Zukunft? Beispielsweise von der Bevölkerung oder von politischen Akteuren.

Codebook used in this thesis

Code Number	Name	Description	Number
1	Contempt	Information about negative attitudes and actions of the society towards homeless persons.	23
2	Contempt - Decrease	Information that negative attitudes and actions of the society towards homeless persons have increased during the pandemic.	5
3	Contempt – General or Neutral	Information that negative attitudes and actions of the society towards homeless persons have remained the same during the pandemic. Or general information about contempt.	8
4	Contempt - Increase	Information that negative attitudes and actions of the society towards homeless persons have decreased during the pandemic.	6
5	Community Empowerment	Information about services that enable homeless persons to get access to demand their rights or voice their opinion towards politics. Includes also other services that enables them to gather and exchange information which can benefit them.	32
6	Community Empowerment – Decrease	Information that displays a decrease of services that enable homeless persons to get access to demand their rights or voice their opinion towards politics. Includes also other services that enables them to gather and exchange information which can benefit them.	12

7	Community Empowerment – General or Neutral	General or neutral information about services that enable homeless persons to get access to demand their rights or voice their opinion towards politics. Includes also other services that enables them to gather and exchange information which can benefit them.	4
8	Community Empowerment – Increase	Information that displays an increase of services that enable homeless persons to get access to demand their rights or voice their opinion towards politics. Includes also other services that enables them to gather and exchange information which can benefit them.	12
9	Control of Anti-Social Behavior	Information about behavior and institutions that prevent or control actions that might have a negative impact on other members of the society or on homeless persons.	12
10	Control of Anti-Social Behavior - Decrease	Information about a decrease of behavior and institutions that prevent or control actions that might have a negative impact on other members of the society or on homeless persons.	4
11	Control of Anti-Social Behavior – General or Neutral	General or neutral information about behavior and institutions that prevent or control actions that might have a negative impact on other members of the society or on homeless persons.	8
12	Control of Anti-Social Behavior - Increase	Information about an increase of behavior and institutions that prevent or control actions that might have a negative impact on other members of the society or on homeless persons.	1

13	Direct Impact of Covid + Measurements on Mental and Physical Health	Information about impacts of the pandemic or the measurements that might have negatively affected homeless persons' health but are not included in the theoretical framework and thus not represented in the variables.	12
14	Investment in Public Services	Information about the investment in public services for homeless persons. Includes support for NGOs and service providers by the local, state or federal government.	42
15	Investment in Public Services - Decrease	Information about a decrease of the investment in public services for homeless persons. Includes support for NGOs and service providers by the local, state or federal government.	8
16	Investment in Public Services – General or Neutral	Information about a decrease of the investment in public services for homeless persons. Includes support for NGOs and service providers by the local, state or federal government.	16
17	Investment in Public Services - Increase	Information about an increase of the investment in public services for homeless persons. Includes support for NGOs and service providers by the local, state or federal government.	16
18	Power “with“ Community Members	Information on how the capability of homeless persons has changed to challenge negative externalities with their peers.	17
19	Power “with“ Community Members - Decrease	Information on how the pandemic has decreased the capability of homeless persons has changed to challenge negative externalities with their peers.	4

20	Power “with“ Community Members – General or Neutral	General or neutral information on how the capability of homeless persons has changed to challenge negative externalities with their peers.	12
21	Power “with“ Community Members - Increase	Information on how the pandemic has increased the capability of homeless persons has changed to challenge negative externalities with their peers.	1
22	Safety	Describes the safety and security of homeless people and if they have changed during the pandemic. Hereby, the term safety is used in a broad sense. Safety can refer to physical harm induced by other people, such as other homeless persons, other citizens or security personnel, employed, e.g., by the German train company or the public transportation company of Hannover.	32
23	Safety - Decrease	Information about a decrease in safety and security of homeless people during the pandemic. Hereby, the term safety is used in a broad sense. Safety can refer to physical harm induced by other people, such as other homeless persons, other citizens or security personnel, employed, e.g., by the German train company or the public transportation company of Hannover.	13
24	Safety – General or neutral	General or neutral information about the safety and security of homeless people and if they have changed during the pandemic. Hereby, the term safety is used in a broad sense. Safety can refer to physical harm induced	14

		by other people, such as other homeless persons, other citizens or security personnel, employed, e.g., by the German train company or the public transportation company of Hannover.	
25	Safety - Increase	General or neutral information about the safety and security of homeless people and if they have changed during the pandemic. Hereby, the term safety is used in a broad sense. Safety can refer to physical harm induced by other people, such as other homeless persons, other citizens or security personnel, employed, e.g., by the German train company or the public transportation company of Hannover.	4
26	Segregation	Description of any behavior that segregates homeless people from the rest of the society. The behavior can come from both groups.	21
27	Segregation - Decrease	Information about a decrease of any behavior that segregates homeless people from the rest of the society. The behavior can come from both groups.	1
28	Segregation – General or Neutral	General or neutral information about any behavior that segregates homeless people from the rest of the society. The behavior can come from both groups.	8
29	Segregation - Increase	Information about an increase of any behavior that segregates homeless people from the rest of the society. The behavior can come from both groups.	11

30	Trust and Reciprocity	Information about the trust that the homeless persons have towards other homeless persons and to the rest of the society.	27
31	Trust and Reciprocity - Decrease	Information about a decrease of trust that the homeless persons have towards other homeless persons and to the rest of the society.	10
32	Trust and Reciprocity – General or Neutral	General or neutral information about the trust that the homeless persons have towards other homeless persons and to the rest of the society.	13
33	Trust and Reciprocity - Increase	Information about an increase of trust that the homeless persons have towards other homeless persons and to the rest of the society.	4

8 Executive Summary

This master thesis explores the impact of the Covid-19 pandemic on the homeless population of Hanover in Germany. Specifically, the theoretical framework based on the ideas of Whitehead et al. (2016) focuses on the impact of the neighborhood on the individuals. Hereby, two distinct dependent variables were assessed: Collective control and neighborhood disorder. 12 qualitative interviews were conducted to gain insights about the effects of the pandemic them. In other words, this thesis analyzes if the independent variable, the Covid-19 pandemic, has influenced the dependent variables, collective control, and neighborhood disorder. To measure possible effect various indicators were established for each dependent variable. For collective control this research assessed “community empowerment”, “trust and reciprocity”, “control of anti-social behavior” and “power “with” community members to challenge unhealthy conditions”. For neighborhood disorder “minimal safety”; “low investment into public services”, “segregation” and “contempt” were analyzed.

This research was accompanied with important ethical questions and important decision were made after talking to the internship organization, experts in the field or homeless people. To ensure that this thesis is not writing about homelessness and marginalizing the group, the participants consisted of experts of the field and homeless people in an even ratio. Furthermore, the gathered data was treated equally. Moreover, this thesis discusses policy options that can be implemented to target the root causes of homelessness.

The data gathered in this thesis indicates that the pandemic has resulted in lower collective control and a higher neighborhood disorder. Even though civil society and politics have tried to minder the negative effects of the disease and the measurements to prevent the spread of the virus, they were unable to compensate for them. As a result, homeless people reported from severe negative consequences on their daily life. The findings of this thesis indicate that most policies that have been implemented focus only at reducing the negative consequences of homelessness while its root causes remain unaddressed. Based on the findings, politicians are urged to finally battle homelessness and not only its negative consequences. One solution could be the unconditionally provision of a home to persons in difficult living situations