

Spaces of Urban Cultures of Homeless Care: The Austerity-Driven Closure of an Institutional Facility

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Abstract

This article draws on institutional ethnography to examine the austerity-driven closure of a homeless care facility in Cologne, Germany. It expands debates on public urban cultures of care by highlighting the significance of spatially embedded institutional loops and their impact on malfunctioning care spaces from a multi-level perspective. The article demonstrates that spatial loops and classifications within the framework of austerity politics undergo a transformation and directly affect spaces and cultures of homeless care. At the macro and meso levels, institutional actors (municipal administration, property committees, the head of the facility, and social workers) are engaged in negotiations over the acceptance and rejection of spatial responsibility. At the same time, at the micro level, homeless men themselves are required to navigate altered loops within various spaces of care, encountering highly paradoxical paternalistic cultures of care. The specific spatial context—shaped by political agendas, institutional structures, and the interplay of various spaces of care—is crucial for better understanding the dynamics of public urban cultures of care for the homeless and other marginalized communities.

Keywords

austerity policies; cultures of care; homeless care; looping effects; spaces of care

1. Introduction

In May 2024, a homeless care facility in Cologne serving as both an assisted living and emergency shelter for homeless men in long-term recovery (temporary housing clients) and who use drugs (emergency shelter) was forced to close. Along with treatment and reduction of co-use, fostering “housing readiness” was also a primary objective of this facility, namely, preparing its residents for the regular housing market. The facility

was thus an important pillar for the public urban culture of homeless care. The reasons for this closure are multifaceted yet primarily embedded in austerity policies.

The debate on public urban cultures of care emphasizes the visibility and importance of care in public spaces. It underlines the relationship between non-institutional care and the emergence of new spaces and cultures of care (Breinbauer et al., 2024). Homelessness is one such case of high public visibility associated with the malfunctioning or even lack of public urban culture of care. Debates on malfunctioning spaces of homeless care have discussed displacing homeless people from public spaces such as train stations, central squares, and other areas (Mitchell, 2020; R. J. Smith et al., 2023), highlighting the spatial context of public urban cultures of homeless care. Homelessness thus serves as a spatialized extreme example of a lacking—or at least insufficient—public culture of care and social inequality. This article examines the multi-level interwoven socio-spatial mechanisms of the public urban cultures of care and the significance of classification-based spatial loops within spaces of care, based on the example of homeless care under austerity in Cologne.

Municipal and local urban cultures of care are embedded across multiple analytical levels within overarching political agendas and institutional contexts. While social inequality is a fundamental phenomenon in capitalist societies, the recently advanced neoliberalism has exacerbated it through austerity policies, leading to increasing privatization and commodification across all sectors, including care structures (Theodore, 2020, pp. 1–2). The lack of care in institutionalized spaces of care is a symptom of these developments. This care gap necessitates the increasing involvement of volunteer organizations in providing care tasks, the privatization of care responsibilities, and self-organized forms of care, such as activist and caring communities (Greenhough et al., 2023, p. 3). While informal caring communities seem to strengthen social cohesion at first glance, their rise mainly reflects the failure of (formal) institutional care structures.

A malfunctioning culture of institutional care forces homeless individuals into spatial loops, moving between institutional, public, and private spaces. This malfunctioning culture of institutional care results particularly from embedding local care practices within broader supranational, national, and regional contexts. Homeless people face a variety of spatial challenges primarily related to the exclusion of a safe and stable place, leaving those in both street homelessness and all other forms of homelessness in spatial uncertainty. As will be shown, this spatial uncertainty also affects care relationships within and between these public, institutional, and private spaces (Speer, 2023).

Thus, it is essential to consider the urban culture of homeless care in its full spatial breadth and examine the interplay between these various spaces with a malfunctioning care structure. The present empirical example is understood as a critical moment highlighting fundamental gaps in the multi-level structures defining the spaces and cultures of homeless care. It provides insights into individuals at risk of returning to street homelessness despite having already found temporary shelter in institutional housing (micro level). It also examines the levels of municipal administration and the property committee (macro level) as well as institutional management and social workers (meso level) to analyze the “institutions that reproduce exclusion, oppression, environmental degradation, and on the like” (Lawson, 2007, p. 7) and the changed cultures of care under austerity (Clayton et al., 2015). Therefore, building on an institutional ethnography, I aim to explore the relationship between different spaces of care and their respective cultures of care to contribute to the debate on the potential emergence of new forms of care.

Following this introduction, this article conceptualizes the relationship between urban austerity policies and homeless care based on existing literature before introducing the institutional context of homeless care in Germany and the empirical case. After outlining the methodological approach and reflections on positionality, the empirical findings are analyzed from the macro, meso, and micro levels. This is followed by a discussion on the spatialization of care gaps in institutional homeless care and their relationship with the public urban cultures of homeless care, leading to the conclusion.

2. Homeless Care Under Austerity

“Austerity” refers to a manifestation of neoliberal fiscal policies that profoundly affect urban structures. Peck (2012, p. 626) coined the term austerity urbanism to describe the “condition of ‘enforced or extreme economy’” that has especially burdened municipal budgets and disproportionately affected socioeconomically disadvantaged populations (Hall, 2022). Under austerity urbanism, local governments have limited capacities to resist austerity mandates imposed from above (Kim & Warner, 2021, p. 238). Austerity measures operate top-down—politically, socially, and across levels—thereby exacerbating socio-economic inequalities, and most visibly at the local municipality level (Peck, 2012, p. 650). Such policies directly affect care (DeVerteuil, 2015; Jupp, 2019), and while the rise in poverty and inequality increases care needs, care structures themselves are threatened by economic logic and cuts (De Verteuil, 2010). This materializes in altered cultures of care (Greenhough et al., 2023) and the changed spatializations of care (Hall, 2019; Power & Hall, 2018).

Following Greenhough et al. (2023, p. 2), cultures of care can be understood as:

Norms of caring behaviour, practices of care and modes of relating which promote and enable effective care and implicate the display and exchange of what are seen as “appropriate” affect and emotional responses for a particular institution or social group.

Public urban cultures of care are thus such cultures of care that materialize in public spaces. The case of homelessness is therefore particularly suited to illustrate that austerity policies not only exacerbate social inequality but also intensify the need for care and cause alterations of spaces of care. Although homeless care has increasingly come to attention at the transnational and national policy levels, in Germany—like elsewhere—implementing care primarily remains the responsibility of the local municipality. The public culture of homeless care is thus clearly embedded in austerity urbanism.

2.1. *Transformed Cultures of Homeless Care*

Homeless care encompasses a multitude of actions aimed at ensuring the physical and mental well-being of homeless individuals. Care work—paid and unpaid—occurs across public, institutional, and private spaces (Tronto, 2013). As discussed above, homeless individuals are particularly affected by spatial issues, being excluded from a safe and stable place. Care for homeless individuals thus refers to two dimensions: the housing space, such as measures that address the (temporary) provision of housing (e.g., shelters, housing first initiatives, friends, etc.); and the social space, which covers actions that support homeless individuals through caring practices and relationships, such as assistance with applications or the provision of food and clothing (by social workers, volunteers, or friends).

In the context of homelessness, public, institutional, and private spaces cannot be clearly separated in relation to care, as homelessness inherently lacks the home as a private, safe, and stable space. There is thus a shift from the private to, for example, institutional spaces such as temporary accommodations in institutional settings. However, these spaces are shared and influenced by others, such as co-residents and social workers (Moss & Irving, 2024). The experiences of homeless individuals within such spaces, the interventions into the “home” in these contexts, the dynamics of care relationships and multi-level care structures, and the construction of homeless care systems have increasingly become subjects of geographical research.

Care and cultures of homeless care have attracted increasing research attention (Cloke et al., 2010; DeVerteuil, 2006), with a growing body of work identifying increasing care spaces for homeless individuals where they are welcomed and supported. In these spaces of care, a culture of care is described as both physically and mentally supportive (e.g., through counseling or medical assistance) and disciplinary and controlling. The latter follows sociopolitical logic aimed at reducing people’s dependence on financial support, albeit with limited success in implementation. Consequently, institutional cultures of care are often tied to expectations that homeless care recipients work on their own “misconduct” (e.g., lack of motivation, addiction; Hennigan & Speer, 2019; Lancione, 2014). In the European context, Pleace (2016) has shown how homelessness was historically understood through an individualizing lens as a manifestation of personal weakness. Today, structurally precarizing factors (such as the housing market) are much more prominently integrated into understanding the production of homelessness. Nevertheless, individualizing explanations continue to play a significant role within systems and relationships of care. Moreover, processes of othering within institutional settings persist as normatively charged and institutionally embedded frameworks produce distinctions between “deserving” and “undeserving” homeless individuals (Lancione, 2016).

The urban culture of homeless care comes under further pressure under austerity. In the UK, austerity policies have already been shown to reshape this culture of care. Narrower definitions of care, an increased reliance on outputs, and growing dependence on practice guidelines reinforce mechanisms of discipline and control over homeless individuals. Given that institutional facilities face additional financial pressures and competition with other providers, maintaining an “ethical relational practice” (Daly, 2018, p. 74) is challenging. For caregivers, this translates into increased self-sacrifice and a stronger focus on emotional labor within the context of austerity. Social workers in such settings strive to alleviate social problems despite their reduced resources (e.g., high turnover of temporary staff, lower staffing levels, and proportions). However, the experiences of homeless people themselves in relation to austerity have only been insufficiently addressed in the literature (Paul, 2023). This article closes this research gap by focusing on the spatial impacts of austerity policies on care in Cologne’s housing and social space.

2.2. Multi-Level Structure and Vulnerability of Homeless Care in Germany

Despite the significant aforementioned austerity-driven trends, increased efforts to address homelessness can be identified within the broader political agenda. Beyond the EU Parliament’s goal of eradicating homelessness by 2030, the *National Action Plan to Combat Homelessness* was introduced in 2024, and the *Homelessness Report 2024* was published, representing only the second-ever national statistical survey on homelessness in Germany. However, it contains only nine non-binding guidelines with no concrete measures. At the regional (*Bundesland*) level, only North Rhine-Westphalia has implemented a specific program to tackle homelessness (Busch-Geertsema, 2023, p. 322).

Due to legislative frameworks, implementing measures against homelessness and providing care remain at the local level. National legislation in Germany mandates the temporary accommodation of homeless individuals, with municipalities responsible for implementing and funding this initiative (Busch-Geertsema, 2023, p. 321). The interpretation of what constitutes such accommodation significantly varies at the municipal level depending on political will and financial flexibility, as the minimum standard is merely required to be “humane” (*menschenwürdig*). The conditions in these accommodations have been criticized because what is intended as temporary shelter often becomes long-term housing. One primary reason is the lack of affordable housing, particularly in major cities (Busch-Geertsema, 2023, p. 320; Engelmann et al., 2020).

The facility in this article’s empirical case was in a central district of Cologne, the largest city in North Rhine-Westphalia, which accommodates the highest number of homeless individuals (Ministerium für Arbeit, Gesundheit und Soziales des Landes Nordrhein-Westfalen, 2024). Like many German municipalities, Cologne faces financial strain from tax reforms and the debt brake, reflecting broader austerity trends (Hendorf, 2024; Petzold, 2021). Nevertheless, in 2024, the *Cologne Concept for Combating Homelessness* was presented, outlining specific proposed measures. While anticipated savings resulting from austerity policies primarily affect non-mandatory municipal expenditures such as funding for the cultural sector (Petzold, 2021, p. 402), budget reductions are already evident in the field of homeless care in Germany (Fleckenstein, 2024).

The closed facility had existed since 2008 and was operated by a private institution (*Träger*) on behalf of the municipality. Such institutions provide mandatory personal support to “people in special social difficulties,” as outlined in the German Social Code Book (§67/XII, author’s translation). Municipalities delegate their responsibilities for assistance, such as to private or church-run institutions within the homelessness support system (Specht, 2013). Social welfare legislation also mandates the involvement of social workers in providing care.

From a socio-spatial practical perspective, it has been argued that assisted living represents a form of individualizing social problems, as clients in these facilities are assessed regarding their “housing readiness” (*Wohnfähigkeit*). This shifts the focus to the “deficits” of clients, who must work on themselves to become “housing-ready.” At the same time, this is linked to social legislation and the financial structuring of homelessness care. According to the legislation described in §67/XII (Bundesministerium der Justiz, n.d.), financial aid approval depends on the social workers’ assessments of a client’s housing (un)readiness (Marquardt, 2015, 2016b). This ultimately leads to “looping effects” (Hacking, 2007, p. 286), which repeatedly include individuals in the institutional spaces of care (Marquardt, 2022).

Building on the theoretical considerations presented, this article’s research question examines how these looping effects and dynamics of classifying individuals within spaces of homeless care change in the context of austerity policies. At a broader discussion level, this also offers perspectives on the significance of these spatial loops, the underlying classifications, and their multi-level embeddedness for the concept of public urban cultures of care.

3. Methods and Positionality

Based on institutional ethnography, this article employs a “study up” (Billo & Mountz, 2016, p. 215) approach to examine the embedding of legislation and political agendas in institutional spaces, as well as their shifting logics in response to austerity policies (macro and meso levels). Conversely, a “study down” approach is used to analyze the impacts of these structures and developments at the micro level. This makes the spatialization of change tangible and enables understanding of the interplay between public, institutional, and private spaces. The institutional ethnography approach is particularly suited to this case and examining urban public cultures of care, where institutional spaces—specifically a former facility for homeless support—take center stage. Until the facility’s closure, I was employed there as a part-time employee. I was therefore professionally embedded in this space, adopting a dual role (see below on positionality).

The fieldwork was carried out during the final months of the facility’s operation and after its closure (between April and December 2024). At the macro and meso levels, I conducted interviews with the municipal administration, a member of the property committee, the head of the facility, and a social worker. At the micro level, I conducted an in-depth interview with one of the homeless men (note that binary gender segregation is implemented in the context of institutional accommodations for homeless individuals in Germany) and several non-participant observations, including during interactions between social workers and clients, and a relocation process where social workers accompanied clients to a new facility. In line with the “follow the conflict” and “follow the people” principles (Marcus, 1995), interviews with city representatives and former residents were conducted months after the facility closure to trace the social contexts as comprehensively as possible. The dual role no longer formally existed at this point. Moreover, numerous informal background conversations and information were gathered. Informed consent was obtained from all participants, and the homeless participant received monetary compensation for participating in the interview. The data were ultimately analyzed using a grounded inductive approach with the MaxQDA software. All interviews were conducted in German, and the translations present here were done by the author.

Given the influence of subjectivity and the importance of positionality in empirical research (D. E. Smith, 1999; Toy-Cronin, 2018), I consistently reflected on the ethical challenges of researching my professional environment. As a former employee of the facility over several years, I faced various challenges in my dual roles and divided loyalties (Bell & Nutt, 2012), requiring me to “alienate from (my) group” (Toy-Cronin, 2018, p. 459). Moreover, self-reflections about my positionality—particularly regarding its influences on relationships, power hierarchies, and perceptions by the interviewees—accompanied my work. I had facilitated access to the field and existing professional ties enabled trust and facilitated field access at the meso and micro levels. The head of the facility, my former colleagues, and the clients were open and supportive of my effort to empirically document and analyze the facility’s closure. My relationships with former clients were also shaped by an asymmetrical power hierarchy between myself as a former staff member and the residents as former clients. Power-sensitive methods and a non-directive interview approach contributed to mitigating power hierarchies, designed to avoid resembling the staff-client relationship (Bell & Nutt, 2012).

At the macro level, there was no perceptible role blurring. I introduced myself as a researcher and felt that I was solely perceived in this position. In contrast, at the meso level, I was exposed to an ongoing negotiation regarding which role norms should take precedence. For instance, it was necessary to separate research

activities from regular work hours. Unlike ethnographic research, where no prior professional relationships exist, I had to actively adopt the observing role. Small talk helped to elicit insights that might have been otherwise withheld or overlooked. At the micro level, existing relationships shaped by help, control, and hierarchical dynamics posed challenges. During interviews, I emphasized my distinct researcher role and assured the participants that all content would remain confidential and not be linked back to the facility.

4. Macro, Meso, and Micro Levels of Urban Cultures of Homeless Care Under Austerity

Analyzing the case of the facility closure in Cologne from the macro, meso, and micro levels, this section demonstrates how homelessness serves as a particularly salient example in relation to a looping spatiality, as the care for homeless individuals is mainly concerned with the (temporary) provision of accommodation. The facility's building was rented on the private housing market. Following a change in landlord, the new owner showed no interest in renewing the lease agreement. Consequently, it became apparent early on that the facility would require a new building. Housed in a single building, the facility integrated both assisted living and an emergency shelter, serving homeless men in long-term recovery and who use drugs. Up to 10 individuals lived in the assisted living program and thus faced renewed homelessness in light of the facility's impending closure. An additional 10 individuals could access the emergency shelter daily throughout the year. The facility was thus comparatively small.

4.1. Macro Level: Urban Austerity, Local Governance, and the Limits of Homeless Care

Interviews were conducted with the Department of Housing Emergencies (DHE) and the property committee (PC) to explore the spatial implications of austerity urbanism and its consequences for cultures of homeless care, focusing on the scarcity of urban properties.

Within the framework of austerity urbanism, concrete measures and their implementation remain embedded in the context of local government budget crises. They are tied to financial feasibility and reduced social expenditures through ongoing evaluations. In the long term, only economically productive institutions and projects can persist. Spatially, this means that in the housing space, it can be expected that financially non-viable spaces of care will be closed, while in the social space, economic logic is likely to shape cultures of care and professional care relationships. The classification of individuals as experiencing "special social difficulties" and the looping effects that affect these individuals are thus reinforced through the political agenda and institutional infrastructure.

Cologne represents a compelling case for examining the spatial impacts of austerity policies on care within housing and social spaces as the city has implemented an independent municipal plan entitled the *Cologne Concept for Combating Homelessness*, despite fiscal constraints and resulting austerity measures. In this context, financial structuring now places increased emphasis on evaluation processes: "We want to sharpen the focus on the impact....Because, in times of scarce budgetary resources, one has to look much more closely at 'what am I spending the money on?'" (Interview, DHE, December 2, 2024).

It is to be expected that measures and facilities that do not sufficiently contribute to reducing social welfare expenditures will be cut back through austerity policies. Thus, the spaces and cultures of care are affected because only what proves economically viable has a chance of long-term sustainability.

In this context, municipalities likewise develop tactics to shield their concrete measures from budgetary cuts. Integrating these measures more strongly into social legislation (specifically SGB XII §67) transforms them into mandatory services. As demonstrated below, this reinforces looping effects. The spatial consequences in the housing space are that individuals are kept in temporary institutional accommodations and excluded from mainstream housing. In the social space, this means that cultures of care—the management of homelessness—continue to focus on the individual “deficits” of homeless people. From a multi-scalar perspective, this implies that looping effects driven by national austerity policies are amplified precisely through local-level attempts to shield concrete measures from those very policies.

There is a close relationship between social legislation and funding, as well as the distinction between services that are mandatory for municipalities and those that are not:

It is often underestimated how much flexibility it [§67 SGB XII] opens up, and we are in the area of absolute statutory requirements....It can even cover housing acquisition efforts...making them independent of local budgets and financial constraints....What a fantastic paragraph! So...with a strong rationale, I can do anything with it. (Interview, DHE, December 2, 2024)

A new state framework agreement in North Rhine-Westphalia made it possible to integrate measures such as Housing First into these mandatory services, as mentioned in the *Cologne Concept*. The measures for homeless people have been additionally shielded from the influence of austerity policies, which reinforces the looping effects that affect care within the social space insofar as “special social difficulties,” such as “housing unreadiness,” must be proven by social workers to qualify for these services. Instead of a municipal approach to care within the social space and providing “normal housing,” people are kept in the loops of institutional housing spaces.

Beyond the previously outlined context, the interviews also demonstrated a direct link between the insufficient provision of municipal properties and urban austerity policies and their impact on spaces of care. The draft of the current budget plan reveals that with sufficient political will—such as in the context of major urban development projects—expenditures for acquiring municipal land for spaces of care are feasible. Due to such prioritization, the spatial distribution of spaces of care in the city needs to be renegotiated. As a result, spaces of care are increasingly being displaced from the urban center or, as in the present case, facilities are forced to close. Hereby, the looping effects are also altered.

From a multi-level perspective, in principle, municipalities—as exemplified by the case of Cologne—possess a certain degree of agency to provide more spaces of care. However, in the present case, this potential is not realized due to fragmented responsibilities, a lack of political will, and competing priorities. Recipients of care circulate not only in loops between different spaces of care but also between urban and suburban contexts, as well as between institutional and non-institutional settings.

The “budget for property matters” enables municipal land acquisition and has been “well-funded in recent years, although the city has not acquired as much land as it could have” (Interview, PC, January 27, 2025). While 77 million euros were spent in 2020, only 7 million euros were spent in 2023. For 2025/2026, 75 million euros are planned (Stadt Köln Dezernat II—Kämmerei, 2021, p. 111, 2024, p. 189). This must be understood in the context of major urban development projects planned for Cologne, where two new districts are being established.

In recent years and decades, the full budget has rarely been used, effectively cutting housing space. Tracking unused funds is impossible as no financial balance exists and administrative shifts distort transparency: “The only person who probably has an overview is the treasurer” (Interview, PC, January 27, 2025).

The lack of municipal properties generates uncertainty regarding spaces of care in the present case: “Unfortunately...we found out too late...making it impossible to secure a replacement property in time” (Interview, DHE, December 2, 2024).

Asked about a new facility located further outside the city center, the interviewee describes: “And you simply have to say that in the very central downtown location in Cologne...there is no space to build something like this” (Interview, DHE, December 2, 2024). The spatial localization of care within the city and the responsibility for provision are being renegotiated given the lack of urban properties or political willingness to invest in spaces of care as a result, or under the cover, of austerity policies:

It would be nice if we had something [in municipal ownership] that we could make available, but we have far too few properties suitable for such purposes....So, I think relying on municipal real estate is something one shouldn't place too much hope in. (Interview, PC, January 27, 2025)

This aligns with studies on the displacement of social facilities (De Verteuil, 2010), which mainly occur when facilities, as in this case, are rented on the private market. Given the limited acquisition of municipal properties, future reliance on private rentals will likely increase.

4.2. Meso Level: Limited Agency Over Institutional Spaces and Cultures of Care

Interviews and non-participant observations were conducted with the head of the facility and social workers to analyze the agency of the *Träger* and the social workers, as well as the transformed cultures of care. While the head of the facility was primarily involved in negotiations concerning the institution's future and potential closure, the social workers implemented the transformed cultures of care in practice, as shaped by the critical moment.

One year before the closure, the facility director and his *Träger* informed the municipal administration about the need for a new building due to the lease agreement's impending expiration. However, negotiations only began months before the closure due to administrative delays, indicating the lack of municipal properties (see Section 4.1) and possible austerity-driven cost-cutting targeting the institution. Proposed buildings were deemed unsuitable and the *Träger's* own offer was ignored. The uncertain spatiality of institutional care reflects its embeddedness in infrastructure and the resulting lack of agency to resist these loops.

The public administration reconsidered its stance once public and media attention emerged:

Across all departments, there is currently a kind of austerity directive that has been issued by the finance department due to the dire budget situation. It's possible that we were seen as a potential area for savings, and only after politics, the public, and the media got involved, perhaps there was a change of thinking in the administration. (Interview, head of the facility, May 2, 2024)

The negotiation and communication practices described in the quote highlight the crisis of homeless care during times of austerity. There is a negotiation based on quantitative metrics regarding whether care maintenance becomes a priority. When homeless individuals are understood as “numbers in the system” (Marquardt, 2016a, p. 313), comparatively smaller facilities are ranked lower in priority. This logic becomes more pronounced during austerity periods and highlights the emphasis on evaluations and financial considerations that equate successful care with its economic efficiency and measurability.

This uncertain spatial reality is further exacerbated by private real estate companies viewing urban properties as investment projects, which in this case leads to the destruction of a space of care. The interview with the head of the facility demonstrates how institutional care spaces have limited agency at the meso level as the *Träger* are dependent on municipal funding. Due to the austerity-driven commodification of spaces of care, competition emerges between providers to become part of the institutional loops.

As a result, the *Träger*—in collaboration with the municipal administration—was unable to find a new building where the service could have been continued. Due to financial dependence on municipal administrations, the *Träger* did not openly resist austerity cuts. As the facility manager stated: “You don’t bite the hand that feeds you” (Interview, head of the facility, May 2, 2024). As the *Träger* often manages multiple projects or facilities, maintaining good relations with municipal administrations becomes essential, limiting their ability to actively resist austerity cuts.

A follow-up solution in other facilities was found for seven of the eight former residents, mainly because the *Träger* of these facilities prioritized them to prevent acute homelessness. Due to the crisis triggered by austerity policies, negotiations take place regarding which “group” in “special social difficulties” is more deserving of care in the housing and consequently social space.

Ultimately, the closure leads to an increased need for care, which must be provided in this uncertain and diminished space of care, thus altering the cultures of care in this space during the critical moment. The “housing unreadiness” is unmasked, shifting the focus of the social workers, at least during this time, from individual “deficits” to the uncertain and diminished spaces of care. The logic of the institutional loops is thus temporarily challenged.

Following this, the loss of care required renegotiations on future care provisions, particularly regarding the follow-up solution. Thus, for each individual man, the initial step involved assessing the specific needs (e.g., in relation to substance use, the intensity of support, curfew regulations, availability of single rooms, location and size of the facility, etc.) from a social work perspective in preparation for potential relocation. Based on this need assessment, the subsequent step involved identifying which other facilities had available capacity. Depending on the degree of each individual’s perceived (in)dependence as evaluated by the social workers, the men were then accompanied to application interviews and follow-up appointments as deemed necessary. In some cases, these interviews were attended solely by the social workers on behalf of the men; for instance, when individuals were hospitalized.

Austerity-driven cuts and individual renegotiations regarding the future of care work provision have thus structurally strained the professional relationships involved in care work. These relationships and the “progress” that had been established over months or often even years were significantly set back by

residents' panic over a potential return to street homelessness, manifesting in psychosocial destabilization, increased substance use, and in some cases expressions of anger directed towards the facility, its management, or individual staff members.

These processes led to a temporal prioritization of those considered "problematic" cases. Given the scarcity of spaces of care and the limited workforce despite extended working hours, negotiations took place regarding continued access to care and spaces of care. The significance of classification thus increased through austerity policies. Those who were not sufficiently "needy" were at least temporarily rather excluded from the institutional space and found themselves in loops between different spaces of care.

Social workers were required to perform this care work within this diminished institutional space of care while facing uncertainty regarding their own professional future. Despite adverse conditions, social workers showed increased motivation and longer working hours, driven by their emotional commitment to counteract the "failure" of making individuals "housing-ready." This highlights that social workers in institutional spaces possess only limited agency to disrupt the loops. One social worker described the increased motivation and dedication as follows:

I can observe for myself...that it has even increased my determination to make the most of the care services with the resident I am currently looking after....Because, as a social-pedagogical caregiver, I should ultimately be replaceable at some point....After all, I am providing a service in the context of key worker support within this facility. (Interview, social worker, April 18, 2024)

Social workers' professional care work "operate(s) on the basis of emotional commitments" (Clayton et al., 2015, p. 31). The "character of these emotions" (Clayton et al., 2015, p. 31) and the attempt to terminate the care relationship as "productively" as possible show that individualized logics are internalized by social workers and that care is understood as something productive and measurable, from which the optimum should be derived.

However, the cultures of care also changed during the critical moment in other everyday areas. In the context of assisted living, clients are not only supported through care work but also discharged by social workers if they do not "cooperate" or break rules, such as drug consumption. Nevertheless, this critical moment allowed a more flexible interpretation of rules and a temporary suspension of the emphasis on individual "inability":

It was difficult to enforce the existing rules until the end under these conditions because, right at the last minute, we certainly didn't want to have to discharge any residents due to rule violations. That would have been completely ridiculous....Of course, this uncertain situation, the closer we got to the end, did destabilize the residents, clearly. (Interview, head of the facility, May 2, 2024)

This shift allowed viewing the unstable psychological situation of clients in the context of structural processes that enable them to have a safe and stable place. The austerity-driven closure unmask the logic of prevailing cultures of care within institutional spaces. The rules that exist in the daily routines of institutional spaces—intended to teach "living" and "fighting addiction" (for instance, prohibiting drug use within the facility)—are suspended in this critical moment.

What homeless individuals “learn” instead in the context of assisted living is that they are not only excluded from societal standard housing, but that the institutional spaces designed to teach them how to “live” are themselves temporary and precarious. As a result, they often find themselves in persistent loops in which they must navigate spaces that exist somewhere between “normal housing.”

4.3. Micro Level: Looping Through Different Spaces of Care

An in-depth interview with one of the homeless men was conducted several months after the closure of the facility to understand the micro-level experiences of homeless people themselves in relation to austerity (Paul, 2023) and their perspectives on the spatial looping. This was accompanied by non-participant observations, including counseling sessions and relocations of individual residents.

The transition to a new accommodation was often perceived as a setback, as new care relationships had to be established. Additionally, residents appreciated the facility’s smaller size, which allowed for a different atmosphere compared to larger services. Most of the men had to adapt to facilities accommodating larger numbers of residents, where interpersonal conflicts emerge more frequently as more people must coexist within their direct, temporary housing space. The closure left only two remaining emergency shelters for this “target group,” both at full capacity and thus failing to meet the demand for care. Some users of the emergency shelter considered sleeping in tents outdoors due to the lack of comparable small accommodations in Cologne. The austerity-driven closure of the facility forces them to move into public spaces.

The three cases of men (all pseudonymized) who lived in the assisted living facility of the closed facility illustrate the different dimensions of the spatialized consequences of austerity policies on urban cultures of care.

4.3.1. Daniel: Sub/Urban Loops of Self-Care Within Limited Spatial Choices

Daniel had the rare opportunity to choose between two facilities. Upon the recommendation of his primary social worker, he created a pros and cons list to guide his decision-making. Spatial factors were particularly central to his choice. One facility was located in a more central urban area, while the other was situated in a suburban setting.

Daniel’s drug consumption increased during the uncertainty about his future, which led to him being resuscitated in hospital due to respiratory depression and pneumonia. Consequently, Daniel quickly favored the suburban facility as he assumed that the city center contained too many triggers for his drug use. For him, the suburban facility represented a space where he could take better care of himself and receive better professional care. Additional socio-spatial factors played a role in his decision-making. Despite the immediate option of a single room at the centrally located facility, he chose the suburban location, where he had to rely on getting along with a roommate. Daniel thus made a self-care-oriented decision based on his individual needs. However, this should not obscure the fact that his options for decision-making were severely limited.

Daniel’s case thus highlights individual destabilization as a result of the disruption of a secure and stable place. It also emphasizes the spatial significance in decision-making processes as homeless individuals assess where

they can best access care. Additionally, it points to the limited spatial choices available, as having two options is an exception, and single rooms are extremely scarce.

4.3.2. Josef: “Problem Cases”—Institutional Loops of Paternalism

Josef’s case illustrates the institutional loop in which the men are already embedded due to the temporality of institutional spaces of assisted living. This loop is further reinforced by the critical moment of the closure. They are repeatedly required to engage in new care relationships characterized by paternalistic logic.

Josef was considered a “problem case,” not yet “housing-ready,” and thus moved to another institutional facility. The new facility is considerably larger and accommodates a significantly greater number of men, operating with a different care model in which residents have single rooms, unrestricted access hours, and individual keys. Alcohol and illegal substances are prohibited, and room inspections occur at varying intervals based on the individual resident’s profile. The intake interview covers various aspects of Josef’s history, such as his housing trajectory, but also his family and social network, his substance use, physical health, and financial management. While answers are largely self-assessed, occasionally the accompanying previous social worker intervened to correct or supplement his responses, particularly if he deemed Josef to overestimate his capabilities. Over the following weeks, Josef and the new social worker will define personal goals for his time in the facility once he acclimates.

The logic of “housing readiness” and the underlying power structures became evident during the intake interview. In order to retain temporary housing, Josef must make his personal circumstances—his “special social difficulties”—transparent and, at a later stage, formulate goals that he aims to achieve within the housing space, thereby demonstrating his willingness to cooperate. Care within the context of institutional facilities cannot simply be received as it is; instead, it requires addressing the resident’s individual “deficits.” This obscures the fact that his previous housing was lost due to structural failures.

4.3.3. Stefan: Looping Through Multiple Spaces of Care—The Re-Creation of “Problem Cases”

While paternalistic logics are also evident in private spaces, pointing to similar cultures of care as those found in institutional settings, Stefan is caught in a loop between private, public, and institutional spaces, triggered by the austerity-induced closure of the facility. His case emphasizes that cultures of care beyond institutional spaces strongly rely on the emotional commitment of care providers.

Stefan was not considered a “problem case” and left without a follow-up housing solution. After the facility closed, Stefan initially slept on the streets and in an emergency shelter. He described how he continued to increase his substance use and that his condition deteriorated: “It doesn’t work because when you’re on the street, you just can’t deal with it with a clear head. You know what I mean? You can’t really sleep sober” (Interview, Stefan, November 27, 2024). Eventually, he was diagnosed with thrombosis and required urgent hospitalization. As a result, he was placed in a “health shelter,” a temporary accommodation designed to allow homeless individuals to recover from health issues. When the health shelter was no longer available, a street outreach worker informed him about an offer from a volunteer organization that provides homeless individuals in Cologne and other cities with temporary mobile shelters on wheels:

They wanted to know how long I'd been on the street. And whether I even planned to get off the street at all. Because they don't help people if they notice you haven't fully committed to it....You have to be in some kind of social care...and...you have to have lived on the street for at least a year. (Interview, Stefan, November 27, 2024)

In this context, he also encountered paternalistic logics that restrict homeless individuals' access to this (temporary) accommodation. This reliance on a (temporary) housing space provided by a volunteer organization illustrates the impact of austerity-driven cuts and the absence of government-provided housing. This lack of housing becomes physically and materially visible in public spaces. Stefan currently resides in a container located on the premises of an assisted living facility provided by the *Träger* of the street outreach worker, with the intention of offering him temporary housing. He appreciates his temporary accommodation: "I feel more comfortable now. Yeah, in my own little kingdom" (Interview, Stefan, November 27, 2024). However, this space also remains temporary. In terms of classification, he would likely be considered a "problem case" again. Ultimately, Stefan remains caught in a continuous loop between private, institutional, and public housing spaces.

5. Discussion: Looping Paternalistic Spaces and Cultures of Care

The spaces of care and the cultures of care that take place within them have transformed in the context of austerity policies. Due to cuts in areas such as social and health services, care spaces have increasingly shifted into private spaces (Greenhough et al., 2023; Hall, 2022; Power & Hall, 2018). While the concept of public urban cultures of care challenges this care to shift to the private sphere through familial responsibilities and emphasizes forms of care that manifest in public spaces, contributing to the emergence of new spaces and cultures of care (Breinbauer et al., 2024), my approach complements this debate by considering the significant role of spatiality and the interwoven loops between private, public, and institutional spaces in (homeless) care.

Homelessness serves as an exemplary case illustrating the relevance of loops within the spaces and cultures of care. As an extreme form of social inequality, the classification of homeless individuals as "needy" is not only widely accepted in broader society but also institutionally embedded through national social legislation that designates them as facing "special social difficulties." However, the spatiality and functioning of these loops are undergoing transformations in the context of austerity policies at the municipal level, where the spaces of care that reproduce these loops are themselves increasingly subject to financial pressures and precarization. The responsibility for those who are not classified as sufficiently "needy" is increasingly shifted to other spaces of care, changing the socio-spatial dynamics of urban spaces. The spatial loops in which these persons are led—especially in times of austerity—are evident at all analytical levels.

At the macro level, austerity policies represent a performative act in the case of cuts affecting homelessness. While substantial public funds can be allocated to large urban development projects, austerity measures in this area are framed as inevitable and necessary. The "needy" are made even more "needy," further reinforcing paternalistic logics if this performative act remains unchallenged (Peck, 2012, p. 626). At the macro and meso levels, various institutional actors (municipal administration, property committees, the head of the facility, and social workers) are involved in bargaining over the assumption or denial of responsibility for individuals of a certain "class" as a result of austerity policies and the reduction of public spending. As demonstrated, it would indeed be feasible at the municipal level to enable more spaces of care, although there appears to be a lack of

sufficient political will to do so. In order to suspend the loops and the underlying classifications, it would be necessary to enact legislative changes at the national level. The “pressure to do more with less” (DeVerteuil, 2015, p. 246) manifests at the meso level in all spaces of care, influencing the cultures of care within them. The spatial loops are not only created through the interaction between the macro and meso levels, but they also “firm up the classifications” (Hacking, 2007, p. 288) upon which the loops function. The carriers and social workers are embedded in institutional structures and possess a limited agency to challenge classifications. These logics of institutional loops are temporarily challenged within the critical moment, as illustrated through the suspension of rules, which I understand as a “radical (form) of empathy, community, and connection across difference” (Jupp, 2019, p. 90). A heightened understanding of classification appears to be emerging in the context of the austerity-driven renegotiation of which “class” of homeless individuals is considered sufficiently “needy” for a space of care.

At the micro level, this materializes at the level of care recipients, ultimately opening up new conceptual perspectives on (public) urban cultures of care “from below.” Daniel unmasks the paternalistic logics within the institutional loops through his decision-making regarding where he wishes to receive care, while the example of Josef reflects how paternalistic logics are perpetuated through institutional loops. On the other hand, Stefan’s case illustrates how the loops for clients not perceived as “problem cases” are expanded as he moves between public, institutional, and private spaces. The temporary accommodation on wheels can be understood as a form of “new spaces, relations, networks, and practices of care and caring (which) are emerging in difficult times, in unexpected and unconventional places” (Power & Hall, 2018, p. 311). However, here, again, the expectations placed upon him involve “working on himself.”

While homeless individuals continue to cycle in loops between spaces of care as before, the parameters of these classifications have been renegotiated in the course of austerity policies. In contrast, the disclosure and problematization of these structures are central to the emergence of new cultures of care. New forms and spaces of care must counteract the classification of care recipients, whereby “knowledge...plays a central role, along with the experts who generate it and the institutions within which it is produced and applied” (Hacking, 2007, p. 305). This knowledge refers to the understanding of a particular “class” of persons, such as the “needy homeless person.” I argue that the specific spatial context is crucial for this knowledge, together with the multi-level embedded political agendas and institutional structures that shape this space. This knowledge reveals which “class” of person receives (or can receive) care in which spaces.

As a result, the construction of classifications must be critically examined and reflected upon across all spaces of care. This opens up a conceptual expansion towards engaging with the establishment of new forms of care and public urban cultures of care. This can also be applied to other areas of care within the context of public urban cultures of care, where people move within or are enclosed by the loops of care necessity. Whether in the public, private, or institutional sphere, knowledge about classification and its spatialization must be collectivized, just as knowledge about the multi-level interplay of spaces where care functions based on the logic of classification must be shared.

6. Conclusion

Based on empirical data at the macro, meso, and micro levels, this article illustrates how austerity policies lead to altered spatializations of homeless care. The austerity-driven closure of a facility for homeless men

who use drugs and are in long-term recovery demonstrates that while political interest in the issue of homelessness increases, the implementation of austerity urbanism remains entrenched locally due to social legislation. At the local level, austerity policies and social legislation reinforce the logic of “deservingness” and spatial loops. The facility and its social workers are dependent on municipal administration and have limited agency due to financial dependence. The logic of “housing readiness” was exposed as a result of the closure. The homeless men find themselves caught in a loop between temporary housing arrangements in the public, private, and institutional spaces, along with the caregiving relationships that distinguish between deserving and undeserving recipients of care.

Building on the multi-level interwoven spatial significance of loops within my empirical example, I propose that the debate on (public) spaces of care and new forms of care should more thoroughly incorporate the importance of classifications and their impact on these spaces and forms. Care cultures in public spaces of care are similarly embedded in loops and the classification of “needy” recipients of assistance, just as they are in institutional and private spaces of care. Engaging with the interplay between these spaces and understanding how people are classified and subsequently cared for is crucial in altering the complex configuration of care cultures.

Future research could therefore explore additional processes of classification that influence care recipients within spaces of care and feedback into class formation in relation to other spaces of care. From the perspective of intersectional classes, this could involve examining how individuals are perceived as differently “needy” and “deserving” within everyday care structures based on categories such as gender, class, or race. Furthermore, research could also focus on “progressive” spaces of care that are consciously aware of classification processes. In this context, it would be crucial to analyze the challenges that arise in the creation of new cultures of care.

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Conflict of Interests

As can be inferred from the article, I was employed at the institution in question as a part-time employee until its closure.

Data Availability

To protect the individuals surveyed and involved in the study, the qualitative data is not publicly accessible. However, anonymized data can be requested from the corresponding author.

LLMs Disclosure

ChatGPT was used solely for editing language and grammar. The author reviewed and edited the wording as needed and takes full responsibility for the published article.

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