**IMPACT ASSESSMENT – SAMPLE FORM / Dec 2020**

**CURRENT ANNUAL USAGE**

How many of your children attend out of school care term time?

How many of your children attend holiday service?

Please select which services you use:

|  |  |
| --- | --- |
| Breakfast club |  |
| After school club |  |
| Holiday club |  |

Please select the number of days you usually use:

|  |  |
| --- | --- |
| Number of days per week term time | Number of days per week holiday time |
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |

**IMPACT ON PARENT’S ABILITY TO ACCESS EMPLOYMENT, EDUCATION OR TRAINING IF THE SERVICE WERE TO CLOSE:**

**(For example, statements like “ I would have to cut my working hours”**

|  |
| --- |
| Term-time: |
| Holiday-time: |

**IMPACT ON CHILD/REN IF SERVICE WERE TO CLOSE IF THE SERVICE WERE TO CLOSE**

**(For example, “my child would miss the play and development opportunities the service provide”)**

|  |
| --- |
| Term-time: |
| Holiday-time: |

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**OVERALL IMPACT ON FAMILY & HOUSEHOLD IF THE SERVICE WERE TO CLOSE**

**(For example, “Our family income would be much lower, causing hardship for us all”**

|  |
| --- |
| Please tell about the overall impact on your family and household if the service were to close: |

**Notes and Example Grid**

Services should adapt this template as you know your families well.

It can be easier for parents to fill in a survey if you use as scale and statements such as those below:

**E.G. Overall impact on family/household if service were to close:**

Scale of 1-5 where 1 is Strongly Agree, 2 is Agree, 3 is neither Agree/Disagree, 4 is Disagree and 5 is Strongly Disagree (tick box below where statement applies to you)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements (you create ones relevant to your families)** | 1 | 2 | 3 | 4 | 5 |
| My household income would be reduced if the service closed |  |  |  |  |  |
| My career would be put at risk |  |  |  |  |  |
| My partner’s career would be put at risk |  |  |  |  |  |
| I would lose my job as I cannot reduce hours of work |  |  |  |  |  |
| We would struggle to pay household bills |  |  |  |  |  |
| My child(ren) would find it harder with lower family income |  |  |  |  |  |
| The child(ren)’s grandparents would find childcare a strain |  |  |  |  |  |
| We would have to move/change schools to find alternative school age childcare |  |  |  |  |  |
| Other please add any other impact on your family/household | | | | | |