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Spatial context and informal caregivers' Well-being: A case study of a Carer Café project in Hong Kong

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ABSTRACT

This paper evaluates how a Hong Kong community *Carer Café* program reduce the informal (unpaid) caregivers' navigation burden of social and health care service system. The cafés took place once biweekly at pantries and activity rooms of social service centers, community centers, and churches, which installed temporary decorations to create a café-like environment. his article will use the conceptual framework of spatial context, including spatial propinquity, spatial composition, and spatial configuration, to highlight four mechanisms in the process of informalization. They are (a) changing layout; (b) promoting spatial propinquity of caregivers; (c) creating a spatial composition facilitating social interaction; and (d) allowing the caregivers to use informal spaces flexibly. Qualitative data from 26 respondents, including social workers, project staff, volunteers, and users, sheds light on the details of four mechanisms. Results show that the Carer Cafés were transformed into a safe and caregiver friendly third place by the informalization process. Thus, caregivers from communities visit cafés frequently. These frequent visits facilitate the Cafés become a hub for informal caregivers access different resources and supports. This paper suggest that spatial context would be an important consideration to further explore in the future community caregiver support service practice and policy.

Background

The challenge affecting the wellbeing of unpaid informal caregivers (caregivers or carers thereafter) is becoming a public health concern in different countries, particularly during the pandemic (World Health Organization, 2022). Informal caregivers usually refer to family members, friends, or neighbors who help the care recipients (Roth et al., 2015). Studies have shown that informal caregivers facing multi-level challenges and burden can lead to an increased risk of burnout and isolation for these caregivers (Lee and Kwok, 2005; World Health Organization, 2015). For example, informal caregivers commonly face deterioration of physical, social, and psychological health because of insufficient financial resources, multiple responsibilities conflicts, and lack of social activities (Lee and Kwok, 2005; World Health Organization, 2015).

According to Funk et al. (2019), the structural barriers to service navigation, such as service complexity and fragmentation, have negatively impacted the wellbeing of informal caregivers. Thus, informal caregivers have to spend extra time and effort to navigate the social and health care service system. This becomes navigation burden that requires the caregivers to spend extra time and emotional energy on navigating systems and services (Funk et al., 2019; Liu et al., 2020; Ye and Liu, 2018). The informal caregivers who have insufficient self-perception, time, and digital, linguistically and physically abilities would be more vulnerable to navigation burden (Funk et al., 2019; Liu et al., 2020; Stajduhar et al., 2020; Ye and Liu, 2018).

Studies suggested solutions to improve the informal caregivers' navigation burden. A centralized information hub or one-stop shop is beneficial for informal caregivers who are seeking help and access to useful information (Thang et al., 2023). They can interact with real staff members there (Funk et al., 2019). The delivery model usually is community-based, involving disciplinary team coordination (Anthonisen et al., 2023). Importantly, the service providers actively engage with informal caregivers is the most effective work approach to enhance the access equity to support (Reale et al., 2020).

The intervention of Carer Café is a community initiative for reducing caregivers' navigation burden and providing caregiver support, such as caregivers of dementia patients and older adults (Greenwood et al., 2017; Takechi et al., 2022). The café connect patients, caregivers with peers, professionals and other community members, serving as

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integrated hub to support informal caregivers navigate the service system and search relevant information (Greenwood et al., 2017; Takechi et al., 2022). In Japan, the dementia cafés actively attempted to involve medical professionals to become information hubs that connect patients and their caregivers (Takechi et al., 2022).

Studies also emphasized that community cafés, as a public health intervention approach, often create an environment for the patients and caregivers to relax, actively participate in social life, and easily access support and information (De Luca et al., 2021; Greenwood et al., 2017; Morris et al., 2021; Oishi et al., 2022). Other studies further highlight the relational support, enjoyment, and knowledge in community dementia cafés can be the protecting factors for navigation burden of the patient and their caregivers (Burrows et al., 2021; Fukui et al., 2019; Thijssen et al., 2022). Since community café can engage locality, service providers thought about how to coordinate more support in the café setting to improve the caregivers' navigation burden (Akhtar et al., 2017).

Thus, the article argues that spatial context is an important factor fostering the social connections that alleviate caregivers' navigation burden in community café settings (Dannenberg et al., 2003). Spatial context refers to the spatial design, environment, and atmosphere (Small, 2017; Small and Adler, 2019; Ye and Liu, 2018). Small and Adler (2019) identified three spatial contexts mechanisms to conceptualize spatial influence on social relationship development: spatial propinquity, spatial composition, and spatial configuration (Small and Adler, 2019). Spatial propinquity refers to physical closeness between network members (Small and Adler, 2019). Social interaction relies on the existence or absence of a fixed location, such as park, plazas, and community organizations, known as spatial composition (Small and Adler, 2019). How streets and blocks are organized affects how people interact, which is referred to as spatial configuration (Small and Adler, 2019).

This article will adopt Small and Adler's conceptualization of spatial context to analyze how the spatial context enhances informal caregivers' frequencies of visitation and develops social relationships in the Carer Café project, which was organized by the Hong Kong Federation of Women's Centres (HKFWC). Since 2018, HKFWC has collaborated with several Integrated Family Service Centres (IFSC) and District Elderly Community Centres of Hong Kong Social Welfare Department (HKSWD) to operate twelve Carer Cafés with different districts. The fundings of this initiative are from various local small funding sources. This initiative aims to be a hub to engage informal caregivers and provide resources to them. To meet informal caregivers' needs, the cafes impose no service charge and registration fees. Caregivers do not need to register before they visit the café. The cafes operate three hours in each session and once alternative week in different Hong Kong districts, but their opening sessions were limited during the pandemic between 2021 and 2023. Caregivers can arrive and leave at any time. In the café, there are some project staffs, including social workers to engage and provide resources to caregivers when they need. Trained volunteers prepare food, coffee and have causal chat with caregivers. Caregivers can talk to other participants or sit alone and enjoy the coffee.

Methodology

This study used the case study method (Yin, 2011) to evaluate a social phenomenon: the effect of spatial context on informal caregivers' well-being. The case used in this study is Carer Cafés operated by The Hong Kong Federation of Women's Centres (HKFWC), which have been running since 2018. These cafés are held biweekly at twelve locations across Hong Kong, including social service centres, with temporary setups for each session. The Carer Café program aims to reduce the caregiving "navigation burden" by serving as an information hub and offering caregivers a "third place" for social networking (Oldenburg, 1989). A third place refers to a public space outside the home (first place) and workplace (second place), where community members can interact, share resources, and engage socially, like settings such as pubs, libraries, or cafés (Oldenburg, 1989).

Researchers used individual interviews, focus groups, and observation to gather data on the "mating process" (Small and Alder, 2019) at different Carer Cafés managed by HKFWC. These multiple methods help the research team to have a more comprehensive picture of the Carer Café operation and interactions among participants and triangulate the data. Regarding the observation, the first author regularly observed five carer cafes in Sheung Shui, Fanling, Tai Wo, Tai Po and Aberdeen in Hong Kong, which were included in this study, between 2020 and 2022. These five cafés are mainly visited by informal caregivers of older adults residing in the five catchment areas of Integrated Family Service Centres (IFSCs) (please see Fig. 1). To capture the cafés from different stages of the Carer Café project, after consulting the project staff, the sample included the cafés of Sheung Shui (from 2018), Tai Wo and Tai Po (from 2019), Fanling and Aberdeen (from 2021).

Regarding the individual interviews and focus groups, there were 26 informants. All were recruited by the HKFWC. The selection criteria are 1. Primary caregiver of older adult, 2. being the primary caregivers for at least one year and 3. users of the Carer Café. Among these informants, six were female informal caregivers who were also the Carer Café users at that time. Eleven were staff of the Carer Café project. Nine were volunteers of the Carer Café who were also formerly caregivers and café users. As Appendix 1 shows most of informal caregivers had looked after their spouse or children for more than ten years. We had individual interviews with four informal caregivers (C1, C2, C3 and C6), and a staff (S1). The interviews time was around one hour. Five focus groups were set up. Six staffs join the first focus group interview. Two staffs (S9-S10) participate in the second focus group. Volunteers V1-V4 are invited to join the fourth focus group and V5-V9 were in the last focus group. With the permission from respondents, all interviews were audio recorded and transcribed in verbatim. The researchers interviewed some respondents more than once for clarification.

Appendix 1 shows the background of respondents. Regarding the demographic features, all volunteers and caregiver respondents are female. Their age ranges from 40 s to 60s. None of them have attended tertiary education. Service users are mainly spouse caregivers who have been caregiving for approximately ten years. They come from lower-class socio-economic backgrounds and are out of the labor market because of their caregiving duties. All of them are the primary caregivers with little supports from other family members. They all shared that they were exhausted and felt tired. One caregiver even has serious chronic disease. Volunteers are former caregivers. As they do not have caring duties, they have participated in the Carer Café project as volunteers. This allows them, as experienced caregivers, to contribute to Carer Café by sharing their caring experience with current caregivers. The staff members have experience in operating the café. Some respondents have participated in the project since it launched. The staff members involved are project staff, centre-in-charge, and service managers in different districts in Hong Kong.

As shown in Appendix 2, the interviews and focus groups with nine project staff covered various aspects of the café, including its values, design, operation, and impact on caregivers. We interviewed volunteers about their training, cafe operations, interactions with caregivers, and opinions about the cafe. The questions inquired about service users' experiences, reasons for visiting, interactions, relationship development, and support at the café. The researchers informed the subjects in advance that their involvement in the study was voluntary, and they got consent from all participants through verbal or written means.

The first and second authors performed a descriptive thematic analysis on interview data and observations. The basic steps included data familiarization (repeated rereading and immersion, conversations with interviewers), generating initial coding, developing and reviewing thematic categories/themes, and redefining and naming conceptual themes (Braun and Clarke, 2012). The analysis was developed through manuscript writing and revision by the research team who were all highly familiar with the data (Braun and Clarke, 2012).

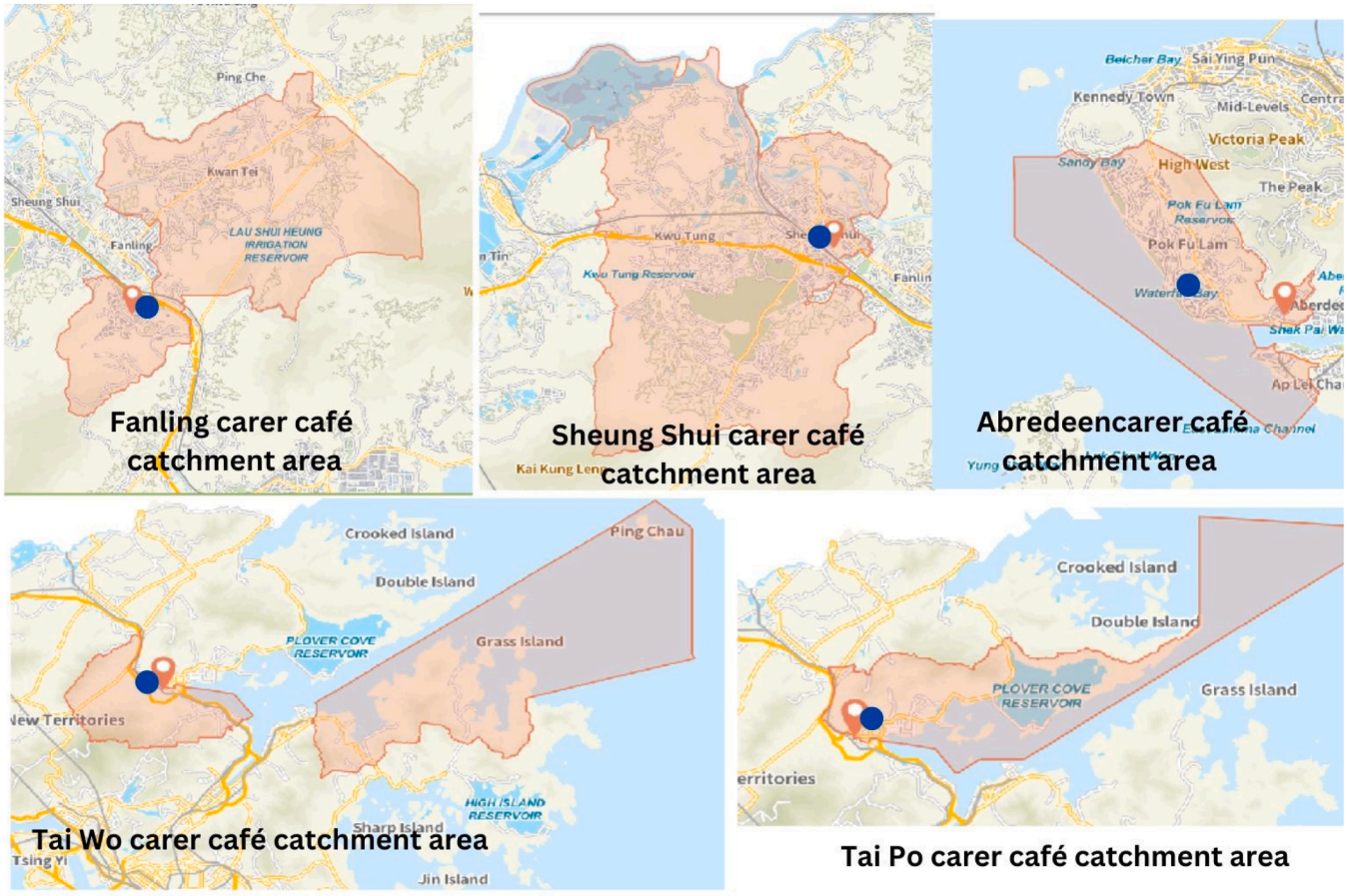


Fig. 1. The catchment areas of Carer Cafés are adopted from the catchment areas of that district's IFSC. The orange pins in the map refer to the locations of IFSCs, and the blue points refer to the locations of the Carer Cafes.

To support trustworthiness in thematic analysis, NVivo qualitative analysis software was used to record coding, naming, defining, and theme generation (Nowell et. al, 2017). The research team drafted and shared memos and tables to illustrate and discuss coding rationales and paradigms throughout the process (Nowell et al., 2017). These include four to five rounds of discussions, especially on those coding which have discrepancies. Our analysis included the background, intervention reasons, café design, staff experience, project outcomes, and user feedback. We gave the preliminary analysis to the project staff and gained their feedback. We used a social media app to communicate with key staff for over 200 h and ensure accurate interpretation. This study was approved by the Ethics Review Committee of Saint Francis University (Approval Reference Number: HRE 210,160).

Strengths and limitations of case study method

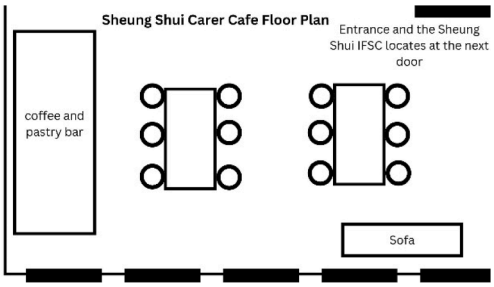
In this study, the case study method was employed to achieve an in-depth, contextual understanding of the relationship between spatial context and social network dynamics in HKWFC's Carer Café project (Yin, 2011). This method allows researchers to incorporate a variety of information sources throughout the data collection process, thereby enriching the analysis. However, the method also presents several limitations that need to be addressed. These include limited generalizability due to the focus on a single case (i.e., HKFWC), the potential for researcher bias, and the fact that the process can be both time-consuming and resource intensive. Additionally, the approach is heavily dependent on the availability and quality of data, which may affect the comprehensiveness of the results. Despite these limitations, the method's ability to provide a nuanced, context-specific understanding is a notable strength.

Results

The results show that how the Carer Café project motivates informal caregivers to recognize it as an information hub and visit it frequently in its specific spatial context. "Informalization" is the strategies to provide the informal caregivers with a comfortable space with a better spatial context. We found that "informalization" comprises four particular social processes. They are (a) changing layout; (b) Promoting spatial propinquity of caregivers; (c) creating a spatial composition facilitating social interaction; and (d) allowing the caregivers to use informal spaces flexibly. Changing layout means temporarily decorating the venue to create a welcoming and safe social environment. Promoting spatial propinquity of caregivers involves adopting causal ground rules of participation to overcome the caregivers' barriers like class, age, and gender. Creating a spatial composition facilitating social interaction refers to that the project staff and volunteers work together to engage caregivers by specifying the space use at the Carer Cafés. Allowing the caregivers to use the space flexibly encourages the caregivers to take control of their own space and stepping out from their caregiver role.

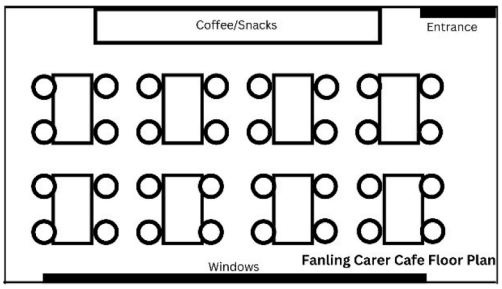
Changing layout

The café's interior decoration shapes caregiver's "definition" of the social networking sites, established by professional social service providers. The interior decoration enhances the visible connectivity between the social service premise and the cafe (please see Fig. 2). The Carer Café took place in a pantry/activity room (around 200 square



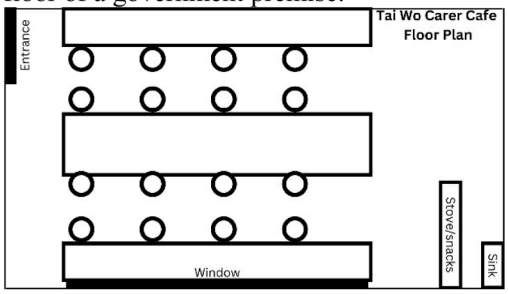
The Sheung Shui Carer Café was at pantry room of Sheung Shui IFSC, where next to the entrance of Sheung Shui IFSC office.

This photo shows the operation of the Sheung Shui Carer Café.



The Fanling Carer Café was at the activity room of Fanling IFSC, where is on a second-floor of a government premise.

This photo shows the participants were making their selfie at the Fanling Carer Café.



The Tai Wo Carer Café was at an activity room of North Tai Po IFSC, where is on the fourth floor of a government premise.

This photo shows the participants were mingling in the Tai Wo Carer Café.

Fig. 2. The floor plans of five Carer Cafés in this study and materials used in the Carer Café operation.

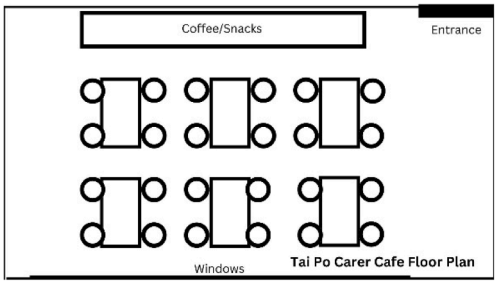
feet), which is next to the entrance of the IFSC. A project staff member explained how to create a café-like atmosphere for the caregivers at the IFSC.

> Our café used blossoming flowers to be the theme. We intentionally built a café-like vibe in every Carer Café by using colorful and patterned table clothes, flowers, and wall pictures. These aims to make the caregivers feel novel and curious to explore how to enjoy themselves here (Respondent S2).

As a result, the participants are more willing to come to the Carer Café and stay there longer. A service user at the Fanling Carer Café said that:

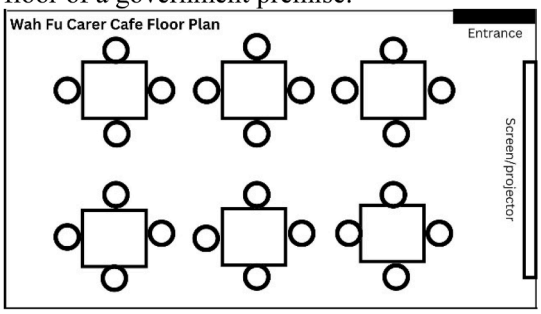
> [The café] The environment is okay. Though there is no special or beautiful decoration, you still feel comfortable when you are there. It is enough (Respondent C6).

The café's functional design attracted the caregivers to visit again. Government buildings that house the Carer Cafés have disabled-friendly spaces and access. The cafés and washrooms are nearby. They could not always find these designs and arrangements in other commercial cafés



The Tai Po Carer Café was at an activity room of South Tai Po IFSC, where is on the first floor of a government premise.

This photo shows the participants were mingling at the Tai Po Carer Café.



The Aberdeen Carer Café was at the HKFWC Wah Fu Centre, where is on the first floor of a local shopping mall.

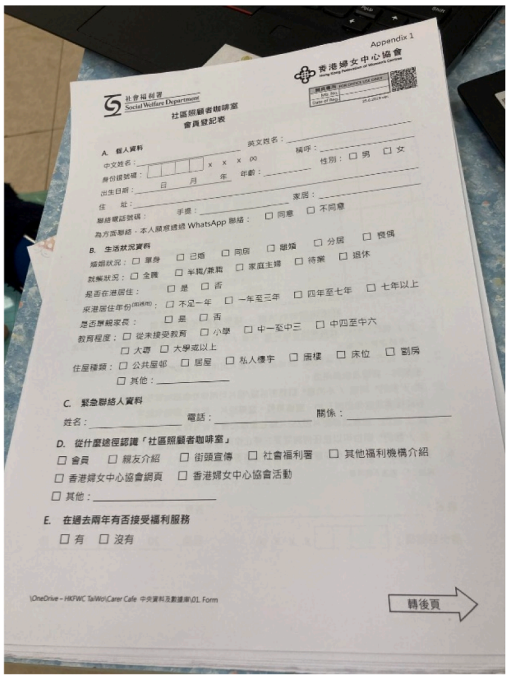
This photo shows the gathering held at the Aberdeen Carer Café.

The coffee served in the Carer Cafés

The menu used in the Carer Cafés

Fig. 2. (*continued*).

The volunteers were preparing the handmade coffee before opening (some Carer Cafés did not provide handmade coffee, but instant coffee)



The participant's information sheet used by the emotion ambassadors at the Carer Cafés, which is about the informal need assessment.

Fig. 2. (*continued*).

and fast-food shops in their communities. A project staff described the importance of functional design:

> "They [care recipients and caregivers] have difficulty accessing commercial café or restaurants or other public places. A reason is the facilities. For example, older adults with dysphagia have nothing to eat in those places as they cannot bring food to commercial café or restaurants. Caregivers and care recipients can visit the café easily, and the setting is disabled- and older adult-friendly. Therefore, the Carer Café is a place they can access by themselves. Both [the caregiver and the care recipient] feel comfortable there (Respondent S9).

Also, the Carer Café staff, volunteers, and the social workers created an inclusive and safe space for caregivers to express their emotions and rest. A service user shared why she felt safe in the Carer Café at its one-side seat:

> I felt safe here [in the Carer Café]. I meant the experience differs from going to a restaurant for coffee. It is because when you sit in and calm down, you may have your tears [emotions to ventilate]. I don't want others beside you to look at my face at that moment as that [restaurant] is a public space. It is different here because I felt a sense of safety here. A park in the community does not have such a safe place for me. I want a quiet place where I can drink something [take a rest] (Respondent C1).

The Carer Cafés have a close connection with mainstream family service. In the service promotion, the staff intentionally displays the official logo of the Hong Kong Social Welfare Department to show the professional service connection to show the credibility and professionalism of the café, thought its informal spatial configuration. In the café, the informal spatial configuration makes caregivers feel relaxed and the positive spatial use experience attracts them to visit again. With a better spatial context, the more frequent visitation to the Carer Cafés facilitates the formation of the information hubs in Carer Cafés.

Promoting spatial propinquity of caregivers

Propinquity is a significant factor in fostering interactions and developing social connections. A higher physical and psychological propinquity among the participants makes it easier for them to forge friendships. Staff at the Carer Cafés put a lot of effort into encouraging propinquity in the informal caregiver encounters in the café. The former person in charge of Carer Cafés shared strategies to attract caregivers by reducing the access barriers.

> One of the engagement strategies for running the Carer Cafés is free-of-charge. It is the only way to help the lower-income community members (the caregivers) release their psychological hesitation [it is not for me]. After all, going to cafés seems to be a middle-class habit to them as they think that cafes only welcome people who have money to spend (Respondent S1).

The fundamental service aim of Carer Cafés is to create a third place to let caregivers relax, keep visiting, and stay in the café longer. Caregivers may feel accentuated if they think they must follow all strict ground rules, like showing up punctually or sticking to a rigid attendance schedule. To allow caregivers to be relaxed, a staff of a Carer Café elaborated on the rationale of creating informal arrangement to operate the café:

> Our operation style is not very formal and structural. The caregivers felt free, chill out, and relaxed in this environment (Respondent S7).

> I don't think I will still visit the café if there are strict regulations. I am not attending school. I want to relax. It would be very difficult to relax if rules and regulations constrain us (Respondent C6).

Unlike mainstream family service programs, Carer Cafés used a simple registration process for caregivers. A caregiver said that the simple registration procedure was an essential motivator to participate in the café because there was no rule and regulation constraining her

attendance. They can arrive and leave anytime. Thus, they would not have pressure on the attendance.

From the caregivers' perspective, the simplification of registration and procedures shows care for them. Their caregiver responsibilities often require their round-the-clock service. They, therefore, struggle to confirm they can be on time for caregiver support activities and events because of uncertainties in their routines.

Moreover, Carer Cafés staff create a norm for the caregivers that accept silence, resting, and calming down. The norm made caregivers feel comfortable to keep silent or express their emotions (such as crying) while resting in the café. A service user shared her experience:

> Sometimes I found it difficult to express myself [in the first encounter in the café], especially my feelings and emotions. I didn't want to talk so much if I had a choice. All I want is to relax with some music and a cup of coffee. (Respondent C5).

With these ground rules in the Carer Café, the caregivers realize there was a place they could take a rest in the community. The café's environment encourages caregivers to form connections and accept each other (i.e., homophily) (McPherson et.al, 2001) when accessing and using the space.

In sum, the Carer Café project staff created causal arrangement to encourage the caregiver visit Carer Cafés. They believed that more caregivers are being in the café can foster the physical propinquity among caregivers. The staff and volunteers may have higher chances to engage with the caregivers and help them overcome the navigation barriers.

Creating a spatial composition facilitating social interaction

Project staff and volunteers work together to support and engage caregivers at the Carer Café. They reserved a corner in Carer Cafés to prepare food and beverage. They also reserved a room next to the café for child nursery when running the Carer Café. Additionally, the emotional ambassadors were trained to walk around the café and engage in small talk with caregivers. Under this spatial composition, the caregivers can comfortably interact with different participants, if they want.

In mainstream family service in Hong Kong, staff open a case file for clients, assess their needs, and find resources to assist them. Compared with mainstream family service, Carer Café staff made the service protocol more informal by encouraging social interactions in using the café space. The former in-charge of Carer Cafés project told the rationale for starting informal social interaction with caregivers with food and beverage:

> We have four teams for the Carer Cafés: coffee, refreshments, emotional wellness, and nursery (for children). Our professional coffee maker and dessert chef trained the coffee and refreshment ambassadors. We prepare delicious coffee and refreshments at the Carer Café to show respect to all caregivers (Respondent S1).

Also, the major role of emotion ambassadors is to connect with caregivers, understand their needs, and provide additional services and support. They serve coffee and refreshments to the caregivers and receive training to assess the caregivers' emotional well-being. During the volunteer training, the ambassadors learned engagement skills and information about social service resources available to caregivers. They explicitly present themselves as friendly café staff instead of needs assessors. A volunteer recounted her experience of engagement in the café:

> I often asked them [the caregivers] how to take care of their family members and how they felt about the responsibilities. I also chatted with them about where they buy food and eat out. I intentionally explored different topics to open the conversation. Gradually, they got involved and became familiar with me. Mostly, they would talk more about themselves comfortably, such as their tears, pain, and suffering as a caregiver. During the pandemic, I bring up topics like buying toilet tissues or the rice shortage to start conversations (Respondent V1).

When ambassadors of emotion find the caregivers need further specific service and support, they will provide useful information. Once they identify at the caregiver to be in risk, they will immediately refer the caregiver to the social worker at the café for follow-up.

Causal social interaction created a relax environment where caregivers found it easier to accept support from Carer Café project. They talked about daily life or share caring experiences with peers, volunteers, and staff. The Carer Café, as a third place, successfully became a caregiver information hub in the community. Thus, the Carer Café project effectively supported caregivers in navigating the social and health care system.

Allowing the caregivers to use the space flexibly

Another ground rule of Carer Cafés is allowing the caregivers to use the café's space. The Carer Café project expects caregivers to build their personal autonomy while their caregiving routines overwhelm them. In Carer Cafés, project staff and volunteers often designed different socializing opportunities for caregivers to share their experiences, play and relax. Caregivers could decide by themselves whether to join these activities. A caregiver user expressed her experience of forming her social circle in the small talks when she randomly sat at a table:

> The major difference in the [Carer] Café is that people here do not know my husband. That is essential. Since everyone here doesn't know my husband, I don't feel embarrassed when I talk about him. If I talked about him with my neighbors, they might tell my husband about our conversation unintentionally when they meet him. I don't want it to happen (Respondent C3).

> "To my friends who aren't caregivers, they think I'm just running errands, cooking, and cleaning, which they consider easy tasks. They don't get how tough it is when the elder won't eat your cooking and you have to make another meal, or when they need help shower. My friend does not agree it is an arduous task. This friend comments I should not complaint about this and that… Fine! I do not talk to this friend anymore as I do not need to explain caregivers' hardships (Respondent C6).

The caregivers felt pleased that they could choose which acquaintance they wanted to talk to and what they wanted to share. The acquaintances were usually easier to accept and share the feeling because of having a shared caregiver identity and facing similar situations. A caregiver shared her frustration trying to find someone to discuss caregiving challenges within other occasions and loved to join the Carer Café project.

Alternatively, if the caregivers wanted to rest alone, the staff could provide them with an option to keep silent at the café. A service user told her the option of keeping silent in the café:

> The environment at the Carer Café felt very cozy to me. I can quietly enjoy my coffee… perhaps I want to remain silent as I am uncertain how to help myself now. I might stay here and breathe… It would be preferable to fewer people around (Respondent S3).

> The window seat is important in my Carer Café because some caregivers prefer to rest instead of sharing their emotions (Respondent S3).

The staff of Carer Cafés prepared a "do not disturb" signage for the caregivers who wants to rest alone. It aims to ensure they can have their own space to rest at the café. Another arrangement is the seat setting. She continued to explain how the spatial configuration recognizes the needs of those caregivers who want to be alone in the café:

In Carer Cafés, the project staff frequently divided some space to organize various activities for the caregivers to join. The activities also

include nail painting, yoga, healthy eating, and mindfulness training. All the activities are to empower the women caregivers to step out of their caregiver role to manage their "me-time". They can do something for their own interest.

Discussion

Numerous studies have demonstrated that the built environment, including factors such as accessibility, walkability, and green spaces, significantly influences the formation of social networks (Mouratidis, 2021; Sha et al., 2024). Certain environments enhance inclusivity, while others may deter residents from utilizing public spaces, as described by Small and Adler's (2019) spatial contextual model. For instance, denser environments increase proximity among residents, thereby fostering more frequent social interactions (Mouratidis, 2021). Building on this foundation, the current study further explores how the spatial context model influences the development of social networks in social service settings.

The cornerstone of creating an inclusive space lies in addressing the needs of potential visitors. Spatial proximity, composition, and configuration are known to impact social interactions and, consequently, the inclusivity of a space (Small and Adler, 2019). Our results indicate that when the proximity, composition, and configuration align with the informal needs of female caregivers, the space becomes safe and inclusive for them. Although often considered inclusive, not all "third places" are welcoming to every visitor. For example, pubs may make some women feel uncomfortable (Bird and Sokolofski, 2005; Dumnili, 2024; Foroughanfar, 2020; Song, 2014). This paper reveals that through thoughtful interior design, changes in proximity, composition, and configuration can effectively meet the diverse needs of visitors. As scholars call for a deeper understanding of how the built environment affects local residents' quality of life, this study emphasizes the importance of identifying space users and understanding their specific needs. Based on these insights, the spatial environment should be tailored accordingly. In our research, we identify the needs of female informal caregivers and outline how modifications in interior design (informalization) can address these needs.

This paper posits that the spatial context encompasses not only physical infrastructure, interior design, and decoration but also the norms governing the space (Small and Gose, 2020). As previously mentioned, elements like the logo used in the Carer Café and elderly-friendly infrastructure motivate female informal caregivers to frequent the Café. Moreover, the café's norms, including simple registration, high flexibility, and the "me-time" policy, contribute to a relaxed and comfortable environment for these caregivers. Thus, it is crucial to consider both the built environment and the norms of a space to understand how they collectively shape proximity, composition, and configuration.

The results bring insights at both practice and policy levels. At the practice level, this study shows the practitioners the major mechanism of informalization and its processes. While community engagement is often a challenge in social and health care projects (Abel et al., 2013; Morelli et.al, 2019), the experience of Carer Café project by HKFWC has shown how the informalization of the formal social service's spatial setting enables the caregivers to gain positive participation experience in the café and then visit the café again. In the future community caregiver support programs, the practitioners will have a concept to consider their engagement strategies in terms of spatial context (Gheduzzi et.al, 2021).

At the policy level, the results inform the future caregiver policies in Hong Kong or other contexts may explore the role of spatial context in caregiver engagement in community. Community engagement is the fundamental to implement any community intervention to empower people to improve their well-being (Thang et.al, 2023; World Health Organization, 2021). Carer Café project showed how to help restore the caregivers' social lives and reduce their navigation burden through better social infrastructures (Funk et al., 2019; Latham and Layton, 2019). The consideration of spatial context, such as spatial propinquity, spatial composition, and spatial configuration, becomes very important in the community engagement policies and strategies for caregivers (Small, 2017; Small and Adler, 2019; Ye and Liu, 2018). The community organizations, therefore, should think about the focuses of communication and marketing strategies, such as the social values, the mechanisms of change, and the informal café environment at mainstream social service premises (Dann, 2010). The social marketing strategies also need to be reoriented to consider more aspects, such as the 4Ps model (i.e., product, price, place, and promotion) (Lahtinen et.al, 2020), to engage more potential participants in communities.

Conclusion

This study found that the influence of the spatial context of the Carer Café project on informal caregivers' navigation burden. Carer Café, as a community caregiver information hub, has to attract informal caregivers to visit and motivate them to develop social connections with professionals and peers in the café. This study affirms that the spatial context can encourage caregivers to visit cafes frequently and activate the caregivers' social life (Small 2017; Small and Alder, 2019). The results of this study shared the positive impacts on mating, social ties development, and peer support network formation (Small 2017) in similar community café projects (Ballinger et.al, 2009; De Luca et al., 2021; Greenwood et al., 2017; Miles and Corr, 2017; Morris et al., 2021; Oishi et.al, 2022).

The pandemic limited this study by restricting our access to the service venue, users, and staff at the start of data collection. The researchers could not examine the interaction between the actors in different cafés within the project. Also, this paper does not address the impact of the collaboration between organizations on the construction of the informal social support network.

Glossary

Carer Café	A Carer Café is a social service that creates a temporary, community-based café-like environment where caregivers can rest, socialize, and connect with others in similar roles. In addition to providing a space for relaxation, the service actively engages caregivers through various activities and support programs tailored to their needs.

Abbreviations

Hong Kong Federation of Women's Centres	HKFWC
Integrated Family Service Centre	IFSC
Hong Kong Social Welfare Department	HKSWD

Ethics statements

This study was approved by the Ethics Review Committee of Saint Francis University (Approval Reference Number: HRE 210,160). The researchers informed the subjects in advance that their involvement in the study was voluntary, and they got consent from all participants through verbal or written means.

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CRediT authorship contribution statement

Ka Yi Fung: Writing – original draft, Resources, Project

administration, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **Wing Sun Chan:** Writing – review & editing, Writing – original draft, Conceptualization.

Declaration of competing interest

The authors declare that there is no conflict of interest.

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Supplementary materials

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