**Template Parent & Carer Questionnaire for schools**

**Parent & Carer**

**Questionnaire**

### Why ask parents and carers questions about bullying?

### Lots of children and young people worry about bullying and this questionnaire is designed to help your child’s school make sure they are doing everything they can to keep your child safe. This means they need your help to find out if bullying is happening in your child’s school or where you live.

### What is bullying?

The Anti-Bullying Alliance and its members have an agreed shared definition of bullying based on research from across the world over the last 30 years. When completing this questionnaire, we need you to use this definition.

***“Bullying is the repetitive, intentional hurting of one person or group by another person or group, where the relationship involves an imbalance of power. Bullying can be physical, verbal or psychological. It can happen face-to-face or online.”***

You can find out more here: <https://anti-bullyingalliance.org.uk/tools-information/what-bullying>

### What if I don’t understand something in the questionnaire?

### If there is any question you are unsure about, come and ask us or please move on to the next question. For more information on bullying, visit the Anti-Bullying Alliance website: [www.anti-bullyingalliance.org.uk](http://www.anti-bullyingalliance.org.uk).

### Will my identity be kept private?

### We do not ask for your name, and your answers in this survey are private. If you don’t want to answer a question – just miss it out and move to the next one.

**Where can I get advice and support about bullying?**

There are lots of tools, resources and a list of organisations that can offer advice on the Anti-Bullying Alliance’s website: <https://anti-bullyingalliance.org.uk/parentadvice>

You can also find our school anti-bullying policy here: [Insert link here]

**SECTION 1**

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| About you and your child |

Please type into the grey areas or tick the relevant boxes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | **My child is in year:** | | | |
| Reception | |  | Year 1 |  |
| Year 2 | |  | Year 3 |  |
| Year 4 | |  | Year 5 |  |
| Year 6 | |  | Year 7 |  |
| Year 8 | |  | Year 9 |  |
| Year 10 | |  | Year 11 |  |
| Other (please specify) | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | **I am the child’s:** | | | |
| Parent | |  | Carer |  |

**SECTION 2**

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| Your child’s experience of bullying in school |

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| 3 | **Has your child been bullied in school during the last 12 months?**  PLEASE TICK ONLY **ONE** BOX | |
|  | Yes | If you answer ‘Yes’ please go to the next question |
|  | No | If you answer ‘No’, ‘Not sure’ or ‘Prefer not to say’ please go straight to **SECTION 3/Question 12** |
|  | Not sure |
|  | Prefer not to say |

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| --- | --- |
| 4 | **How often was your child bullied (choose the closest option)?**  PLEASE TICK ONLY **ONE** BOX |
|  | Every day |
|  | 2-3 times a week |
|  | Once a week |
|  | Once a month |
|  | 2-3 times a year |
|  | Not sure |

|  |  |  |
| --- | --- | --- |
| 5 | **What kind of bullying was it?**  PLEASE TICK **ALL** THAT ARE TRUE FOR YOUR CHILD | |
|  | Physical | This could include hitting, kicking or pushing |
|  | Verbal | This could include name calling, making verbal threats |
|  | Indirect | This could include spreading rumours, writing graffiti, exclusion from groups |
|  | Online | This could include bullying on mobile phones, text messages, online games, social media platforms, sending images, etc. |
|  | Other (please describe) |  |

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| --- | --- | --- |
| 6 | **Would you describe the bullying in any of the following ways?**  PLEASE TICK **ALL** THAT ARE TRUE FOR YOU | |
|  | Racist or faith-targeted | * Related to your child’s race, skin colour or nationality (including citizenship) ethnic or national origins or related to your child’s religion or belief. |
|  | Homophobic or Biphobic | Related to the real or assumed sexuality of your child |
|  | Transphobic | For example, your child being targeted for being, or being assumed to be, trans or non-binary. |
|  | Sexual or sexist | For example, any bullying with a sexual or sexist element. |
|  | Disablist | Bullying related to your child’s disability or special educational needs. |
|  | Appearance-targeted | Bullying related to your child’s physical appearance or body shape, for example. |
|  | Don’t know |  |
|  | No, none of these |  |
|  | Other (please describe) |  |

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| --- | --- |
| 7 | **Where does your child say that the bullying usually happens?**  PLEASE TICK **ALL** THAT APPLY |
|  | Walking to or from school |
|  | Travelling to or from school on the bus or other transport |
|  | In a classroom |
|  | In a corridor |
|  | In a playground |
|  | At college or somewhere else they go to learn other than school |
|  | Somewhere where they play e.g., a park, on the street |
|  | At a club before or after school e.g., breakfast/homework/drama club |
|  | At a youth club or youth activity |
|  | Somewhere where they live e.g., in the home, foster family, care home |
|  | Online |
|  | Other (please describe): |

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| --- | --- |
| 8 | **Did you report the bullying to anyone in the school?** |
|  | Yes (go to the next question) |
|  | No (go to question 12) |

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| 9 | **Was it clear how to report the bullying?**  PLEASE TICK ONLY **ONE** BOX |
|  | Yes |
|  | No |
|  | Not sure |

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| --- | --- |
| 10 | **Who did you report the bullying to?** |
|  | Class teacher/form tutor |
|  | Subject teacher |
|  | Learning support/teaching assistant |
|  | Year Head |
|  | Pastoral lead |
|  | Senior teacher |
|  | Deputy Head |
|  | Headteacher |
|  | Another member of staff or Governor |
|  | Other (please describe) |

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| 11 | **What happened after reporting the bullying?**  PLEASE TICK ONLY **ONE** BOX |
|  | The school took no action to stop the bullying |
|  | The school took action to stop the bullying but it carried on |
|  | The school took action to stop the bullying and it stopped |

**SECTION 3**

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| How does your child’s school deal with bullying? |

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| 12 | **How confident are you that your child’s school deals well with bullying?**  PLEASE TICK ONLY **ONE** BOX |
|  | Very confident |
|  | Quite confident |
|  | Not very confident |
|  | Not confident at all |
|  | Don’t know |

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| --- | --- |
| 13 | **How confident are you that your child’s school would listen if either you or your child had concerns about bullying?**  PLEASE TICK ONLY **ONE** BOX |
|  | Very confident |
|  | Quite confident |
|  | Not very confident |
|  | Not confident at all |
|  | Don’t know |

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| --- | --- |
| 14 | **Who would you tell if you were worried that your child was being bullied at school?** PLEASE TICK **ALL** THAT ARE TRUE FOR YOU |
|  | No-one |
|  | A member of school staff |
|  | A friend |
|  | A family member |
|  | Another adult e.g., a police officer, youth worker |
|  | I would phone a help line e.g., Family Lives or Kidscape |
|  | I would look for advice on the internet |
|  | Other (please describe) |

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| 15 | **Have you seen the school’s Anti-Bullying Policy?**  PLEASE TICK **ONE** BOX ONLY |
|  | Yes |
|  | No (if ‘No’, skip the next question) |
|  | Not sure (if ‘Not sure’, skip the next question) |
|  | Don’t know what that is (If ‘Don’t know’, skip the next question) |

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| 16 | **Was the Anti-Bullying Policy easy to understand?**  PLEASE TICK **ONE** BOX ONLY |
|  | Yes |
|  | No |
|  | Not sure |

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| 17 | **What do you think would best prevent bullying in your child’s school?**  PLEASE TICK UP TO **THREE** BOXES |
|  | Providing a clear definition of what bullying is and that it is unacceptable |
|  | Have an Anti-Bullying Policy that is shared with all staff, students and parents/carers |
|  | Celebrate difference and diversity in all pupils |
|  | Make sure children know how to report incidents of bullying |
|  | Make sure that parents and carers know how to report incidents of bullying |
|  | Talk to children in the school through assemblies and lessons about what bullying is and how to stop it |
|  | Increase the level of supervision in play areas and corridors |
|  | Make sure parents and pupils feel valued, welcome and included in school |
|  | Punish children who bully others |
|  | Give further support to children who are bullied e.g., one-to-one time with a member of staff or a counsellor |
|  | Give parents and carers more information and advice about bullying |
|  | Offer peer support in the school (where another pupil provides one-to-one support) |
|  | Provide a safe place for children to go if they are worried about bullying |
|  | Bullying is not a problem in my child’s school |
|  | Other (please describe) |

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| 18 | **Other comments** | |
| Is there anything else you would like to say about the school’s approach to bullying? | |  |
| Is there anything else you’d like to tell us about your child’s experience at school? | |  |

**THANK YOU for your feedback.**

**It is really valuable to us and will help to inform the schools’ anti-bullying work.**

**Remember:** There are lots of tools, resources and a list of organisations that can offer advice, here: <https://anti-bullyingalliance.org.uk/parentadvice>