



Summary Evaluation Report



@tarakihq | taraki.co.uk

PREPARED BY FIRST
PERSON CONSULTING
MAY 2026



01 **Movember's Digital Social Connections Challenge**

03 **Evaluation**

04 **Program Delivery**

05 **Program Outcomes**

09 **Qualitative Experiences**
Peer Facilitators and Participant Experiences

Acknowledgements

The Cha in the City Program was funded and supported by Movember. First Person Consulting were engaged by Movember to evaluate all of the programs in the Digital Social Connections Challenge, including Cha in the City.

Movember's Digital Social Connections Challenge

Movember is the leading charity changing the face of men's health on a global scale, focusing on mental health and suicide prevention, prostate cancer and testicular cancer.

The Digital Social Connections Challenge (DSCC) was a grant program developed by Movember to help develop digital or technological-based ideas that tackle men's social isolation and mental health. The grants were focused on programs for men who are at greater risk of social isolation because of where they live, their socio-economic status or cultural background.

The DSCC funded projects in Canada, the UK, Australia, and Ireland to co-develop and pilot a range of programs that aimed to increase social connectedness and mental wellbeing for men through digital or technological-based approaches.

Taraki

Taraki is a UK based charity founded in October 2017, focusing on addressing mental health challenges within Punjabi and South Asian communities. Taraki aims to empower Punjabi and South Asian community members to live more meaningful and supported lives through increasing awareness, improving education, applying skills and knowledge, and supporting research activities and policy improvement.

Cha in the City

Cha in the City is a community-led, peer support program run by Taraki that seeks to reduce social isolation and loneliness among English-speaking Punjabi and South Asian men aged 18-70. Funded through the DSCC, it aims to improve mental health literacy and sense of connection among their participants.

The project is delivered in two components: facilitator training and peer support.

- **Facilitator Training:** Selected community members take part in 10 bi-weekly online training sessions for five months. The sessions equip participants with skills in peer support, mental health literacy, active listening, and group facilitation. Ongoing support is then also provided via digital channels (e.g. WhatsApp groups).
- **Peer Support Groups:** Trained facilitators then deliver peer support interventions in their communities, responding to local context and the needs of their community participants.



Evaluation

First Person Consulting (FPC) has worked with Movember and Taraki since 2021 to evaluate Cha in the City. Some preliminary data was collected during the development phase (2021 - 2023) which showed promising results for increases in social connectedness, mental wellbeing, and life satisfaction of participants. Following a successful development phase, Taraki was funded to pilot the Cha in the City program over a further 2-year period.

This report summarises the evaluation results from this piloting phase.

The following terminology is used in this report:

- Facilitator participant/Peer facilitator: community members who took part in the five month training program
- Participant: community members who engaged with the localised peer support program run by the peer facilitator

The evaluation approach involved a mixed methods design incorporating quantitative surveys at three time points, qualitative focus groups, and regular project reporting. The following primary data was collected and analysed over the piloting phase:

Peer facilitator surveys

- 65 peer facilitators completed the Welcome Survey at program commencement
- 34 peer facilitators completed the Completion Survey at program end five months later
- 15 peer facilitators completed Follow-up Survey 16 weeks after program end

Community participant surveys

- 43 community participants completed the Welcome Survey
- 2 community participants completed the Completion Survey at program end 16 weeks later
- 3 community participants completed the Follow-up Survey a further 16 weeks after program end.

Focus groups

- 13 peer facilitators took part in a focus group
- 3 community participants took part in a focus group

A key focus of the evaluation was understanding the extent to which common measures across the DSCC projects – social connectedness, mental wellbeing, and life satisfaction – improved. There were not enough completion or follow-up responses from community participants to analyse so the survey results presented in this report are for peer facilitators only.

Program Delivery

Cha in the City was delivered in seven locations across the United Kingdom, Canada, and Australia:

- United Kingdom: Birmingham, Leicester, Wolverhampton, Leeds, London
- Canada: Surrey
- Australia: Melbourne

Taraki initially aimed to partner with separate organisations in each location but instead operated through three country-lead partner organisations coordinating delivery across regions.

These organisations are:

- Rooh Health and Wellbeing: Lead partner organisation for UK
- Umeed Psychology: Lead partner organisation for Australia
- Punjabi Resilience and Empowerment in Mental Health: Lead partner organisation for Canada

A total of 56 peer facilitators were trained out of the 70 that started, exceeding the target of 50, and achieving a retention rate of 80%. Peer facilitators then supported group delivery for over 200 community members across the seven sites - exceeding the target of 180 community members.

In Melbourne, the program broadened its target cohort to include the wider South Asian community (including Sri Lankan, Indian, and Pakistani men).

Recruitment was heavily supported by digital channels:

- Over 37,000 people reached via social media
- Over 133,000 reached via paid digital advertising
- 234 direct enquiries generated through communications

Social media proved particularly effective in new regions (e.g. Surrey, Melbourne), with paid advertising accounting for the majority of participant recruitment in some contexts.



Program Outcomes

The three key outcomes were measured with the following instruments:

- Social Connectedness: The Duke Social Support Index (DSSI)
- Mental Wellbeing: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
- Life Satisfaction: Single-item measure

Table 1 below gives the unmatched results for each of the key outcome measures for the peer facilitators, including the two DSSI subscales and the results for the full DSSI scale. For each of these, on average, there are improvements from Time 1 to Time 2 (higher scores), and then for the follow-up at Time 3 these appear to come back near the original levels. It should be noted though that this is only 15 of the peer facilitators responding at Time 3.



Table 1. Peer facilitators comparison of the key outcome measures at Welcome (T1), Completion (T2) and Follow-up (T3)

Scale	Time 1 (n=65)	Time 2 (n=34)	Time 3 (n=15)	Benchmarks
Life Satisfaction	6.76	7.35	6.81	7.1 ¹
SWEMWBS	22.21	23.98	22.78	23.67 ²
DSSI Subscale 1	8.2	8.38	8.2	-
DSSI Subscale 2	16.17	16.65	15.13	-
DSSI Full scale	24.37	25.03	23.33	23.8 ³

1. <https://www.oecdbetterlifeindex.org/topics/life-satisfaction/>

2. Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick-Edinburgh mental well-being scale (SWEMWBS): findings from the health survey for England. *Quality of Life Research*, 26(5), 1129-1144.

3. Arbes, V., Coulton, C. & Boekel, C 2014. Men's Social Connectedness, funded by beyondblue and Movember Foundation.

Survey and qualitative findings indicate strong peer facilitator outcomes:

- 94% reported being very satisfied with the program
- 62% developed new social connections
- 90% reported strengthened existing relationships
- 59% felt confident maintaining new connections
- 79% felt confident applying new personal and social skills

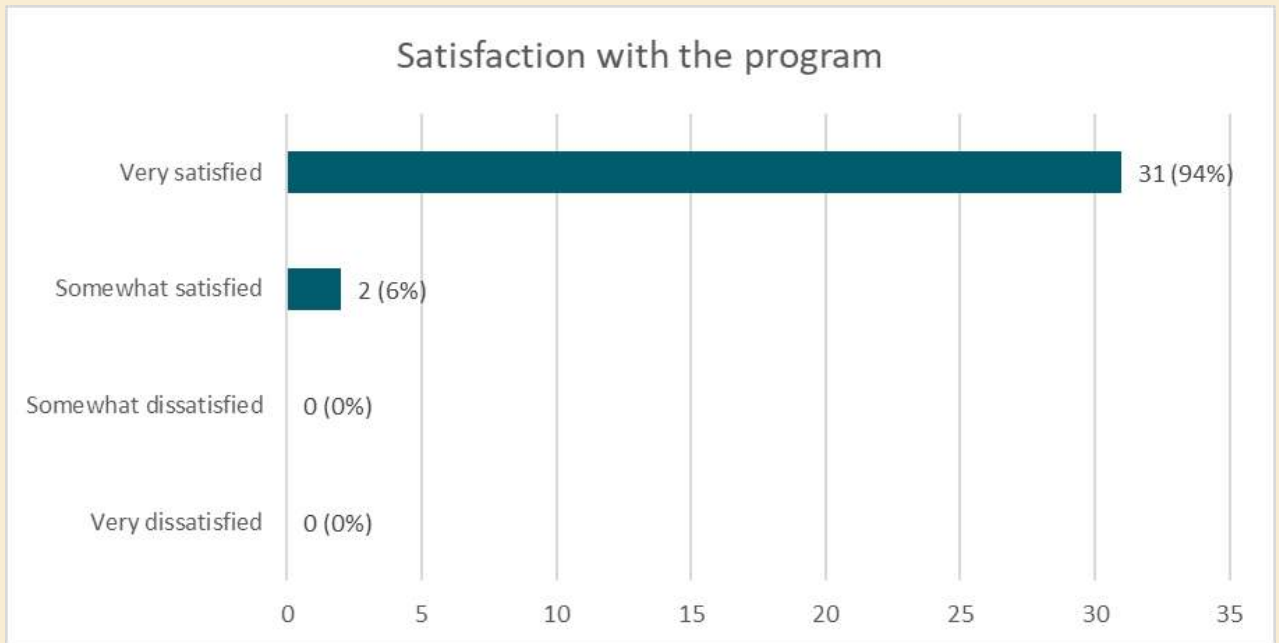


Figure 1. Cha in the City peer facilitator program satisfaction, n=33.

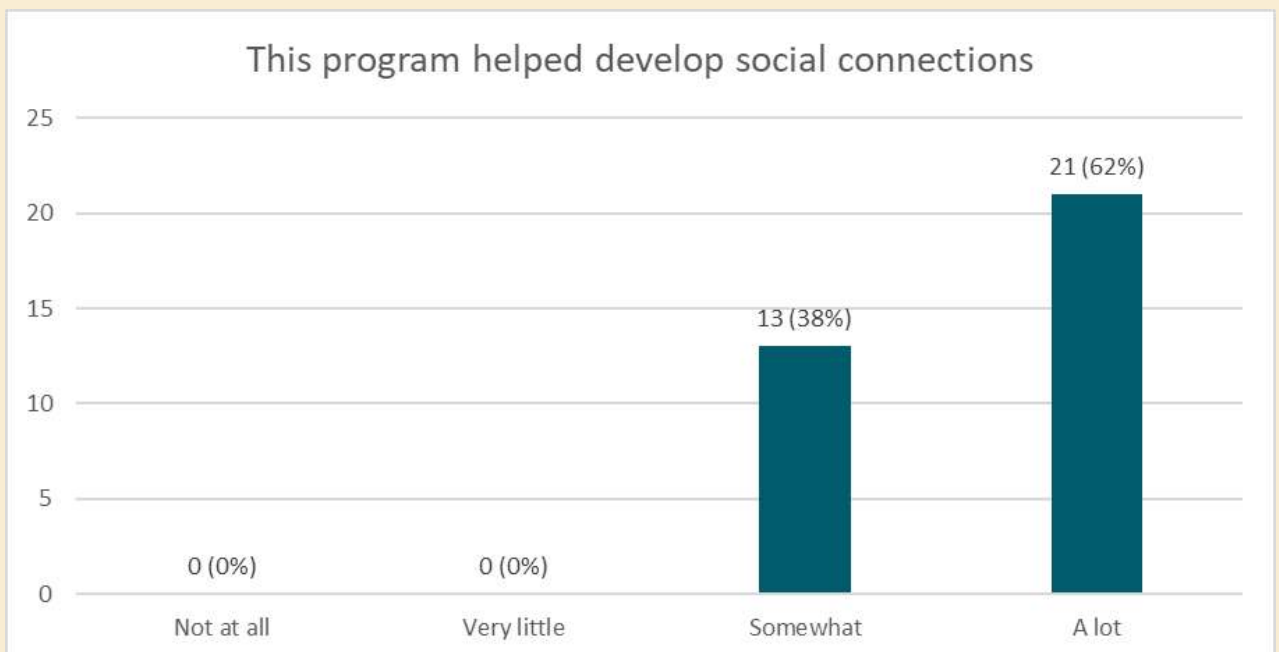


Figure 2. Cha in the City program contribution to development of new social connections for peer facilitators, n=14.

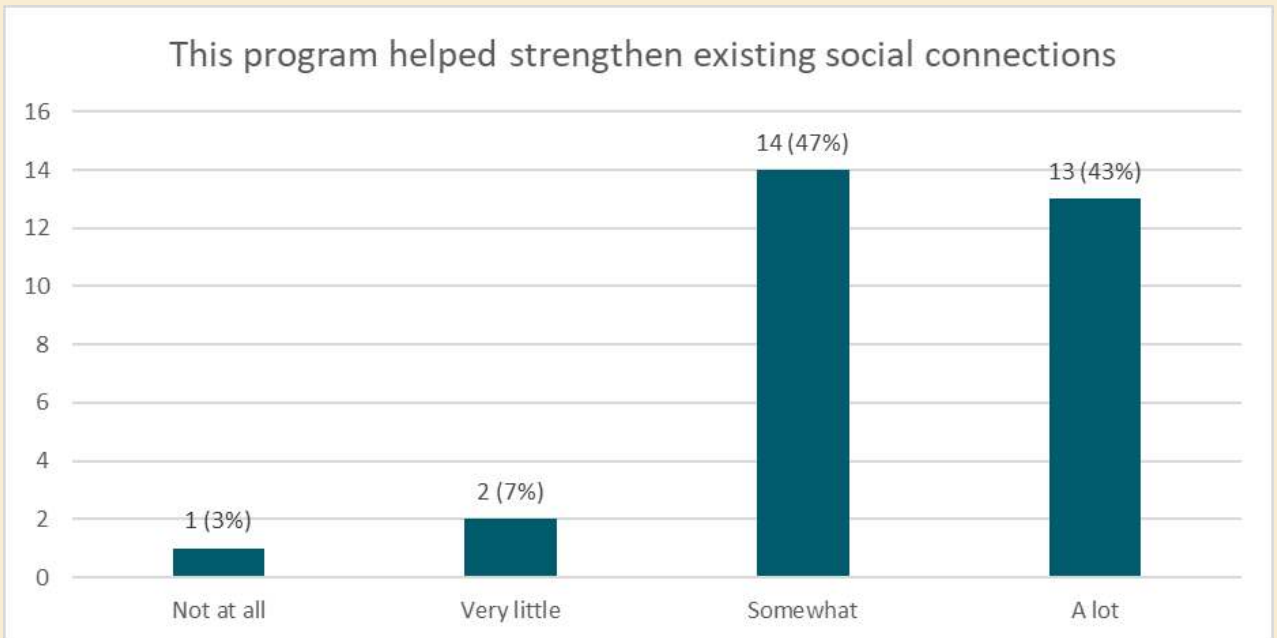


Figure 3. Cha in the City program contribution to strengthening of social connections for peer facilitators, n=12.



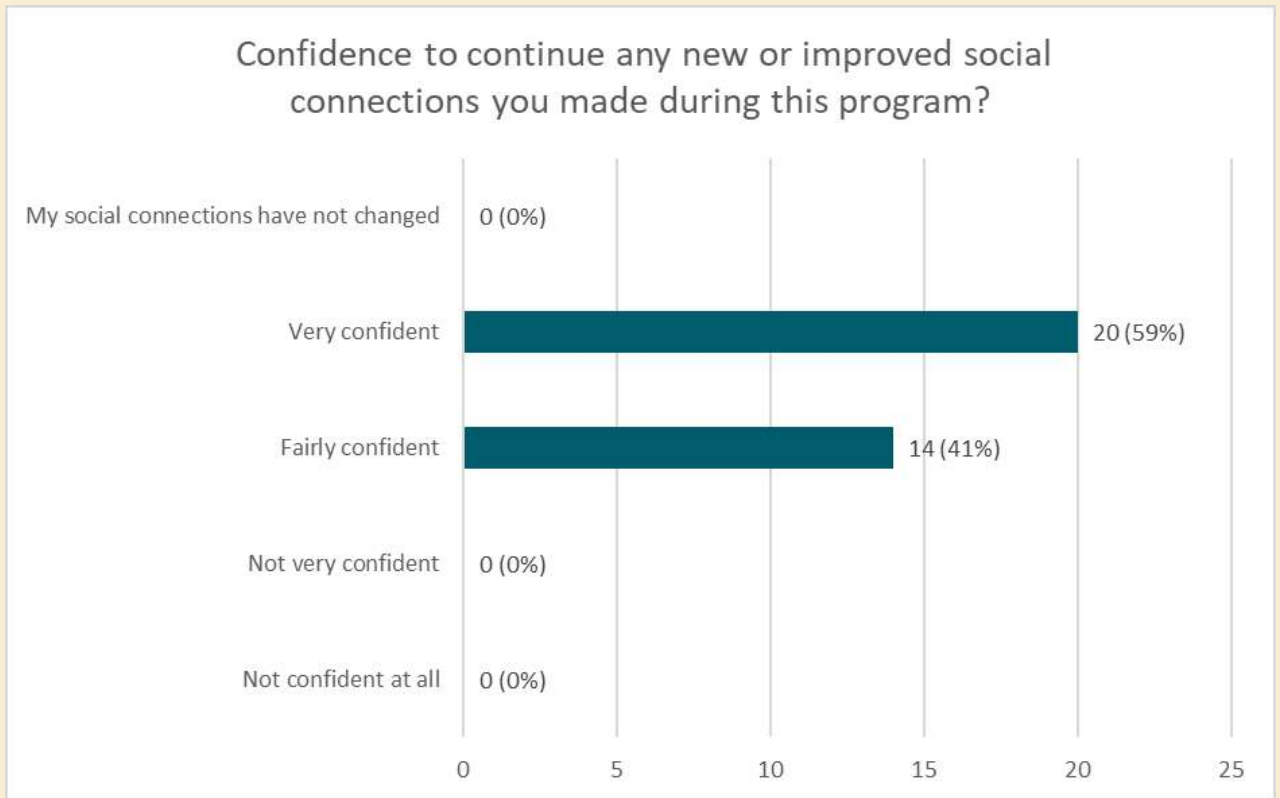


Figure 4. Cha in the City peer facilitator confidence in continuing new or improved social connections through the program, n=14.



Figure 5. Figure 5. Cha in the City peer facilitator confidence in using new personal or social skills gained through the program, n=14.

Qualitative Perspective

Peer Facilitators and Participant Experiences

Four focus groups were conducted with a total of 16 participants; of these, 13 were peer facilitators and 3 were participants. The 3 participants were from Australia.

Note: throughout the following qualitative descriptions ‘the project’ is referred to as the program, as this is how it is known to peer facilitators and participants.

Peer Facilitators

The following four themes emerged from analysis of peer facilitator focus groups:

Reasons for joining the facilitator training

Lived experience

Facilitator participants were strongly motivated by their own lived or familial experiences of mental health challenges. These experiences created both a personal need for support and a desire to help others navigating similar struggles.

Across sites, facilitator participants described an “affinity” toward the program, particularly where it offered culturally relevant mental health support, which is often lacking for Punjabi men. Importantly, lived experience was not only a motivator for participation, but also shaped facilitators’ later sense of contribution.

Community need, cultural relevance and connection

Peer facilitators consistently identified a gap in culturally appropriate mental health support for Punjabi men, describing the program as part of a broader “movement” to address stigma and silence.

Facilitator participants were drawn to the program because it offered, a safe, culturally cohesive space, opportunities to challenge taboos around mental health and masculinity, a way to contribute to community-level change, and seeking connection.

For some, the program fulfilled an unmet need for belonging and community connection, especially where they had “never seen people like them” speak openly about mental health.



Pathways into the program

Facilitator participants entered the program through a range of informal and formal pathways, including:

- Word of mouth and community networks (e.g. friends, WhatsApp groups)
- Social media and online platforms (e.g. Eventbrite)
- Community institutions (e.g. Gurdwaras)
- Professional referrals (e.g. counsellors, local councils)

Notably, several facilitator participants described “accidentally” discovering the program, highlighting the effectiveness of the projects social media reach and advertising.

Program outcomes

Confidence and empowerment

A central outcome across all facilitator participants was a significant increase in confidence to speak about mental health openly, to engage others in conversations (e.g. at work, in community settings) and to express vulnerability (e.g. saying “I’m not okay”). Facilitator participants described a clear “ripple effect,” where their increased openness influenced families, friends, and wider community networks to discuss mental health.

“In terms of social networking with other Punjabi men. I’ve gained my confidence through the actual course. I feel at ease to social network with other like-minded Punjabi men in social situations whether that be football or the gurdwara, whereas before I probably wouldn’t have done”

Improved sense of contribution and mutual support

Peer facilitators experienced a shift in how they viewed their own lived experience, for example from something limiting to something valuable. This represented a key mindset shift, where facilitator participants recognised that lived experience can enhance empathy and understanding and helping others can simultaneously support their own wellbeing. For some, participation also provided renewed purpose, particularly during life transitions (e.g. post-parenting, career reflection). Facilitator participants emphasised that, supporting others enhanced their own wellbeing and receiving and giving support were interconnected.

Normalisation of vulnerability and cultural shift

A key transformative outcome was the normalisation of emotional expression among Punjabi men, challenging entrenched cultural norms. Peer facilitators described an initial surprise at seeing men openly share emotions, the gradual acceptance and participation in vulnerability and a shift from emotional suppression to open dialogue. This reflects a broader transformative system shift, where masculine norms are redefined.

“Within our Community, you don’t show your weaknesses, you don’t show your vulnerabilities. But everyone was being their authentic selves and I’ve never really done that in front of other people in my community. So for me that’s what kind of like wow, I can’t believe this group exists”

Skill development (listening, empathy, facilitation)

Peer facilitators developed a range of interpersonal and facilitation skills, including: Active listening (without “fixing” problems), empathy and emotional awareness, holding space for others, communication and articulation. These skills translated into greater emotional intelligence.

Engagement drivers (what kept peer facilitators involved)

Peer facilitators remained engaged due to, a sense of shared purpose and collective identity and the positive emotional experiences (e.g. “feeling good” after sessions). Meanwhile, the supportive, non-judgmental environment offer opportunities for self-reflection and growth. Finally, observing tangible impacts on others kept peer facilitators invested in the project.

Participants

Similar themes emerged from analysis of the participant focus group.

Motivations for Engagement

Personal Relevance and Desire for Non-Clinical support

Participants were motivated by both personal experiences and a broader interest in men’s mental health. Engagement was often driven by a desire to better understand their own mental health while supporting others. Some participants framed this as a “passion” that they had not previously had an outlet for.

A strong preference emerged for informal, non-clinical engagement. Participants sought alternatives to traditional or clinical mental health pathways. Therefore, the peer-based nature of the program was seen as more approachable and relatable.

Cultural Relevance and Representation

Participants identified a clear lack of culturally appropriate services, particularly for South Asian communities. The project addressed this gap by providing culturally informed support, with shared cultural experiences enhancing its relevance and appeal.

Pathways into the program

Entry into the program was largely relationship-driven:

- Most participants heard about the program through friends, peers, or community networks.
- This reflects the importance of trusted, word-of-mouth pathways for engagement.

Project Engagement

Safe, and Non-Judgemental Environment with Flexible Delivery

A dominant theme was the creation of a psychologically safe space. Participants felt comfortable sharing openly. Ground rules and facilitation approaches helped establish trust and openness.

Participants valued the flexible yet structured design of the program whereby sessions built on one another, creating continuity. As engagement fluctuated depending on topic relevance and personal circumstances, participants found it useful that there was flexibility if they couldn’t attend a session.

Taraki successfully delivered Cha in the City - a culturally tailored, gender-sensitive peer support program for Punjabi and South Asian men across three countries. The two-year pilot has demonstrated that peer facilitators experience improvements in social connectedness, mental wellbeing, and life satisfaction, and were then able to support other men in their communities.



References

<https://www.oecdbetterlifeindex.org/topics/life-satisfaction/>

Fat, L. N., Scholes, S., Boniface, S., Mindell, J., & Stewart-Brown, S. (2017). Evaluating and establishing national norms for mental wellbeing using the short Warwick-Edinburgh mental well-being scale (SWEMWBS): findings from the health survey for England. *Quality of Life Research*, 26(5), 1129-1144.

Arbes, V., Coulton, C. & Boekel, C 2014. Men's Social Connectedness, funded by beyondblue and Movember Foundation.



**working with punjabi
communities to
reshape approaches
to mental health**



@tarakihq | taraki.co.uk

© taraki wellbeing ltd. 2023