**Monthly Commissioning Monitoring Form**

**Grant recipient -**

**Dates reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Information required** | **Reporting data** |
|  | Month 1:  | Month 2: | Month 3: | Month 4:  | Month 5: | Month 6: |
| Number of referrals received  |  |  |  |  |  |  |
| Referrals received from: |  |  |  |  |  |  |
| Number of residents that have benefited from the service |  |  |  |  |  |  |
| **Demographics** |  |  |
| Age Group: |
| Under 11 |  |  |  |  |  |  |
| 11-16 |  |  |  |  |  |  |
| 16-19 |  |  |  |  |  |  |
| 20-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45-54 |  |  |  |  |  |  |
| 55-64 |  |  |  |  |  |  |
| 65-74 |  |  |  |  |  |  |
| 75+ |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |
| Gender identity:  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| Non-Binary |  |  |  |  |  |  |
| Prefer to self-describe (please state) |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |
| **Area:** |
| Basildon |  |  |  |  |  |  |
| Braintree |  |  |  |  |  |  |
| Brentwood |  |  |  |  |  |  |
| Castle Point |  |  |  |  |  |  |
| Chelmsford |  |  |  |  |  |  |
| Colchester |  |  |  |  |  |  |
| Epping Forest |  |  |  |  |  |  |
| Harlow |  |  |  |  |  |  |
| Maldon |  |  |  |  |  |  |
| Rochford |  |  |  |  |  |  |
| Tendring |  |  |  |  |  |  |
| Uttlesford |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |
| **Disability:** |
| No impairment |  |  |  |  |  |  |
| Hearing impairment/deaf |  |  |  |  |  |  |
| Deafblind |  |  |  |  |  |  |
| Mental health needs |  |  |  |  |  |  |
| Physical impairment |  |  |  |  |  |  |
| Learning difficulties/disabilities |  |  |  |  |  |  |
| Autism spectrum disorder |  |  |  |  |  |  |
| Other (please state) |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |
| **Caring Responsibilities:** |
| Do you have any caring responsibilities (either paid or unpaid) not including childcare – e.g. for a friend or elderly relative? |
| Yes |  |  |  |  |  |  |
| No |  |  |  |  |  |  |
| Prefer not to say |  |  |  |  |  |  |
|  **Intervention** |  |  |
| 1. Face to Face in person:  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2. face to face Online support |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3. Combination of face to face and online support |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4. Number of groups held |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Other** |  |  |
| Outcomes recorded:  |
| People have experienced improved mental health |  |  |  |  |  |  |
| People have been less isolated and lonely  |  |  |  |  |  |  |
| People know how, when, and where to access on-going support |  |  |  |  |  |  |
| People have had the opportunity to develop increased personal resilience whilst adjusting to their loss |  |  |  |  |  |  |
| Numbers referred for additional/alternative support (exit evidence) (please use the second box to detail which themes these were for, e.g. physical activity, employment, etc.) |  |  |  |  |  |  |
|  |  |  |

**Case studies**

Please provide up to 3 case studies which demonstrate the benefits of the service to the client, impact on them, what may have happened without this intervention?

Please include any examples of reasonable adjustments in place to ensure inclusion. Case studies should aim to highlight any trends the Provider is aware of. Case studies may be embedded as separate documents.

**Satisfaction Surveys**

Please provide results of surveys given to recipients to demonstrate how outcomes are being met and how people are being supported.

**Client feedback**

Please provide any examples of feedback you have received from clients this month.