

Creating calmness

The infrastructure of care within homeless day centre De Kloof



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Abstract

This thesis examines how care is practiced, perceived, and governed within homeless day centre De Kloof in the city center of Amsterdam. Drawing on six months of autoethnographic fieldwork as a volunteer at day centre De Kloof, it maps the everyday infrastructure of care through which staff and visitors navigate rules, policies, and relationships. Rather than understanding care and control as opposing forces, the thesis argues that they are deeply intertwined and continuously mediated in practice. Focussing on spatial organisation, hierarchical relations and the narratives through which staff justify rules and policies, I show how care emerges through executing rules and policies and having an overview of the space. The atmosphere of the space is revealed not as a given quality of the space, but as a sustained effort that depends on ongoing emotional labour. Hierarchies among staff and visitors are not fixed but circulate unevenly in interactions. Tracing the way in which both practices of care and control are navigated, this thesis understands care as a situated practice, requiring constant mediation, attention and responsibility.

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1 . Introduction

I once started this thesis journey interested in the controversial chaos of the city center of Amsterdam. The mixing of a diverse spread of people, the sensory overload, the surveillance and the ubiquitous consumerism. It's all part of what makes this the most diverse, lived and layered neighbourhood of the city. Looking around, you are likely to see either people visiting and taking pictures or locals rushing through it as fast as they can. I continued to imagine how people who *live* on these streets, people without a home, navigate this interpretation of chaos. Delving into the geographies of homeless populations, I found that the city center locates a relatively high number of homeless services and I ended up at a place that welcomes this group of people to take a break from the outside sensory overload.

Homeless day centre *De Kloof* is situated on one of the oldest canals of the city, de Kloveniersburgwal, once constituting as the city wall around the city. Nowadays, its neighbouring canals are famously known as Amsterdam's *red light district*, attracting millions of tourists each year. Surrounded by coffeeshops, historic museums and hotels, residents who still live in the area have likened it with living in an amusement park. As a result, more and more far reaching measures are being introduced in an attempt to increase control over the neighbourhood. Implemented under the guise of safety for sex workers, or livability for inhabitants, most of the measures appear to be directed at structurally sanitising the neighbourhood (Failed Architecture, 2021). Strolling these streets, you will encounter bans on alcohol sale, alcohol consumption, street music and guided tours, as well as signs with behavioural instructions. Approaching a somewhat quieter part of the Kloveniersburgwal, you will find that the predominance of tourists is replaced by a majority of young people. Alongside the luxurious canal houses, a large part of the Kloveniersburgwal is part of the humanities faculty campus of the University of Amsterdam. On the other side of the canal a monumental building with an imposing exterior houses a law firm and an art gallery. Tucked away inconspicuously in the basement, you will find homeless day centre De Kloof.

The first time I went to work at De Kloof as a volunteer was on a friday morning in march. I arrived in a state of stress, from working my way through the morning rush hour of the city centre. I opened the big old heavy door and walked in through the corridor toward the visitors space, when I heard classical music. Andrea Bocelli. It was my first sensory impression of the space, as serene and peaceful. Amidst the chaos, speed and loudness of the city center, I was captivated by how this space is able to create an atmosphere of calmth, stillness and order. However, as my work as a volunteer commenced, I was struck by a feeling of discomfort. Both in my presence as a volunteer and my attempt and ability to provide care. What does it mean to provide care? And what influences the way in which care takes shape? Through these questions I began to question the purpose and logic of a strict set of rules in relation to the nature of care, which in turn seemed to be intertwined with the calm

atmosphere. I noticed a constant tension in other staff members as well, in trying to create a home-like place, through practices of care, while simultaneously making efforts to maintain control and order. This way, my focus was redirected to the question of how this tension is navigated in a homeless day centre such as De Kloof.

Studying care and the way care is practiced and shaped within different environments driven by solidarity has sadly become increasingly relevant. In many places around the world the freedom to simply care for one another is being criminalized, and acts of solidarity are made illegal (Graziano, Mars & Medak, 2025). In 2018, Hungary defied legislation reforms, making homelessness illegal (Pirro & Stanley, 2022). In Florida, municipal decrees criminalized handing out food to homeless people in public space (Global News, 2017). In the Netherlands, this new reality became painfully clear when last year, the radical right PVV party proposed a legislative amendment that would make helping illegal immigrants a criminal offense (Hinke, 2025). Although the bill was withdrawn, the current political climate has left the many undocumented visitors as well as the staff of De Kloof in a state of uncertainty. De Kloof is part of an Amsterdam based social service organisation called De Regenboog Groep, which cares for people experiencing loneliness to people without a home. Of nine in total, De Kloof is the oldest day centre of the city. Although the importance of such an institutional space might seem obvious for many, recent developments of criminalisation show that it remains important to critically assess why the existence of these spaces needs to be protected. Examining in what ways they provide care, as well as the ways in which they don't, to determine the limits of care, enable its defence from criminalisation.

A considerable amount of research has explored the spaces of voluntary welfare services, interrogating its politics in practice (Evans, 2011; Power et al., 2022; Johnson et al., 2005; Conradson, 2003; Sarmiento, 2025). Fewer studies have delved into the lived experiences of those within these systems. As such, the responsibility of both caregiving and enforcing institutional mandates, which care providers often face has remained under-explored (Sarmiento, 2025). This thesis speaks to this gap, while in addition addressing the spatial dimension of care as an intrinsic part of the infrastructure of care within a homeless day centre. Furthermore, it provides empirical insight into the everyday workings of care within a context of austerity and contributes to a more nuanced understanding of how care provision is practiced, perceived and governed within contemporary urban welfare spaces.

In this thesis, I map the infrastructure of care within De Kloof through analysing how people who work at De Kloof navigate rules and policies that shape how care is extended. I describe how a tension is created in this navigation, between practicing care and exercising control. The research question I aim to answer is as follows: *How do spaces of care, such as homeless day centre De Kloof, navigate between tensions of care and control?*

The following chapter contains a framework of theory as well as preexisting literature surrounding understandings of the concept of care, the political economy of care spaces, the everyday politics of these spaces and the affective dimension of care. This theoretical framework will help to

situate and understand the data I collected. Chapter 3 discusses the ethnographic methodology with which this thesis was executed and its implications. Chapter 4 consists of a narration of the data I collected, alternating between descriptions of my observations and experiences as well as taking a step back to discuss what this data tells us. In the final chapter I overview the main points that build the argument of this thesis to then situate it in a broader context.

2. Theoretical framework

In order to analyse the tensions of care and control in homeless day centre De Kloof, it is necessary to situate my findings within existing literature and research, concerning these matters. This chapter consists of a review of theories that speak to the concepts of care, spaces of care and control, contributing to the question which guides this thesis: *How do spaces of care, such as homeless day centre De Kloof, navigate between tensions of care and control?* As well as preexisting literature regarding the everyday politics of various voluntary welfare spaces, such as homeless day centres and food aid services. Divided into four subsections, I will start by discussing different understandings surrounding the definition of care and expand on the nature of care relationships. The following section will introduce the concept of spaces of care, as the spatial dimension of care. Touching upon the emergence of these spaces in the context of homelessness, as well as their political function. Thereafter, I will delve into these spaces to discuss their politics in an everyday sense and highlight their controlling nature. I will end this chapter with an exploration of the affective dimension of care provision in spaces of care as well as the atmospheres defining these spaces.

2.1 Care

I will commence this chapter by introducing definitions of care. I will use this understanding of care to later relate it to a notion of control, as stated in my research question. Care, as a practice, has been defined in many different ways by various scholars from diverse backgrounds. Research concerning matters of care has explored a wide range of empirical contexts with the aim of understanding *“the ways that significant ties - between human beings and beyond - are created, maintained, and acknowledged as well as how they are questioned or dissolved”* (Drotbohm, 2022). Conradson’s (2003) more concrete understanding of care as *‘the proactive interest of one person in the well-being of another and as the articulation of that interest (or affective stance) in practical ways’* situates care in the everyday encounters between people who are attentive to each other’s situation. This might take form through practical assistance or simply by making time to listen to what the other has to say. Care for Conradson (2003) is thus related to a movement towards another person which has the potential to encourage their well-being. A more broad and widely used definition is care as:

"Everything that we do to maintain, continue, and repair 'our world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web."

by political scientists Fisher & Tronto (1990). Drotbohm (2022) points to how this definition illustrates the normative dimension of care. In this definition care is associated with an idea of repair which carries a particularly positive connotation, as supposedly contributing to a betterment of the world (Drotbohm, 2022). However, more recent work on care has shown that care oscillates between perceptions of conservation and repair, compatible with the past on the one hand and improvement, progressivity and change on the other hand (Drotbohm, 2022). Care can therefore be understood as an interaction happening between people, but also as situated in and affecting the world and temporalities beyond. It is important to take into account that care therefore is not only happening in the present moment, but temporally oriented toward past experience and future result. Puig de la Bellacasa (2012) situates the concept of care within the political dimension of labour and power, stating:

"To care about something, or for somebody, is inevitably to create relation. Caring is more than an affective-ethical state: it involves material engagement in labours to sustain interdependent worlds, labours that are often associated with exploitation and domination."

This understanding recognizes care as reproductive labour, as life-sustaining work that enables the survival of marginalized groups and compensates for broader structural failures, such as homelessness. At the same time, through this lens, care can be understood as a regulating mechanism, managing precarious bodies and emotions. As such, care as reproductive labour produces the conditions of liveability, without addressing the root causes of homelessness (Ticktin, 2011). Puig de la Bellacasa (2012) positions care not only as an ethical practice, but also as a political and economic practice that manages precarity.

Considering the nature of care relations, Drotbohm (2022) points to the beginning of the institutionalization of care, arguing this process should not be seen as coherent with the emergence of state authorities or the modern welfare infrastructure. Beyond the intimate social sphere of kinship and friendship, the emergence of forms of support within loose communities can be seen as a starting point of the institutionalization of care. These forms of support eventually turned into routines of obligation, responsibility and ultimately even eligibility and administration. Examples of such early forms of care providing institutions include church congregations, confraternities, and monasteries as

well as fund-raising initiatives and philanthropic and ‘benevolent’ associations, which offered practical care for those in need. Drothbohm (2022) argues that recognizing these early constructions of care reveal key characteristics of care, as embedded within specific relations of power and structural inequality. As such, different types of hierarchical relationships of dependency generate a certain type of social structure, which automatically reproduces a system of behaviour and social attitudes, such as fidelity and loyalty (Drotbohm, 2022). Many contemporary homeless services find their roots in religious institutions (Johnson, Cloke & May, 2005). Although many have distanced themselves from its original religious ethos, this may still define the nature of service provision.

Having touched upon the relational and political nature of care, Ward (2015) further extends these insights by drawing on intersectionality and poststructuralism in her understanding of care practices. Accounting for the multiple, intersecting systems of power that shape identities of caregivers and care-receivers, Ward (2015) highlights how care is inevitably shaped by social difference, inequality and discursive constructions of deservingness (Sarmiento, 2025). Narratives surrounding care should therefore not be universalised. Instead, Ward (2015) calls attention to the situated, ambiguous and often contradictory ways in which care is practiced.

The aforementioned literature reflects an understanding of care relations as intrinsically linked to structural inequality. This helps to situate the practices of care as part of the tensions which are navigated in De Kloof, which will be illustrated in my data.

2.2 Political economy of care spaces

I will now go into care related to homelessness to consider the spatial dimension of care. This will give a broader picture of the political economy in which these spaces emerged and the context in which they exist and operate. Through focussing on homelessness and care from a spatial perspective, practices of care can be spatially understood as what Conradson (2003) describes as *spaces of care*:

... a socio-spatial field disclosed through the practices of care that take place between individuals. Given the inextricably relational nature of care, the emergence and endurance of such spaces depends upon the willingness of some individuals to move towards others and, amongst those being engaged in this way, upon a receptivity to such initiatives. Spaces of care are shared accomplishments and, in reflection of this, may at times be socially fragile.

Created through the caring labour and intentions of users, spaces of care include staff, residents and visitors in combination with the material environment within which they are located (Power & Williams, 2020). Research on urban spaces of care in turn, uncovers the ways in which care is dynamically emergent in identified urban locations (Power & Williams, 2020).

Although referred to in different ways, ('homeless shelter', 'emergency shelter', 'drop-in centre', 'walk-in centre',) spaces of care that have been established in response to urban homelessness are widely researched (Evans, 2010). This thesis builds on a body of work which considers urban homelessness and the emergence of these spaces as part of the revanchist turn. Smith's (2002) concept of the revanchist city refers to neoliberal urban restructuring in which a city is 'made safe' through eliminating the 'other', referring to an in some way undesirable group (Aalbers, 2011). Furthermore, Smith (2002) describes how in this city, the state gradually relinquishes its regulating and intervening power while simultaneously emerging as a slave to the market. This transformation manifests itself, amongst other things, in increased social control over groups which (according to neoliberal ideology) contribute too little to the economy. State interventions move from care to repression and punishment towards marginalized groups (Aalbers, 2011). As such, with the revanchist turn various punitive measures were implemented in the city, to control and contain homeless people (Johnson et al., 2005). Or, put differently, the movement from an earlier 'malign neglect' of homeless people to a more obvious, punitive urban regime, within which it is difficult if not impossible for homeless and other street people to simply *live* (Mitchell, 2001). This way, homeless people are made 'out of place' and thus 'hyper-visible' in public space and 'in place' or 'invisible' inside shelters (Cresswell, 1992).

As a result of this active exclusion of homeless people from the prime spaces of the city, scholars have noted a growing number of charitable and voluntary care in cities. Such as the emergence of more night shelters, hostels and day centres, providing shelter and sustenance for homeless people. The purpose of these care spaces is therefore not to remove people from the street, they serve to alleviate the suffering caused by a punitive regime. As such, in the interstices of an increasingly hostile urban environment of the revanchist city, spaces of care are simultaneously springing up, offering basic resources and refuge to homeless people (Johnsen et al., 2005).

Building on literature concerning the establishment of spaces of care in response to urban homelessness, Evans (2011) explored to what extent such voluntary sector places function as political spaces in the city, using the specific context of a Canadian 'low-barrier' daytime drop-in centre and overnight emergency shelter, 'Safe Harbour'. Evans (2011) situates the emergence of places like Safe Harbour in the expansion of the 'citizenship regime', in which a temporarily stabilized set of narratives and institutional practices define the boundaries of inclusion and exclusion in a society. Such regimes establish certain norms which are reflected in welfare practices. Until the 1980s, the

post-war citizenship regime found in liberal democratic states, such as the United States and Canada, related social citizenship to universal entitlement to social rights, such as income, housing and health care (Evans, 2011). In the late 1970s, a new 'neoliberal' citizenship regime emerged, defining the boundaries of social inclusion in relation to the social obligations of citizens rather than social rights afforded by the welfare state. As neoliberal social policies 'rolled back' key welfare state functions, such as social housing and emergency shelters have been 'rolled-out' to manage the growing number of excluded individuals (Evans, 2011). In many western states, this 'outsourcing' of homeless services to the voluntary sector resulted in what Wolch (1990) coined as a 'shadow-state' apparatus that oversees the provision of essential, life sustaining shelter to homeless populations. In functioning as provisional gateways to housing and health services, emergency shelter networks regulate access to social citizenship and in this way foster a provisional form of social citizenship on the edges of society (Evans, 2011). Nevertheless, this right to access is often confined, having to negotiate a system of 'conditional hospitality', in which help is provided depending on the willingness to meet certain obligations, such as maintain sobriety, seek treatment or actively search for housing and employment (Evans, 2011). Care and the access or right to care has thus shifted from a state role to a voluntary sector responsibility, fundamentally changing the way in which care is enacted and received, as well as the possibilities it presents in how shelters are organized in their day-to-day operation. Care is no longer seen as a right but as conditional.

Ticktin (2011) critically expands on this change by addressing the broader politics of humanitarianism in France, arguing that under humanitarian regimes care becomes a technology of governance that regulates, disciplines and depoliticises suffering. Considering that such humanitarian or voluntary care alleviates suffering in the short term, while at the same time stabilizing unjust systems in the long term (Ticktin, 2011). Governance has thus shifted from a rights-based framework to humanitarian and compassionate logics, which render care discretionary, selective and conditional (Ticktin, 2011).

Furthermore, this shift in care-access from a 'rights-based framework to a compassionate logics, should be understood in the context of austerity urbanism, as a shaping political-economic condition. 'Austerity' refers to neoliberal budget policies that have a strong impact on how cities function and how care is organised within them (Felder, 2025). Peck (2012) coined the concept of austerity urbanism to describe a state of enforced financial restraint, in which municipalities are expected to do more with fewer resources. These policies especially burden local governments and disproportionately affect socioeconomically disadvantaged populations (Hall, 2022). Furthermore, austerity measures are largely decided at higher levels of government, which largely obstructs municipalities' ability to resist them, while their effects are most noticeable at the local level (Felder,

2025). Austerity thus increases the need for care, as poverty and housing insecurity grow. Simultaneously, budget cuts and efficiency logics reduce the resources available for care services. As a result, care is increasingly delivered under conditions of scarcity, which shapes both everyday practices of care and the spaces in which practices of care take place (Felder, 2025). As a governing context, austerity thus forms the conditions under which care is practiced as well as constrained within spaces of care.

Zooming in on its day-to-day operation, Evans (2011) highlights that spaces of care like Safe Harbour enact a specific type of politics, by providing a space to simply exist and a hub for ‘alternative’ forms of community. Through the social support of friends and staff, these types of spaces have the potential to constitute an unconventional pathway to recovery and in this way represents a space of hope. Furthermore, such spaces of care have the possibility of relaxing rules and regulations and practicing a more tolerant form of hospitality, and in this way challenge the institutionalized practices of exclusion, which effectively monitors the boundaries of social citizenship in neoliberal welfare regimes (Evans, 2011).

As such, spaces of care largely emerged in light of an increasingly hostile urban environment and should be seen as a means of alleviating the suffering caused by these conditions. Furthermore, Evans (2011) addresses the function of shelters as regulating access to social citizenship, arguing that this way shelters foster a provisional form of social citizenship on the edges of society (Evans, 2011). Still, shaped by austerity measures, these spaces do not resolve larger structural problems, such as homelessness (Felder, 2025; Ticktin, 2011). They function as a political space in the city by providing a space to simply exist (Evans, 2011).

2.3 Everyday politics inside spaces of care

In this section I will shift focus to the politics playing out inside spaces of care. This helps to situate the rules and policies of these spaces as both institutional control and related to practices of care. Considering other spaces of care that provide assistance in basic needs, Power, Small, Doherty & Pickett (2020) studied the way food aid systems in England operate, using Habermas’ (1987) distinction between the system and the lifeworld. The lifeworld constitutes the symbolic space in which culture, personality and social integration is sustained and reproduced. This space contains communicative action, meaning people act with the aim of mutual understanding, through dialogue, norms and shared practices. This stands in contrast to instrumental or strategic action, which is inherent to the system and operates according to efficiency, control and calculations (Habermas,

1987). The system is the realm of the state and economy and can be characterised by the production and distribution of money and power (Power et al., 2020). Power et al. (2020) further describe the logic of the system to explain how bureaucratic, rule based procedures are privileged over the moral and relational values of the lifeworld in food aid services. More specifically, system rationalities of food aid service providers convert the particular circumstances of individual service users' needs into a generalised discursive position. This may subsequently weaken the agency and self-esteem of food aid service users (Power et al. 2020). Moreover, this type of institutional rationality suppresses concern for marginalised groups as a political condition (Sarmiento, 2025).

Continuing in the context of Safe Harbour, Evans (2011) builds on Foucault's *biopolitics* to consider the population management in the shelter. Foucault's (1990, 2003) *biopolitics* refers to the regulatory mechanisms that are used to optimize human populations by managing the social, economic and environmental conditions which are necessary in order to live. Furthermore, through *biopolitical* regulation, regulatory techniques transform the political body into a biological body, regarding the 'people' or 'community' as a biological 'population'. With the notion of biological caesuras, Foucault argued that this population is subdivided into sub-populations which are then coded into hierarchies of superiority and inferiority. This categorization is then the pre-condition for managing life as a political strategy (Evans, 2011; Foucault, 1990, 2003). Agamben (1998, 1999, 2005) builds on Foucault's conceptions, by arguing that the decision on which categories are permitted entry into the political realm and recognized as citizens is an entirely other aspect of *biopolitics*. This decision, according to Agamben (1998, 1999, 2005), does not involve which categories are included, but rather the opposite, the power to withdraw protection from unfit or inferior biological categories, a process Agamben calls 'abandonment' (Evans, 2011).

As such, Evans (2011) argues that a very specific form of sovereign power, delegated from the state, operates through voluntary spaces, resulting in the power to abandon the noncompliant, disruptive or unruly. This way, in the event a rule is broken, a form of 'delegated sovereignty' is exercised through internal processes of 'institutional abandonment' (Evans, 2011). The *biopolitical* significance of 'low-barrier', 'place of last resort' shelters, like Safe Harbour, becomes evident when the practice of 'banning' clients regularly churns out an abandoned population of 'difficult to serve', 'shelter resistant' homeless individuals. Evans (2011) argues that spaces of care function to sequester and manage groups that are excluded from society, 'locating' the abandoned, the fragment of the biological continuum who have no 'place' in the system (Evans, 2011). Care is thus represented by the sequestration, managing and 'locating' of homeless individuals. And the political significance of homeless shelters becomes apparent in the ways in which they seek to incorporate 'life on the margins' into the body politic (Evans, 2011). However, Evans (2011) concludes by acknowledging the contradictory mixture of inclusion and exclusion one finds at homeless shelters. Individuals are granted access and thus included to these spaces on the basis of their exclusion from housing. This type of 'gray zone' is endemic to these spaces and they mark the limits of the neoliberal citizenship

regimes, through which vitality and wellbeing of the population is secured. Moreover, through their specific allocation of rights and duties, these neoliberal citizenship regimes ensure a certain way of life, one that is 'normal' (Evans, 2011). Evans (2011) analysis of population management, using concepts by Foucault and Agamben, shows how care in homeless shelters is largely represented by the regulation of an imagined collective, holding power to both locate and abandon homeless people.

Focussing on the internal dynamics within day centres for homeless people in Britain, Johnson et al. (2005) pose the question to what extent such day centres actually operate as 'spaces of care'. Such places can indeed be understood as tolerant of, and to some degree even welcoming the expression of difference, within an increasingly harsh urban environment. However, this kind of attitude might not be expressed to visitors equally and thus individuals' experiences within such environments are not uniformly positive as the manner in which care is provided and consumed is highly variable (Johnson et al., 2005).

Furthermore, Johnson et al. (2005) identify three factors shaping different infrastructural, social and emotional dynamics within the day centre. First, organizations providing care are founded upon different forms of ethos. In other words, day centres differentiate in their 'impulses toward care', apart from providing a safe, warm and welcoming environment and the emphasis placed on the conditions for receiving care. Three types of such ethos are distinguished: caring from a non-interventionalist place of acceptance to just 'be', from a desire for rehabilitation and change, or from an empowerment approach, in which the level of engagement with provided facilities is up to the service users themselves (Johnson et al., 2005).. Johnson et al. (2005) explain that the type of ethos of a day centre defines the rules and regulations that are upheld, in turn serving to create different atmospheres in different spaces, making the space more appealing to certain individuals than to others. In addition, the ethos and rules of a day centre shape the code of conduct, to which service users might alter their behaviour in an attempt to 'fit in' and avoid transgressing the boundaries of acceptability (Johnson et al., 2005).

A second major factor shaping the internal dynamics of the day centre is the relationship between staff and clients. Johnson et al. (2005) describe how service users experience positive interactions with staff as instances in which difference is minimized, providing an environment free from stigma experienced elsewhere. However, service providers face a challenge in making the space both comfortable and home-like and at the same time, in order to maintain the safety of staff and service users, create a space of social control through rules governing behaviour. Johnson et al. (2005) note that through the complex and fragile forms of social control and inter-personal relations, these types of spaces cannot merely be viewed as an inclusive refuge characterised by caring relations between staff and service users.

Lastly, Johnson et al. (2005) mention the relationships between different service users themselves as having a shaping effect on the internal dynamics of spaces of care. While spaces of acceptance and tolerance, of 'unusual norms' and 'otherness' are experienced as such by people who are familiar with social contexts of poverty, crime and substance abuse, may for others be a frightening place (Johnson et al., 2005). Abandoning the idea of a homogenous 'community' of homeless people, service users instead reflect the same diversity and prejudices inherent within wider society. Within day centres social relations are categorised among very different subcultures of homelessness (Johnson et al., 2005). Bringing these differences together in the confined spaces of day centres can cause potential volatile behaviour, as encounters with difference challenge not only an established social order, but in addition the integrity of individual and collective identities (Johnson et al., 2005; Cresswell, 1992; Wilton, 1998) Furthermore, the different ways in which service users relate to staff strongly shapes perceptions of deservedness. To such an extent that service users who contravene social norms of etiquette are subject to overt disapproval from other service users or 'self-policing' when crossing boundaries of acceptability (Johnson et al., 2005).

Spaces of care are thus ambiguous and fragile spaces. Even though the aim is to create spaces which are accepting of difference and where 'otherness' is minimized, Johnson et al. (2005) stress that difference still exists as the homeless population is still a highly diverse group of people. The process of 'othering' within day centres reflects mainstream understandings and hierarchies of stigma, but is also imbued by pervasive codes of conduct and practices of self-policing that are imported directly from the streets. In this way, Johnson et al. (2005) argue that day centres can both function as spaces of care as well as spaces of fear.

Taking into consideration the politics inside spaces of care, Power et al. (2020) showed that these spaces operate according to systemic rationalities in which rule based procedures are privileged over the moral and relational values of what Habermas (1987) describes as the lifeworld. Care is thus represented in these spaces by the managing of marginalized groups (Evans, 2011). Having the power to both abandon the noncompliant, disruptive or unruly and 'locate' life on the margins to be incorporated into the body politic (Evans, 2011). Lastly, Johnson et al. (2005) point to the experience of these spaces as ambiguous, considering that the visitors consist of a highly diverse group of people. In addition, within spaces of care, three factors can be identified to shape different infrastructural, social and emotional dynamics inside.

2.4 The affective dimension of care

To further explore the influence of the type of interactions between staff and service users, it is relevant to discuss the affective dimensions of care provision. Hochschild (1983) conceptualized this dimension as *emotional labour*: the regulation of feelings to conform to institutional expectations (Hochschild, 1983). Initially used to indicate the work involved in faking a smile when delivering a service, extensive research on this type of labour has turned attention to broader emotional demands placed upon social workers. This includes the need to care about and be responsive to service users' emotional needs (Grootegoed & Smith, 2018). Care is therefore not only practiced through services and rules, but through the management of emotions, of both care providers and receivers. Institutional expectations may include displaying calmness, empathy and patience, even in moments of tension or conflict. Through emotional labour an atmosphere of care is produced, which simultaneously regulates behaviour (Hochschild, 1983). Paying attention to how expectations about certain kinds of emotions are produced allows us to see how institutions not only control people's behaviour through surveillance, but in addition surveilles our feelings and emotions (Hochschild, 1983). Researching the experience of volunteering in food assistance, Sarmento (2025) highlights the emotional complexity of volunteering, having to balance care, frustration and ethical conflict on a daily basis. On top of physical labour, volunteers manage their own feelings, recipient's emotions and the ethical dilemmas which arise when rules conflict with their own values. Constantly balancing compassion with enforcement, empathy with detachment and personal ethics with bureaucratic constraints, this often leads to moral distress and emotional exhaustion among volunteers (Hochschild, 1983). In her study, Sarmento (2025) reframes spaces of care such as food aid places as sites of emotional labour and power negotiation, calling for dignity-centered, relational models over paternalistic charity (Sarmento, 2025).

Furthermore, emotional labour also includes the work involved in maintaining a certain atmosphere. Research on care related to health settings have recognised atmospheres of care settings to be experienced as fluid and unfold with movements, interactions, and engagements (Richardson & Campbell, 2024). A calm atmosphere, for instance, signals that care providers have more time for encounters and reinforce 'following one's own rhythm' (Edvardsson et al., 2005). Furthermore, Richardson & Campbell (2024) argue that institutional routines provide structures and spaces which potentially support a sense of normality and being at home, as the regularity and familiarity of everydayness helps to connect and relate, for instance through informal chatting (Richardson & Campbell, 2024). Certain scents, or sounds, such as the preparation of lunch or the clattering of coffee cups, or the changing of lighting, creates the atmospheric sense of time and place. However, Wiersma

& Dupuis (2010) explain that these routines and atmospheric familiarities in addition function as apparatuses of institutional surveillance and bodily management. This makes it possible to keep people in place and restrict their individual agency and choice (Wiersma & Dupuis, 2010). The practices and actions of staff, as well as institutionally organized routines, thus have a major impact on the visitors' experience of everyday life within spaces of care (Richardson & Campbell, 2024).

Considering care as emotional labour sheds light on the emotional complexity of care work, balancing care, frustration and ethical conflict on a daily basis. Feelings are thus regulated to conform to institutional expectations, such as radiating calmness or empathy. Furthermore, emotional labour produces an atmosphere of care. This atmosphere can in turn give off a signal to visitors, instigating certain behavior (Edvardsson et al., 2005). Although atmospheric familiarities and routines can engender a sense of belonging, they also enable institutional surveillance and bodily management (Wiersma & Dupuis, 2010).

3. Methodology

As outlined in the introduction, the focus of this thesis on the tension between practices of care and control in De Kloof came about through a fascination of the atmosphere in the centre. This focus emerged inductively. While sharing my interest in both the dynamic red light district and homelessness with people around me, a friend put me in contact with one of the coordinators at De Kloof, someone I had vaguely met before. This offered me a way of narrowing down my focus to the space of De Kloof. Through the method of participant observation as a volunteer, certain themes emerged from fieldnote reports which led me to write about the tensions between care and control as described in the next chapter. In this chapter I will elaborate more on how these themes were developed as well as questions that consider the ethical implications of this research and my own positionality.

3.1 Research approach

The focus on tensions between care and control as a subjective, lived feeling calls for a qualitative method. Researching lived experiences, as a way to gather rich, in-depth, embodied knowledge helps us to get a level of understanding with a human touch, easily surpassed when sticking to a quantitative approach (Bryman, 2016). To examine the lived experience of care provision within a homeless day centre, I employed an autoethnographic approach. This approach integrates personal experience into its analysis, enabling self-reflection while simultaneously situating narratives within broader social structures (Sarmiento, 2025). While ethnography uses long-term fieldwork consisting of participant observation as its main mode of data collection, autoethnography builds on traditional ethnography by embracing subjectivity and the dual role of participant and analyst of the studied phenomena (Eriksen, 2015; Sarmiento, 2025). To emerge into the field of the homeless day centre was therefore essential, not only as a researcher, but as a care provider myself.

Additionally, I included semi-structured interviews with four care providers. Two volunteers, a day coordinator and the location manager. As my autoethnographic data builded, I felt that more in-depth conversations with these care providers would add nuance to my data. These conversations provided context and gave me and participants the chance to consider De Kloof more critically from a distance. As a result, the combination of methods of participant observation and semi-structured interviews offered me the tools to interrogate the institutional and social forces shaping the experience of care providers (Sarmiento, 2025).

3.2 Collecting the data

The analysis of this thesis stems from six months of ethnographic fieldwork at homeless day centre De Kloof, from march to july and the month of september 2025. During this time I spent once or twice a week working at De Kloof as a volunteer. In addition to people volunteering solely out of solidarity, De Kloof encounters many students volunteering with research or educational purposes, many of whom come and go. Having taken the time to become a more continuous presence at De Kloof enabled me to both build deeper relations with the people I worked with, as well as have a more reflective perspective on the politics playing out within the space. With time, I gained a basic sense of belonging which opened up space to notice more hidden dynamics. The first two months I joined the fixed Friday team, which was a nice way to quickly feel at home as I knew what to expect each Friday. Later on, I became curious about how the Friday dynamic might differ from other days. From May onwards, the days of my shift changed each week, which offered me a chance to work with different care providers, different visitors and an overall different dynamic. For example, on my first Tuesday, a volunteer explained to me that Tuesdays are one of the busiest days of the week because two other day centres in the neighbourhood are closed. Furthermore, on Thursdays, some visitors would join the sweeping team. Guided by one of the trajectory coordinators, this would make the space more quiet overall.

I mostly worked the morning shift, from 8:00 till 13:00 and on occasion the afternoon shift from 12:00 till 16:00. Both shifts have their peaks in terms of busyness. The mornings at the bar were busy from opening at 9 till 10 and in the afternoon the peak would go from lunch time at 13:00 and last for an hour. During these peaks I paid attention to care providers' interaction with visitors as much as possible, as these particular instances most explicitly constituted the tensions which I aim to illustrate in this thesis. After the rush, there was enough time to 'hang around' and have more elaborate conversations with both care providers and visitors. Moreover, "hanging around" consisted of its literal meaning, hanging around behind the bar enabling me to observe the space. In the month of September I agreed with Janice, the location manager, to come by some days for semi-structured interviews. These conversations lasted between thirty minutes and an hour and were conducted with two volunteers, a coordinator and Janice herself. With the consent of the respondents, all interviews were recorded and transcribed. The questions of the interviews were meant to gain a deeper insight in the care providers experience in relation to De Kloof's set of rules and ethos and how this may contrast with how they themselves perceive care.

As such, I used three different ways to gather my data, through close attentiveness to actions related to care provision and the space, through more impromptu chats with other care providers and guests and through in-depth interviews with care providers.

I preferred to work the morning shift, as it offered me time in the afternoon to type out all that I had observed, heard and experienced that day, still fresh in my mind. Along the way my reports

became more extensive, as I became more aware of what I was ‘looking for’. Most days, as I sat down to write, I initially thought nothing particularly relevant had happened that day. But going through the whole day in my head and writing it down gave me a chance to reflect upon each seemingly insignificant instance, realizing how much valuable data had passed me by once again.

3.3 Dealing with the data

The data set comprises 20 observation and reflexive reports recorded in a first-person narrative (Sarmiento, 2025). These documents captured everything I came to know about De Kloof, which helped me get a sense of the ethos and logistics of the day centre, as well as lived, heard or observed conversations, interactions and atmospheres related to the provision of care. In addition, I narrated my own feelings of comfort and discomfort. Furthermore, four interview transcriptions contributed to the data set. Quotations incorporated in the results are either directly derived from these transcripts or closely paraphrased based on what is described in the reports. I used vignettes in my results as a way to describe short narratives which captured moments of lived experience, allowing the reader to engage with the emotional and relational dimension of the research context (Humphreys, 2005). Overall, these short narratives are intended to communicate situated meaning and make visible how social realities are experienced from within (Humphreys, 2005). After my fieldwork I coded the gathered data with ATLAS.ti into themes. Starting out with a wide range of more explicit codes, I tried to categorize them into more broader themes, ultimately helping me to write this out into a section of my results. This was insightful, as I did not yet have a concrete focus or research question. The themes that emerged from writing about my data directed me to focus my analysis on the tensions between care and control at De Kloof. This way, through engaging with my data, writing, rewriting and reflecting, my focus narrowed down.

Central themes which emerged included:

- Spatial organization, as a defining role in how behaviour and atmosphere within the space takes shape.
- Negotiation of hierarchy, as a distributed and relational form of power within De Kloof.
- Narratives of justification, as a way to situate control within a discourse of care, enabling staff to manage emotional discomfort.

The analysis of my data was therefore initially inductive. As things progressed, the analysis was informed by ongoing engagement with literature touching upon the concepts of care, spaces of voluntary welfare, emotional labour and control. Additionally, discussions with peers and my supervisor gave me an external perspective on the analysis and helped me rethink and refine interpretations.

3.4 Ethics

After contacting the acquaintance who works at De Kloof as a coordinator, we met at a café to talk. This gave me the chance to be transparent about my research objectives at De Kloof. I pointed out the inductive approach of my thesis and broad interests for working at De Kloof as a volunteer. While agreeing with my proposition, he told me that like himself, the location manager of De Kloof had studied anthropology and that they would be happy to think along. Furthermore, he informed me that he couldn't promise to arrange formal interviews with visitors, if that was something I aspired to. Upon the start of my work at De Kloof as a volunteer, I sat with the location manager to gain her permission as well.

When meeting all the other staff at De Kloof, inquiries about the purpose of my volunteering at De Kloof were made without exception. It was the standard way of getting familiar with each other, as I asked people in turn how they came to work at De Kloof and how long they had been there. I met several people who were either working at De Kloof as interns as a mandatory part of their social work training or as part of a thesis or other type of research project. Consequently, I got the impression that educational and research purposes were not uncommon. Ultimately, everyone I worked with was informed of my research status through personal chats and this way the option to object to being included in the research was provided. All the while, through my use of pseudonyms, I made sure to anonymise all written content and omit personal identifying information as much as possible (Sarmiento, 2025). Through being transparent about my research purpose, I became more comfortable with my dual role of being a volunteer as well as researcher. Still, visitors of De Kloof solely interacted with me in my role as volunteer. I tried to address all ethical tensions that did arise, such as discomfort, ambiguity and power, through my reports and analysis. Given that one of the aims of this thesis is to reveal the moral complexity inherent in practices of care (Sarmiento, 2025).

3.5 Positionality

I departed this thesis from Haraway's (1988) theorization of *situated knowledge*, embracing the idea that knowledge is intrinsically linked to the value framework, perspective and lived experience of the researcher. As a result, I view knowledge as partial and situated rather than objective. This underlines the importance of being reflective as a researcher, in order to identify, construct, critique, and articulate my own positionality. Enabling awareness of my own influence on the research, data collecting and analysis (Bryman, 2016; Holmes, 2020). Furthermore, as the approach of my thesis is autoethnographic, I analysed De Kloof through my own personal framework of reference. My societal positionality is shaped, amongst other factors, by my identity as a progressive, university-educated,

middle-class woman, influencing what I analysed and included in this research. Therefore I see, hear and register what either stands out to what I know, or resonates with my understanding of the world. This is inherently affected by blind spots, as I'm unable to reflect on what is left invisible to me.

Having been linked to De Kloof through an acquaintance, made my presence there feel comfortable and welcoming from the very start. Telling people I got to know De Kloof through him felt like being accepted. However, feeling welcomed and comforted made it hard at times to put the place under critical scrutiny. Furthermore, as I described in the section about data collection, I had the privileged ability to spend afternoons critically reflecting on my experiences at De Kloof and writing this into what has become this thesis.

4. Results

This chapter will move through the space of de Kloof, from the entrance hall into the visitors' space and on to the clothing area where practices of care and control were found and analysed. To orientate, I will first describe the floor plan of the building as a whole. Next I will start at the entrance and describe the politics of registration, including practices of in- and exclusion. I will go on and continue to describe the daily routines in the rest of the environment and the practices of care involved. Lastly I will discuss how both care and control unfold in the relationships between visitors and staff, emerging through different manners of interaction. Through analyzing these findings, in this chapter I aim to map the infrastructure of care within homeless day centre De Kloof. I regard the staff as part of this infrastructure, through their provision of care. Visitors in contrast are users of this infrastructure. In this light, I will attempt to answer my main research question: How do spaces of care, such as homeless day centre De Kloof, navigate between tensions of care and control?

4.1 De Kloof

De Kloof is a daytime drop-in homeless shelter, from now on referred to as a homeless day centre. Located in the basement of an imposing monumental building, along the canal of the Kloveniersburgwal in the city center of Amsterdam, it is the oldest shelter of the city. It was founded by the catholic St. Vincentius Association, before merging with voluntary organisation De Regenbooggroep in 2005. Once, the whole building was the main office of the voluntary organisation. Nowadays, above the shelter, the building houses an art gallery and a law firm. On the right side the neighbouring property is run by StayOkay, a budget hostel chain. In the property to the left there are people residing.

Every day of the week, except for Sunday, the basement of this building opens its doors from 9:00 to 15:00 for people without a home, with a maximum of 35 visitors at a time, however in wintertime this limit is often exceeded to up to 55 visitors. Throughout the day De Kloof welcomes approximately eighty visitors. On a regular day, the daily changing makeup of the staff team starts to arrive between 8:00 and 8.15 in the morning. Homeless people who have been registered in the shelter system of de Regenbooggroep can put themselves on a list hanging on the front door. The list functions as a first come, first serve system, allowing the top person on the list to enter first and so on. Once inside, the option to have a shower and/or change clothing is proposed. The earlier you're on the list, the earlier you have the possibility to take a shower and/or change clothes. For some this is the reason they are there, for others it's irrelevant.

Through the entrance there is a corridor with a reception desk and a room with toilets and sinks opposite of the desk. The corridor leads to the visitor space. A large and wide room filled with

several tables and chairs, in the left back corner a bar and to the right a door leading to the shower and clothing swap area, commonly referred to as ‘the back’. At the bar visitors can get a cup of coffee, tea, water or lemonade, as well as sandwiches. The bar is also equipped with razors, hair gel, toothbrushes and tooth paste, chargers and extension cables. There are no windows in the visitors space and the light from the lamps is dimmed. This way, the general rhythm of the day seems to disappear, and it can feel like time does not exist in this space. In contrast to the back, where high windows and a door to the courtyard feel like a fresh breath of air, or maybe for some a stark confrontation with the time of day. Apart from the walls with windows, every wall in the back is covered with clothing racks, categorized by type of clothing item. There are two changing rooms and two showers. And a large bar, from where people can get a towel, soap and slippers. Behind the bar there is a pair of washing machines and drying machines, constantly running.

From behind the bar, the staff can access the kitchen and a small courtyard, as well as a corridor leading to an undefined space. I call it as such because this space does not have a defined function, it is mostly used for staff lunch or as an improvised office extension. The actual office space is equipped with three desks, computers and printers, but in addition functions as a safe space for visitors’ belongings and general storage. The office is connected to another small undefined space, mostly used by visitors to sleep on the floor. This space then leads to the entrance corridor, and so the floorplan of de Kloof constitutes a loop.

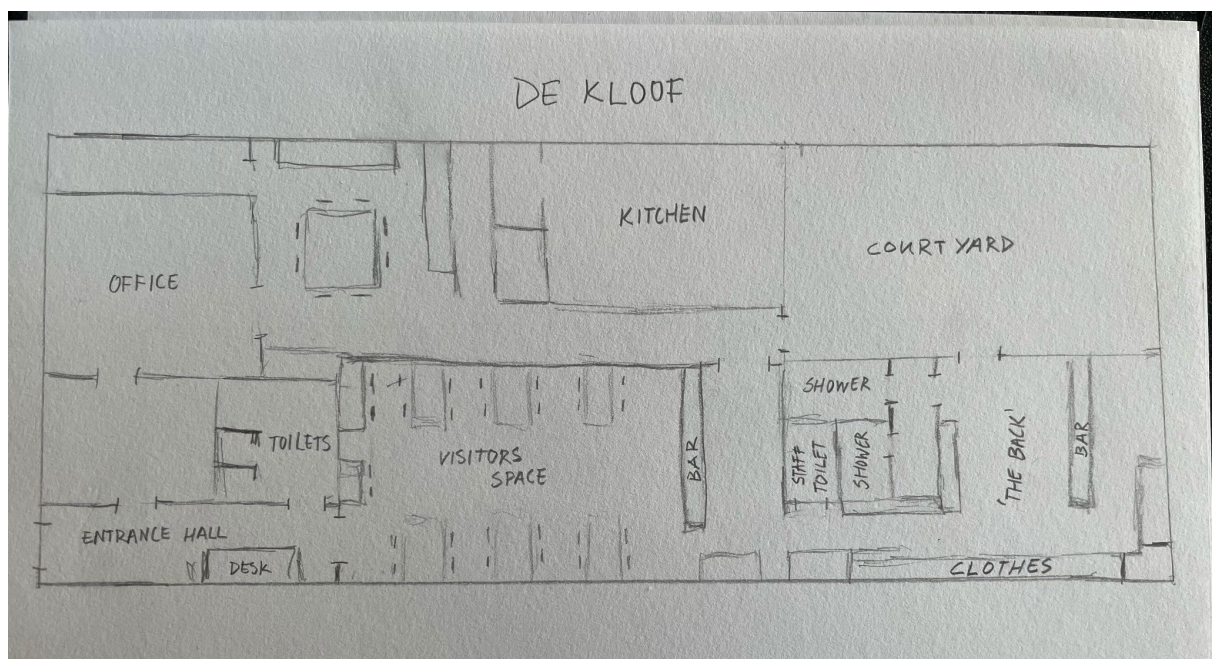


Image 4.1 Floor plan of De Kloof

When referring to the staff of De Kloof, this includes volunteers and people who are employed by de Regenboog Groep, I will use pseudonyms to refer to the people I have worked with throughout my

days of volunteering. Employees consist of the chief of location, Janice, four day coordinators, Rik, Emanuel, Dylan and Fabio and two people who have themselves experienced homelessness and addiction and are now in a trajectory of becoming coordinators, Sandra and Tim. Furthermore, care is partly provided by visitors themselves. There are ‘participating visitors’, meaning very regular visitors who help a hand when needed in exchange for a small fee. And then there are Younes and Bruno who have a special position as ‘fixed’ participating visitors, they have their fixed spot on the schedule each week. Volunteers who I worked with regularly are Annelies and Amy. Lastly, I worked with two social work students, who were doing an internship at de Kloof as part of their study programme. The broad makeup of the staff already shows that boundaries between each ‘role’ can be vague, easily confusing coordinators with trajectory coordinators and participating visitors with fixed participating visitors.

During my first days at de Kloof, I noticed I was having trouble distinguishing between these different roles. Almost every week there was a new face introducing themselves to me with their name, but not always elaborating on their function at De Kloof. This was especially confusing because everyone essentially does the same work during the day. At the beginning of the day the different positions are divided between volunteers, trajectory coordinators and interns. One or two persons at the front desk, two behind the bar and two in the back. Every day there are two coordinators present who change positions, one at the front desk or in the office and one walking around. While walking around, the coordinator checks in on all the other staff and swaps places with them if necessary. The ‘fixed’ participating visitors are usually at the front desk or helping out in the kitchen. Furthermore, I found out that Annelies has been volunteering at De Kloof much longer than Janice, the location manager and most other coordinators, which also accounts for the experience of fuzzy boundaries between roles.

The first day I met Emanuel on a Wednesday morning, he came to me to introduce himself, explicitly mentioning he was one of the day coordinators like Dylan and Fabio. This instance made me aware of the egalitarian dynamic I had experienced until then. Caused by the vague boundaries between each role and the inexplicit specification of each other's functions. As I got to know Emanuel better, I understood his remark was characteristic for his general way of interacting with volunteers and visitors, always ready to explain and clarify things from his experience as a coordinator. Despite the egalitarian dynamic, this instance determined how hierarchies still shape the infrastructure of care at De Kloof. As I will illustrate more broadly throughout this chapter, hierarchies not only exist among staff and visitors, but also within the staff team, despite the egalitarian dynamic.

4.2 Access & spatial governance

Locating

In the morning, the entrance to De Kloof is always guarded by a security guard. He, always a man, leaves around midday, when the morning rush is over. The security guard has not always been a part of De Kloof. On one of my first days of voluntary work, I show interest in the neighbourhood where De Kloof is situated and Janice tells me that the neighbours complain a lot about the day centre. She admits that she understands where they are coming from. There is also a StayOkay right next door and these two visitor-groups can cause some friction at times. The security guard was appointed as a result of these complaints about nuisance, as well as various discussions with the neighbours. His job is to keep things quiet on the street in front of the entrance. *“The neighbours would love to see us leave.”* Janice tells me, but De Regenboog Groep has been in this building for a long time while neighbours come and go. She understands their critique of *‘why does it have to be here?’*, but Janice says the answer is simple: *“This is where the homeless people are.”* On the one hand, this shows how Janice protects and defends the existence of the day centre, by negotiating its politics with the neighbourhood. On the other hand the appointment of a security guard forms another barrier to access the day centre, undermining the centre as a space of inclusion and, ultimately furthering control over its (potential) visitors. As such, control is exercised by the security guard serving as an extension of the complaining neighbours, who determine what kind of behaviour is accepted outside De Kloof and what kind of behaviour isn’t. Furthermore, this illustrates the specific form of sovereign power, delegated from outside De Kloof, which operates through the centre, as described by Evans (2011). Empowering the security guard to abandon the individuals who cause nuisance (Evans, 2011).

All nine drop-in centres of de Regenboog Groep have the same registration system, which means that if you get registered after an intake interview at one location, you have access to all. This registration system then functions as a digital storage of information of its ‘members’. The intake interview is meant to check if you are in the right place. For example, there are other specific drop-in centres for people under the age of 23. Europeans and young undocumented people have to get registered at another shelter before getting access at de Kloof. Janice describes it as a filtering process, but assures me that there is always a place for people within De Regenboog Groep. They never deny access to people and then leave them to their fate, which in turn gives a sense of the ethos of the day centre and of De Regenboog Groep as a whole (Johnson et al., 2005). *“Actually, you are granted access here, based on the fact that you are refused everywhere else.”*, Janice explains. This reflects Evans' (2011) concept of ‘gray zones’. Evans (2011) argues this concept is endemic to places such as De Kloof and illustrates the limits of a neoliberal citizenship regime, through which vitality and wellbeing of ‘the population’ is secured.

The intake interview is meant to give a picture of someone’s situation, however this can turn out to be a very clear picture or a very blurry picture, due to a language barrier or simply reluctance. Rik explains the registration process is mainly meant to build a network, a network in which the visitor can locate him- or herself. Rik explains that the system in turn helps De Regenboog Groep to create an overview between the different locations, which visitor is located where. Furthermore, this

way social workers can see where homeless people with whom they are in a trajectory are dropping-in regularly. This type of 'locating' effort is reflected at one of the morning meetings. This is the moment in which the team of the day sits together before opening up for visitors to discuss the previous day report. On a Thursday in July, Tim mentions he hasn't seen one of the regular visitors in a while, expressing his concern. Janice tells us she has already checked in the system if he has appeared at one of the other De Regenboog Groep centres, but he hasn't. After contacting other types of shelters, she did detect the rumour that he had been seen in Rotterdam, but they can't be sure it is him.

'Locating' visitors was thus expressed by staff as an important form of care. This relates to Evans' (2011) understanding of 'places of last resort' shelters as managing groups that are excluded from society, through locating, or keeping people on the radar. However, this type of management can also be perceived as control, particularly when considering people might not want to be located, or kept on the radar. I came to understand that the registration system and the day reports that are discussed in morning meetings serve as powerful tools for coordinators in their practicing of care. Through these services, each coordinator knows just enough about every visitor to be able to approach them in an appropriate and personal way. Knowing when and with whom to be more resolute or rather more friendly. This in turn possibly alleviates the emotional labour of their job, as coordinators can anticipate certain behaviours and emotions from visitors (Hochschild, 1983).

Privacy

Once registered and inside, Janice tells me privacy is considered to be very important. She explains that if you are employed at de Kloof, you have access to a lot of people's private information which you must handle carefully. Sometimes people call de Kloof and ask if someone they are looking for is present. When this occurs, Janice tells people they can leave their name and telephone number, but she won't tell people if this person is inside or not, nor if she's familiar with the person or not. Subsequently, they can ask the visitor, if present, to call the person back. *"That's a promise we make to visitors: we handle your personal information with care"*, Janice explains. At de Kloof information of visitors is not shared with third parties, not even with the police. Although Janice admits this depends on the situation. She chuckles as she explains that it has happened more than once that the police pay them a visit because they have located a stolen phone inside de Kloof. Janice confesses those types of situations cause a lot of drama and tension. It's another instance in which she has to negotiate her care with external pressures. Standing between the authority of the police and her responsibility of guarding the privacy of visitors.

Depending on your role within de Kloof, people have different access rights in the system and get to see information on visitors in varying degrees. As described above, coordinators have access to the system to obtain a relatively complete picture of visitors. But Younes for example, one of the fixed participating visitors, can only check visitors into the system at the entrance. He can't see what

their background story is. Janice explains that this is considered an important way of protecting visitors' privacy. But she admits this is a difficult task to comply with, "Because you want to know as much as possible, to be able to help". This became evident in the ways volunteers, interns and trajectory coordinators speculated and gossiped amongst each other about visitors' backgrounds:

In the afternoon, Dylan, Annelies and I sit outside in the courtyard to have lunch together. Dylan asks us about our shift, if everything went all right. Annelies tells us that she realized today that she prefers to work on her own in the back, instead of being behind the counter with someone else. This way she feels like she can really help the people and focus better on helping them. Whilst with another volunteer there, she gets distracted from all the chatting. She shares that she wonders about the situation of a visitor she knows has played field hockey really high up. She says she asked him that day if he still plays hockey, as she used to do so herself, or see people from the team. He said he did, every now and then. She says it must be hard for him, in such a different environment and asks^[11] Dylan if he knows more about his situation. Dylan tells us he knows very little about him, only that he has been abroad for thirty years and that he suspects he has something like debts from which he is hiding.

Annelies shares what she knows about a particular visitor, eager to situate this knowledge in a more complete story. Together with Dylan's 'inside information', a speculative image of this visitor is created. In the provision of access to information about visitors, another example of hierarchies among staff becomes clear. Having access to more information is believed to equal being more able to provide care. Furthermore, among staff, care is negotiated between protecting visitors' privacy on the one hand and knowing enough about a visitor to be able to provide care on the other hand.

Spatial governance

It's the space, meaning the small number of square metres, which makes it easy to quickly know who is inside with you, Janice says. Other coordinators and volunteers describe the apt space as a key contribution to the friendly or comfortable atmosphere at De Kloof. Specifically when comparing de Kloof to other drop-in centres. Rik describes how at De Kloof, if you sit at the front desk, you have an overview from the entrance to the bar. When the door is open you can even look into the back area. A sense of overview enables Rik to have pleasant encounters with visitors. In contrast, at a drop-in centre where he used to work he was sitting in a security booth with armoured glass. This set-up obstructed his insight of what was actually happening in the centre, which he says made him feel isolated. While working behind the bar with Tim, he tells me that, like Rik, he started out working at a different drop-in centre of de Regenbood Groep. He describes the atmosphere there as intense due to the organization of the space, arguing that having two floors gives less of an overview. The conversation is put on hold when a visitor asks us for a cup of coffee. Tim asks him what he thinks

about de Kloof in comparison to other drop-in centres. Right away he expresses his preference for de Kloof. But why?, I ask. He can't exactly determine why, but while naming all the other drop-in centres he has visited, he states that de Kloof is always calm. At other locations there is at least one incident per day, often triggered by something very small, someone getting annoyed by another visitor for making the wrong movement for example.

While talking about the physical space of de Kloof, overview and calmness are oftentimes mentioned. Having an overview ultimately means being able to keep people in eyesight, generating a sense of control. This touches upon Foucault's (1991) concept of panopticism, which he uses as a metaphor to describe how power is exercised in today's modern society. The sense of overview, as characteristic of a panopticon, can be regarded as a constant possibility of surveillance. This very possibility disciplines visitors to regulate their behaviour, ultimately causing a calm atmosphere. This way, the spatial organization of De Kloof itself serves as a way to ensure visitors comply with the code of conduct of the day centre.

When this calm atmosphere is disturbed, it is not uncommon for visitors who cause this disturbance to be suspended. Determined by consultation between coordinators, suspensions can vary between hours, days, weeks or months and signifies a denial of access to De Kloof, but not to other day centres of De Regenboog Groep. In this sense, it signals a breach of the code of conduct specific to De Kloof. Annelies expresses her concerns about individuals being suspended or sent outside. When someone starts to yell or threaten people, she believes that that sort of behaviour is triggered by something and excluding them from de Kloof as a result of that type of behaviour is not the solution. *'That way you're putting someone even further out on the street, while what they need at that moment is help.'* If it was up to Annelies, she says it would be better to at least keep someone close, or otherwise hand someone over to professionals. This reveals the ethical conflict which volunteers sometimes face, when enforcement of policies conflict with their own values and feelings. Furthermore, it touches upon the biopolitical organisation of De Kloof. The policy of suspension at De Kloof evidently gives coordinators the power to 'ban' visitors when the code of conduct is disturbed. This creates an abandoned population of 'difficult to serve' homeless individuals, as explained by Evans (2011).

4.3 Dealing with rules & policing

The bar

Behind the bar in the back of the visitor's space is where I spent most of my time as a volunteer. Before the visitors arrive in the morning, volunteers fill two or three large containers with peanut butter, jam and chocolate spread sandwiches. Visitors can get as many sandwiches as they want, but only two at a time. Once the prepared sandwiches are finished, we make them by request on the spot. Furthermore, visitors can get bottomless tea, coffee, lemonade and water at the bar, as well as sugar

and milk for hot drinks, which a volunteer or coordinator will pour in on the indication of a visitor. In the afternoon staff hand out plates with hot lunch to each visitor sitting at a table. The bar is also the place where, as a volunteer, you are most confronted with policy rules. As listed in image 4.3, the rules are mostly to do with guarding the limited quantities of the supplies that are offered. Furthermore, bar duties include policing the bar, for visitors sometimes try to pour their coffee, milk or sugar themselves, which is not allowed.

On a Friday in June, I'm working behind the bar with Annelies. Later in the morning, a man enters the room and comes straight up to the bar. He points at the bag with bread, there are three pieces left. He says he wants one to eat here and the other two to take with him. As I'm buttering the sandwiches I realize he is asking for three sandwiches, which is not allowed. It's something in the way he requested it, making it seem complicated, which confused me. I realize I'm a bit hesitant of letting visitors down when they ask for something specific. Most of the times they don't, they are grateful for anything. So when they do, I think that it might mean that they have been coming here for a longer time than I have. Moreover, I find it hard to deny someone something which is so easily given. While overthinking the situation, I succumb and give him his requested sandwiches. When this situation reoccurs on some other day with a different visitor, I do give the visitor two sandwiches instead of three, in an attempt to stand by the rules. With a surprised expression, the visitor asks for one more and I tell him that the rule is two sandwiches at a time and that he can come back later for more. He murmurs some annoyed sounds while walking away.

On another morning, a visitor comes to the bar and asks for a sandwich. As I start making it, from the other side of the bar, just centimeters away from the cutting board, he gives me clear instructions to put butter on both sides, and to use a lot more, '*Don't be so stingy!*' he says annoyed. I'm caught off guard by this remark, it's unusual for visitors to comment this explicitly. My initial thought is that this man should be happy with what he gets, but this thought is quickly replaced by a feeling of discomfort: *who am I to decide how much butter he can have on his sandwich?* This man visits de Kloof regularly, most days with a friend who has the same habit of voicing his specific sandwich wishes. He always asks for the same sandwich, 'snickers' sandwich he calls it. One day I'm preparing his special sandwich on request and there is a spoon in the butter tub, instead of a knife. He watches me silently struggle to spread the butter on the sandwich with a spoon and when I'm done, he remarks that it's easier to spread it with the backside of the spoon. I appreciate his help, but suddenly I become very self aware of what I'm doing, of the fact that this visitor could very well butter his own sandwich. The bar suddenly felt like a wall which was breaking down between me and the visitor. From that moment on, the question of '*who am I to decide or do, this or that for a visitor?*' popped up more frequently.

These examples show how taking the rules into consideration, engendered in me moral dilemmas surrounding my ability to provide care. Feeling divided between wanting to provide care on the one hand and my place to provide care within the context of the rules on the other hand. These

dilemmas in turn resulted in inconsistent behaviour in abiding by the rules and tensions between me as a new volunteer and visitors. Furthermore, the discomfort I felt in buttering a sandwich for someone capable of doing this themselves can be situated within the context of Habermas' (1987) understanding of system rationalities. This concept explains how specific circumstances of visitors' individual needs are generalised into a general discursive position, which Power et al. (2020) found has a weakening effect on visitors agency. As such, within such a context of system rationalities, I was confronted with specific individual needs of a visitor, provoking a feeling of discomfort, as it also shed light upon the weakened or even suppressed agency of visitors.

In conversations with other volunteers, they told me how they perceived the rules and dealt with such moral dilemmas. Annelies has been volunteering at de Kloof for over ten years. Over time, she learned that at de Kloof you have to abide by the rules, but you can execute those rules with kindness.

“So it’s two sandwiches, that’s not three and not four no, two sandwiches. If you want more... and at first I thought jeez, how strict, and on this piece you put butter and on the other the peanut butter, you know. And I’m a bit flexible with this, if you want two extra sandwiches, also fine. But that doesn’t work here, ‘cause then right away there are 30 people at your bar, because they all saw it and that, that was new for me. And, so that makes it pleasant, those rules make it clear for everyone, but you can indeed enforce them with a smile. [...] ... also if you know small things about someone when you’re behind the bar, [for example] if someone wants sugar or sweeteners or a lot of sugar or... Yes, I also think that’s pleasant if I’ve been somewhere a few times and they know who you are or what you like...”

This reflects the emotional labour involved in Annelies her practicing of care. She actively regulates her feelings to expressions of kindness, to conform to the institutional expectations, which can be understood as the rules that don't always make sense to her (Hochschild, 1983). In this sense, the emotional labour is also a coping strategy, engendering a smile to deal with strict rules. For Annelies care is thus represented in the way she enforces the rules while interacting with visitors. Referring to the physical manner in which she interacts with visitors while abiding by the rules, as well as taking notice of visitors preferences or other traits to be able to interact in a more personal way. As such, in her practice of care she looks for movement within the rules to create a relation with visitors.

I recognized this physical expression of emotional labour in the way I nodded a lot in my own interactions with visitors. I realized this most prominently in an instance behind the bar:

A woman enters the visitors’ space, I’ve seen her once before. I try to remember her name. As she walks over to the bar, I already notice she seems agitated. It’s busy at the bar. The woman starts talking to Annelies, asking for coffee, but Annelies can’t hear her well. As she

tries to explain this, the woman is immediately offended. Annoyed, she describes an incoherent story involving the man next to her at the bar. She goes back and forth between being polite and stating she doesn't want to be rude or pick a fight and then saying something that clearly shows she's angry. Annelies continues to help other visitors. As she's standing right in front of me, a feeling of helplessness overwhelms me. I don't know what to say to her. I give her coffee and a sandwich and nod my head to show her I'm on her side, although I don't know what this entails. I continue nodding and listening to her incoherent story until she is done and ready to move on. I watch her find a free seat in peace.

In this instance the overwhelming feeling was caused by a lack of logic, or anything to build on to, in order to steer the conversation in a better direction. I developed a habit of nodding when people started saying things to me I didn't comprehend. I noticed this was appreciated and would calm things down if necessary. Through nodding I would thus manage both my own helplessness and the emotions of visitors, attempting to display calmness and empathy.

In describing her understanding of the rules, Amy admits she sometimes thinks they could be more lenient. But on the other hand she explains that if you don't apply the same rules to everyone, people feel this strong feeling of injustice, 'why him and not me?', and then you lose the structure. She thinks especially with vulnerable people, chaos can easily ensue without this structure. *"If you comply to these little standard things, then people know what they can expect. And if you don't, then they'll know there will be consequences."* In this way, Amy perceives care as complying with the rules to create a certain structure, on the basis of which visitors know what to expect. In addition, she thinks this structure prevents the occurrence of chaos. At the same time, Amy's explanation can be understood as a self-constructed narrative to justify the controlling nature of this practice of care. In her description of creating a dynamic in which people know what to expect, she presented the governing nature of this dynamic as a form of care. As such she accepts the controlling nature of the rules, because she describes it as a condition for her ability to practice care.

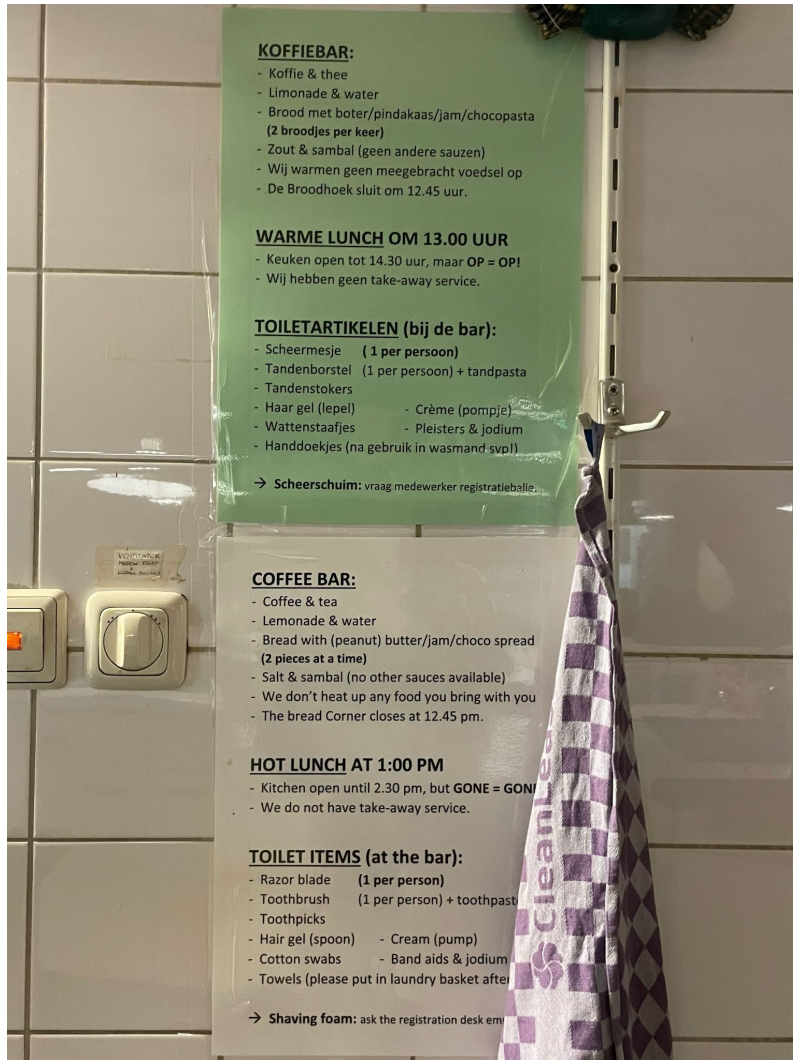


Image 4.3 List of coffee bar rules at De Kloof

The back

Continuing to the space behind the visitor's space, 'the back' is structured around a straightforward procedure. Upon entering De Kloof, visitors get the option of being added to the shower- or clothing swap list. The volunteers will then fetch the visitors from the visitors space in the order of this list. Four visitors at a time, two for the showers and two for swapping clothes. Depending on the day and the amount of names on the list, you either work alone or with one other person in the back. One morning, while Annelies is taking a call from her daughter, I'm by myself behind the counter in the back, when a visitor walks in. This is not unusual, visitors sometimes walk in and we explain that we will come and get them once it's their turn. But now it's a regular visitor, I know that he knows the rules, so I assume he has a reason to come in. He explains that he is in a hurry, so he thought he might already pick his clothes right now, so when it's his turn to shower he will be quicker. I think this makes sense, after all, there's no one else picking clothes to swap at the moment. So I let him. But

when Annelies comes back from her call, she immediately sends him away because it's not his turn. She tells him he has to wait, no discussion.

At lunch I tell other colleagues that I think it's hard to be strict sometimes, especially when visitors have a good reason to break a rule. Annelies in turn justifies her determination by explaining that this situation probably occurred because the visitor recognises me as a new volunteer and thinks he can bend the rules with me. She warns me for visitors 'testing' me, searching for my boundaries. However, visitors know she herself can be strict and what to expect from her, Annelies elaborates. For Annelies care is thus not expressed in bending the rules or making exceptions, but in defending constraints and finding movement within rules. The narrative she constructs in justifying her defence of the rules shows that her perception of the rules is intertwined with her practice of care. Still, rejecting a logical reason for bending the rules feels like expressing distrust, which for me represents the opposite of care.

How Annelies handles the rules is additionally visible in the way she personalizes her practicing of care in the back. While making the list she adds little descriptions of what the visitor looks like, 'red cap', 'green sweater', this way it's easier for her to go and let visitors know it's their turn. Once they get into their shower cabin, she writes down behind their names on the list what time they get in the shower and in which one, left or right. This way she knows whether they are taking longer than ten minutes to shower, and if they are she knows what name to call to which shower to let them know they are over-time.

"And that's what I'm trying to offer people in 'the back'. A moment of peace amid the noise. That's why I always put on classical music. That's why I walk in and approach someone. I say, "Hey, you can take a shower, the shower is free for you.", and I don't stand at the door shouting, "Richard, the shower is free!"

These instances demonstrate that, while governing the rules and controlling the shower list, Annelies incorporates more personal practices of care in her tasks as a volunteer. Both Amy and Annelies have described their ways of dealing and understanding the rules as a way of creating a dynamic in which visitors know what to expect. They argue that this climate prevents chaos from arising, which in turn explains the calm atmosphere. Both their explanations on defending the rules ultimately show how the way they perceive care is deeply intertwined with defending the rules.

Despite having the aim of creating a dynamic in which visitors would know what to expect from De Kloof, this sometimes proved difficult. Rules appeared to be negotiated and disputed between visitors and staff, as well as inconsistently applied among staff. One day I'm behind the bar with Tim, and a regular visitor is one of the first to come in and ask for coffee in his paper Albert Heijn cup. Tim tells him that they don't normally give out coffee in these paper cups, with the exception of at the end of the day, when they're closing up. The visitor gets annoyed and tells Tim

that no one ever makes a problem about his paper cup and that he doesn't know what he's talking about. I think to myself that what he's saying is true, I always give him coffee in his paper cup and I had never heard anyone express this rule. As most visitors of de Kloof are there more often and more regularly than the average volunteer, I started noticing from these kinds of instances that they have a better, or more accurate sense of how things are done at de Kloof on a daily basis. Therefore, day coordinators, who mostly work three to four days a week, may be confronted with the consequences of rules that have not been followed in the days or moments that they were not present. However, no matter how long a visitor has been coming to De Kloof, or how inconsistent the rules are followed, staff, including the volunteers, have more ownership over the space than visitors. This reveals the hierarchy and structural inequality that ultimately shapes these types of interactions between visitors and staff (Drothbohm, 2022).

In general, my contact with visitors was pleasant, friendly. With the exception of one day when I was alone in the back. Fabio would come and check on me often, expressing his worries about one of the visitors who is being difficult and short-tempered. When this visitor comes in to swap clothes before his turn, Fabio permits it and all is well. Later on in the day he wants to know what his number is on the shower list. When I don't hear him correctly, he gets mad at me. He voices his wrath clearly and other visitors in the back start to notice. They're very surprised by his behaviour and murmur their disapproval and ask if I'm alright. I go and look for Fabio. When I'm back with Fabio another visitor asks me if I had heard the names he was calling me. I didn't, but the visitor states that it's not okay for him to talk that way about me and that they, the coordinators, have to send him out immediately. Later I see him telling Fabio the same thing. I notice how in this instance, the visitor became an extension of the daycoordinators. Not only protecting me and the peace, but also the moral code of conduct that applies within de Kloof. Furthermore, it shows that the biopolitical organisation of De Kloof which I mentioned before, not only relates to the staff, but in addition includes the visitors. It shows that visitors have internalised the delegated power to abandon the 'noncompliant, disruptive or unruly', creating an abandoned population of 'difficult to serve' homeless individuals (Evans, 2011).

This delegated sense of power is reflected in other stories of visitors expressing their concerns about whether people are complying with the rules sufficiently. At one of the morning meetings, Emanuel shares that one of the regular visitors has been acting 'difficult', by concerning himself with other visitors who refuse to take a shower. To me this sounds very out of character for him, as I never see this visitor interact with other people, or at least very little. But Emanuel explains how this visitor insists that the coordinators tell visitors that they have to shower, arguing that otherwise they themselves will die of the germs. Emanuel underscores that it's about the way he urges the coordinators to act that is making them uncomfortable and that it's hard for them to calm him down on this topic.

Janice describes these situations as a 'funny field of tension' and points at a visitor who one day urged them to pay better attention to the drug dealing that has been going on inside de Kloof. Janice told her that she agreed, but explained that she can only act when she herself sees something to act upon. Someone may tell her someone did this or that, but she can't do anything with this information. *"Because it may be the case that he or she is in conflict with this other visitor, and I don't know about it. So we have to be very accurate. Do we see it? Then we act."* These types of instances in addition resonate with Johnson et al. (2005) identification of the visitors of spaces of care as a highly diverse group of people, subject to both hierarchies of stigma as well as practices of 'self-policing' when 'social norms of etiquette' are violated.

4.4 Relations of care

Throughout my days at the Kloof I took notice of the distinct ways of interaction between coordinators and visitors. In addition, each coördinator approaches their relationship to visitors differently, apparent in both stories of how they perceive their relation to visitors and in observations of habits in small interactions. These instances reveal the moral and emotional demand of their job, as well as the way in which hierarchy between visitors and coordinators is expressed and negotiated.

On one of my first days at de Kloof, I sit with Janice after my shift to get to know each other better. I explain my reason for being there and she tells me about de Kloof. While we are chatting Dylan comes into the office to ask Janice something about a visitor. They talk about how this visitor behaves so well at de Kloof but hear stories from other drop-in centres where he can behave aggressively. However, they agree that it's not hard for them to imagine him behaving in that way. While Dylan leaves, Janice tells me, half jokingly and referring to the changing behaviour of this visitor, that you have to treat some visitors as if they're little children. As she's saying it, I nod understandingly, but this statement stuck with me as it resonated with the general ways of interaction I had been seeing at de Kloof. Gentle, patient, yet strict and straightforward.

On my first day working with Emanuel, we chatted about how he came to work at de Kloof through Rik, whom he knew from the squatters' scene in Amsterdam. He told me that what he liked about working at de Kloof, was the fact that all the different work fields in which he had some experience all came together in this job. Such as service industry work and social work, but in general he enjoys working with people and caring for people. When he started working at de Kloof as a coordinator, his children were young and he told me he had noticed similarities in the way he interacted with his children and with visitors. Referring to the need to be clear and articulate and setting up boundaries.

Janice later tells me that de Kloof to her feels like running an enormous family. To which she includes both visitors and volunteers and the work involved in constantly making sure everyone is happy. *"Yes, that's how it feels a bit. I don't have children, so I don't know what it's really like. But*

that's how I imagine it to be." In addition, she describes the way she commands visitors as being a bit childlike, having to tell people to sit, to tone it down, to eat their sandwich.

Emanuel and Janice's remarks show how each distinct way of practicing care at de Kloof is intertwined with the care they know and experienced or maybe lack(ed) in their private life. At the same time, these remarks reflect a strong sense of hierarchy embedded in the way they perceive to practice care and to their relation to visitors. This includes the recognition of care practices as inherent to reproductive labour. Considering early constructions of institutionalized care, as described by Drothbohm (20220), this shows how hierarchical relationships of dependency, still define the nature of care provision.

With Fabio and Tim I notice a notably different dynamic in their interaction with visitors. Tim, who is on a trajectory of becoming a coordinator, has a habit of calling almost every visitor 'bro' or 'my man'. One day I'm standing behind the bar with Tim, when a man comes to ask for two small towels. Tim asks him why he wants two and tells him that that's not allowed normally, calling him 'bro' in between each sentence. In the end Tim tells him he can't give him two towels, he should go to the front desk and ask someone there if it's allowed. On the one hand Tim interacts with visitors as if he is one of them, always chitchatting with them and joking around. But on the other hand, Tim can be most strict and resolute in guarding the boundaries and rules at De Kloof, as illustrated in the instance of defending the paper cup rule. In addition, he would warn me for certain visitors who habitually try to break the rules, urging me to pay attention to a visitor who always takes more shower gel than aloud. On the one hand, Tim's way of interacting with visitors reflects what Johnson et al. (2005) describe as positively experienced interaction with staff, in the sense that Tim minimizes difference between himself and visitors. The nicknames function to eliminate stigmas which visitors might experience elsewhere (Johnson et al., 2005). On the other hand, his use of nicknames can be understood as a way of concealing the fact that he is rejecting the visitor's request in his capacity as trajectory coordinator. Seemingly removing a hierarchy which in effect shapes both the place and interaction. Furthermore, Tim's way of interacting demonstrates emotional labour, managing emotions in regard with rejection through expressions of proximity (Hochschild, 1983).

Fabio, one of the regular coordinators, jokes around a lot with visitors as well as volunteers and other coordinators. I came to notice it's his way of connecting and familiarizing himself with people. However, with visitors his jokes can be tough, which initially made me feel uncomfortable. One day, I'm working at the bar and Fabio comes around to get coffee with the security guard. I'm making a sandwich for a regular visitor. This visitor is almost always together with another man, it became clear to me that they are good friends and that they are looking out for each other. Then, Fabio jokingly asks if by now this visitor and his friend are officially together. I'm a bit shaken by this remark and nervous about how this visitor will react to being teased in that way. The visitor waves it off and walks away, while Fabio and the security guard laugh. This kind of 'joking around' happens again one day in the back, with two other visitors who are also known as a 'duo' at de Kloof, I

imagine they also keep each other company outside of De Kloof. While they are collecting their towel and soap at the counter, Fabio comes in to check if everything is alright. He jokingly tells them they can't use the same shower. Yet again, I get uncomfortable, wary of how the visitors will react to this type of remark. Fortunately, they laugh as loud as Fabio does. It became clear to me that Fabio knows his way with visitors, he knows with whom to joke around and with whom not. Visitors in turn also know what kind of behaviour to expect from Fabio. However, taking into account his coordinator position, Fabio regulates the atmosphere with his jokes, both as a practice of care and control.

Tim's nicknames and Fabio's jokes can be understood as both important ways for them to express closeness as a practice of care, as well as regulating the atmosphere as a form of social control. This demonstrates the challenge which 'service providers' face, as described by Johnson et al. (2005). Both trying to create a comfortable, home-like space through interactions, as well as a space of social control through safeguarding the rules and atmosphere.

Rik describes his relation to visitors as more distant, although his description of his job as atmosphere manager is similar to Janice's interpretation of her role as head of a big family. He describes his responsibility as making sure volunteers are alright and keeping an eye on how visitors are behaving. At de Kloof the collective prevails over the individual, he explains.

"So you always have the individual, the homeless person with his individual problems... and at the same time the collective that comes here as a group. There is a kind of balance in that. People who are really severely confused, at a certain point also for themselves... but especially for their environment, they have too great an impact on the atmosphere... that we then have to intervene."

He thus sees his role at de Kloof as managing or protecting a certain atmosphere from (confused) behaviour which would disturb this prevalent atmosphere, by intervention.

Janice describes the work of day coordinators similarly, as 'group work'. The social workers sit one on one with visitors, but coordinators have to regard the group as a whole as their priority. When a visitor disrupts the peace, even when they know he or she can't help it, they will send the visitor out, Janice explains. An example of such disruption is if visitors start to complain about someone who smells really bad, because they refuse to take a shower. Although this can be a reason to ask someone to leave, Janice explains they are very careful in this, because people don't refuse to shower for no reason. *"And if you press too hard, you might lose them. So then someone won't come back."* As mentioned in the first paragraph, keeping people 'in sight', is important, meaning that the aim is always to keep an eye on visitors, inside de Kloof. Or, if necessary, from outside de Kloof. At one of the morning meetings, Janice and Fabio inform us about a man with lice who has been coming by for the last couple of days. He is denied access for not agreeing to shower. Janice and Fabio will

continue to try to convince him to take a shower, until then they will offer him a sandwich to eat outside.

This reflects how Rik and Janice imagine care as securing and managing the population of De Kloof, as a collective whose behaviour needs to be monitored to be in line with the code of conduct. Rules are thus to be enforced to regulate this imagined collective and protect the boundary of care. This reflects Foucault's (1990, 2003) biopolitics, using regulatory techniques to regard the homeless individuals of De Kloof as a population.

5. Conclusion & discussion

It is in the small interiors of everyday spaces that daily lives are made livable. Looking closely and speaking to intimate and small-scale interiors suggests a method of what Anna Tsing calls “looking around rather than ahead” as a means of recognizing practices of care and refusal. (Tayob, 2021, p.7)

With this thesis I mapped the infrastructure of care within homeless day centre De Kloof in order to answer the question of how tensions between care and control are navigated. This chapter provides a brief overview of the theoretical framework within which the analysis can be situated, before going into more detail about what can be concluded from my findings and placing these conclusions in a broader discussion.

In outlining the concept of care and the nature of care relationships, this thesis situates care as historically and intrinsically entangled with structural inequality. I continued to discuss the spatial dimension of care, focusing on spaces of care as sites that temporarily alleviate suffering within an increasingly hostile urban environment. While such spaces are often conditional and unable to resolve structural inequalities, Evans (2011) shows that their political significance lies in their day-to-day operation as places where marginalized people are allowed to simply exist. To understand the everyday politics inside spaces of care, I drew on Habermas’ (1987) distinction between the system and lifeworld, interpreting rule-based procedures as system rationalities. Furthermore, drawing on Foucault’s concept of biopolitics, as discussed by Evans (2011), highlights how spaces of care politically operate through the inclusion and management of marginalized populations, regarding care as a form of sequestration and regulation. Building on Johnson et al. (2005), I identified three factors shaping the infrastructural, social and emotional dynamics of care spaces: the ethos of the space, relationships between staff and visitors, and interactions among visitors themselves. Lastly, I discussed the affective dimension of care by addressing the emotional labour and the active maintenance of atmosphere within care work.

Drawing on six months of ethnographic fieldwork as a volunteer at homeless day centre De Kloof, I mapped my findings into what is the results chapter of this thesis. I describe how care is practiced, experienced, and regulated within the day centre’s everyday infrastructure of care. I began with an embodied description of the spatial layout of the day centre, showing how time and place are shaped in this space. My initial experience with the staff gave me the impression of an egalitarian team dynamic, however as I continued my engagement in the space, I identified subtle hierarchies as embedded within the infrastructure of care.

I then examined the politics of access and registration, demonstrating how care and the right to care are negotiated in relation to external pressures such as decisive neighbours and the police. The

registration system functioned as a means of ‘locating’ visitors, which resonates with a biopolitical reading of the space (Evans, 2011). Simultaneously, this system functioned as a way to enhance both care and control through the production and circulation of information about visitors. Furthermore, the spatial organization of the day centre played a central role in maintaining order, shaping both behaviour and atmosphere.

The analysis further illustrated the ethical and moral dilemmas faced by staff in balancing care with rules and institutional policies. These dilemmas frequently produced discomfort, inconsistency and emotional labour, particularly when enforcing rules conflicted with staff’s own care ethics. In response, staff developed justification narratives that rendered these rules and practices meaningful, helping them to manage these dilemmas.

Finally, differences in staff perceptions of their relationship to visitors, as well as habitual practices in interactions, revealed the hierarchical nature of care relations within De Kloof.

Overall, in mapping the infrastructure of care in De Kloof, I found that care and control are not oppositional, but intertwined. Therefore they do not form a tension but rather a relationship to be mediated. I will discuss different factors that play an important role in mediating this relationship.

First, the spatial organization of homeless day centre De Kloof plays a defining role in how behaviour and atmosphere within the space takes shape. Returning to my initial impression of the space as a serene and peaceful place, in contrast with the loud and chaotic city centre, I found that this atmosphere was actively produced through the way the space is organized, making visitors behave accordingly. In discussions of the space with staff, the limited number of square metres and the set-up were associated with quickly knowing who was inside and enabling visibility from the entrance into the back. This sense of overview, of the space and its inhabitants, was repeatedly linked to the friendly, calm, and comfortable atmosphere of the day centre. I used Foucault’s (1990) concept of panopticism to situate the staff’s mentions of overview and calmness as characteristic to the space. The emphasis on visibility and overview can be understood as a spatial form of power that operates through the possibility of being seen rather than through direct intervention. As in a panopticon, individuals regulate their own behaviour because they are aware of being potentially observed at any moment. As such, the layout and clear sightlines at De Kloof function as a subtle disciplinary mechanism that shapes the behaviour of visitors, contributing to the calm atmosphere. As a result, this reduces the need for explicit rule enforcement. In this sense, the spatial organization is an important element of the infrastructure of care at De Kloof, enabling staff to maintain order and control while simultaneously producing a calm and peaceful atmosphere. Furthermore, this illustrates how care and control are not oppositional but intertwined and how spatial organisation plays a central role in mediating this relationship.

The negotiation of different hierarchies within De Kloof was a recurring theme throughout the discussion of my findings. This theme can be understood as another way through which the relationship between care and control is mediated at De Kloof. On the one hand, I showed how staff

made efforts to minimize differences from visitors and in this way contributed to an informal atmosphere. On the other hand, small interactions and shared perceptions of care relations reveal the hierarchical power relations that are embedded in the different types of roles and the implementation of rules. As the staff team maintains the capacity to grant or deny access, enforce or bend the rules, and intervene in visitors' behaviour, they can be regarded within the infrastructure of care as both caregivers and gatekeepers. Simultaneously providing care and control. Furthermore, I illustrated how the 'delegated power to abandon the disruptive and unruly' extends beyond staff and is also internalised by visitors themselves (Evans, 2011). As such, the delegated power extends beyond the authority of the staff to include visitors, who in addition participate in the infrastructure of care through regulating behaviour and maintaining order. In this sense, I showed how hierarchy not only functions as a top-down structure between staff and visitors, but as a distributed and relational form of power. This in turn shapes the behaviour of visitors and the atmosphere within De Kloof.

Lastly, I found that staff at De Kloof used justification narratives to navigate the ethical and moral dilemmas that emerged in their practices of care. These dilemmas arose in situations in which enforcement of rules conflicted with their own values and intentions. I showed how in response to these situations, staff articulated narratives that made these acts of control appear as necessary or caring acts. For example through their aim to preserve an atmosphere in which visitors would know what to expect. As such, this is where the tension between providing care and exercising control became evident. The justification narratives in turn functioned as a coping mechanism which helped staff to reconcile this tension. Furthermore, understanding care and control as intertwined shows the way in which the justification narratives situated control within a discourse of care. This in turn enabled staff to manage emotional discomfort. Furthermore, this shows how care and control are not only intertwined, care in addition legitimizes control. Accepting control because it is presented as a condition for care. As such, these narratives revealed how care and control are constantly mediated instead of fixed opposites. On the one hand, these justification narratives expose how care is practiced in De Kloof through rules, policies and regulations. On the other hand, they reveal the emotional and ethical burdens of governing through care.

In the oldest day centre for homeless people of the city, the everyday politics, patterns, behaviours and relationships that together form the space to what it is, have become so normalized and natural that there is little room in everyday life to question or even notice them. With this thesis I have created space and time to specifically take notice of how homeless day centre De Kloof navigates tensions between practicing care and exercising control. I have found that rules and policies as a way of exercising control do not oppose the practice of care but that they are deeply intertwined. At De Kloof, practicing care therefore often includes a degree of control. And the way in which control is an ubiquitous part of De Kloof's space, in turn, enables care provision.

On a personal level, I believe that the care provided at De Kloof is important, but it is even more important to understand how this care is practiced. Care, as I have learned, is not only

something that is given, but something that needs to be attended to, reflected upon, and actively maintained. By adopting Tsing's perspective of 'looking around, rather than ahead', I have tried to practice and take care myself, by standing still and being attentive. I researched what care entails, but at the same time I also felt a deep responsibility to listen, respond, observe and behave in such a way that I was caring towards those around me. Although the boundaries between researcher and care provider were sometimes blurry, it made reflexivity an ongoing and necessary practice. Rather than viewing this entanglement as a methodological limitation, I came to understand it as intrinsic to researching care ethically. Overall, I have found De Kloof a warm and caring environment, a *living room* in the most literal sense of the word, where I still enjoy going to every week. But it has also taught me to recognize care not as a self-evident good, but as a fragile, situated, and relational practice. I'm grateful for the ways in which De Kloof has allowed me to learn, reflect and care alongside others.

References

- Aalbers, M. B. (2011). The Revanchist Renewal of Yesterday's City of Tomorrow. *Antipode*, 43(5), 1696-724. <https://doi.org/10.1111/j.1467-8330.2010.00817.x>.
- Barwick-Gross, C., Chollet, J., & Kulz, C. (2025). Researching urban diversity and the (re-)production of whiteness: reflections on the purchase and challenges of sensory methods. *Frontiers in Sociology*, 10. <https://doi.org/10.3389/fsoc.2025.1512271>.
- Bryman, A. (2016). *Social research methods*. Oxford University Press.
- Conradson, D. (2003). Spaces of care in the city: the place of a community drop-in centre. *Social & Cultural Geography*, 4(4), 507–525. <https://doi.org/10.1080/1464936032000137939>
- Cresswell, T. J. (1992). *In place/out of place: Geography, ideology and transgression*. The University of Wisconsin-Madison.
- De la Bellacasa, M. P. (2012). 'Nothing comes without its world': thinking with care. *The sociological review*, 60(2), 197-216.
- Drotbohm, H. (2022). Care Beyond Repair. *Mana (Rio de Janeiro, Brazil)*, 28(1), 1. <https://doi.org/10.1590/1678-49442022v28n1a206>
- Edvardsson, D. J. Sandman, P., & Rasmussen, B. H. (2005). Sensing an Atmosphere of Ease: A Tentative Theory of Supportive Care Settings. *Scandinavian Journal of Caring Sciences*, 19(4), 344–353. <https://doi.org/10.1111/j.1471-6712.2005.00356.x>.
- Evans, J. (2011). Exploring the (Bio)Political Dimensions of Voluntarism and Care in the City: The Case of a “Low Barrier” Emergency Shelter. *Health & Place*, 17(1), 24-32. <https://doi.org/10.1016/j.healthplace.2010.05.001>.
- Eriksen, T. H. (2015). *Small places, large issues: An introduction to social and cultural anthropology*. Pluto Books.
- Failed Architecture. (2021, December 6). *Red Light District Under Control*. <https://failedarchitecture.com/red-light-district-under-control/>

- Felder, J. (2025). Spaces of urban cultures of homeless care: The austerity-driven closure of an institutional facility. *Urban Planning*, 10.
- Fisher, B., Tronto, J. C. (1990). Toward a feminist theory of care. In E. K. Abel & M. K. Nelson (Eds.), *Circles of Care: Work and identity in women's lives*. SUNY Press
- Foucault, M. (1990). *The History of Sexuality: An Introduction*. Vintage Books, New York.
- Foucault, M. (1991). *Discipline and punish: The birth of the prison*. Penguin Books.
- Foucault, M. (2003). *Society Must be Defended: Lectures at the College de France 1975-1976*. Picador, New York.
- Global News. (2017, January 13). *7 volunteers in Tampa park arrested for handing out food to homeless*. Global News. <https://globalnews.ca/news/3179998/7-volunteers-arrested-in-tampa-park-for-handing-food-out-to-homeless/>
- Graziano, V., Mars, M., & Medak, T. (2025). *Pirate care: Acts against the criminalization of solidarity*. Pluto Books.
- Grootegoed, E., & Smith, M. (2018). The emotional labour of austerity: How social workers reflect and work on their feelings towards reducing support to needy children and families. *The British Journal of Social Work*, 48(7), 1929-1947.
- Hall, S. M. (2022). For feminist geographies of austerity. *Progress in Human Geography*, 46(2), 299–318. <https://doi.org/10.1177/03091325211065118>
- Haraway, D. (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14(3), 575–599. <https://doi.org/10.2307/3178066>
- Hinke, B. (2025, July 4). De Tweede Kamer kreeg meermalen het advies ‘neem de tijd bij amendementen’ om ongelukken te voorkomen. Hoe nu verder? *NRC*. <https://www.nrc.nl/nieuws/2025/07/04/de-tweede-kamer-kreeg-meermalen-het-advies-neem-de-tijd-bij-amendementen-om-ongelukken-te-voorkomen-hoe-nu-verder-a4899425>

- Hochschild, A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. University of California Press.
- Holmes, A. G. D. (2020). Researcher Positionality - A consideration of its influence and place in qualitative research - A new Researcher guide. *Shanlax International Journal of Education*, 8(4), 1–10. <https://doi.org/10.34293/education.v8i4.3232>
- Humphreys, M. (2005). Getting personal: Reflexivity and autoethnographic vignettes. *Qualitative inquiry*, 11(6), 840-860.
- Johnsen, S., Cloke, P., & May, J. (2005). Day Centres for Homeless People: Spaces of Care or Fear? *Social & Cultural Geography*, 6(6), 787-811. <https://doi.org/10.1080/14649360500353004>.
- Mitchell, D. (2001). Postmodern geographical praxis? The postmodern impulse and the war against homeless people in the ‘post-justice’ city. In C. Minca (ed.) *Postmodern Geography: Theory and Praxis* (pp. 57–92). Oxford: Blackwell.
- Peck, J. (2012). Austerity urbanism. *City*, 16(6), 626–655. <https://doi.org/10.1080/13604813.2012.734071>
- Pirro, A. L. & Stanley, B. (2022). Forging, bending, and breaking: Enacting the “illiberal playbook” in Hungary and Poland. *Perspectives on Politics*, 20(1), 86-101.
- Power, E. R., & Williams, M. J. (2020). Cities of care: A platform for urban geographical care research. *Geography Compass*, 14(1). <https://doi.org/10.1111/gec3.12474>
- Power, M., Small, N., Doherty, B., & Pickett, K. E. (2020). The Incompatibility of System and Lifeworld Understandings of Food Insecurity and the Provision of Food Aid in an English City. *Voluntas*, 31(5), 907–922. <https://doi.org/10.1007/s11266-018-0018-7>
- Power, E. R., Wiesel, I., Mitchell, E., & Mee, K. J. (2022). Shadow care infrastructures: Sustaining life in post-welfare cities. *Progress in Human Geography*, 46(5), 1165-1184. <https://doi.org/10.1177/03091325221109837>
- Richardson, N., & Campbell, S. (2024). Sensory attunements of caregivers and care receivers: The value of an embodied and emplaced approach in everyday care encounters. *The Senses and Society*, 19(3), 324-336. <https://doi.org/10.1080/17458927.2024.2402965>

- Smith, N. (2002). New globalism, new urbanism: Gentrification as global urban strategy. *Antipode*, 34(3), 427–450.
- Tayob, H. (2021). *Transnational Practices of Care and Refusal*. e-flux.
- Tickin, M. (2011). *Casualties of Care: Immigration and the Politics of Humanitarianism*. University of California Press.
- Ward, N. (2015). Care ethics, intersectionality and poststructuralism. In T. Brannelly, L. Ward, N. Ward, & M. Barnes (Eds.), *Ethics of Care* (pp. 57–68). Policy Press.
<https://doi.org/10.51952/9781447316527.ch005>
- Wiersma, E., & Dupuis, S. L. (2010). Becoming Institutional Bodies: Socialization into a Long-Term Care Home. *Journal of Aging Studies* 24(4), 278–291.
<https://doi.org/10.1016/j.jaging.2010.08.003>
- Wilton, R.D. (1998). The constitution of difference: space and psyche in landscapes of exclusion. *Geoforum*, 29(2), 173 – 185.
- Wolch, J., (1990). *The Shadow State: Government and the Voluntary Sector in Transition*. The Foundation Centre, New York, NY.