

## Template Parent & Carer Questionnaire for schools

### 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

About you and your child

Please type into the grey areas or tick the relevant boxes

1 My child is in year:			
Reception	<input type="checkbox"/>	Year 1	<input type="checkbox"/>
Year 2	<input type="checkbox"/>	Year 3	<input type="checkbox"/>
Year 4	<input type="checkbox"/>	Year 5	<input type="checkbox"/>
Year 6	<input type="checkbox"/>	Year 7	<input type="checkbox"/>
Year 8	<input type="checkbox"/>	Year 9	<input type="checkbox"/>
Year 10	<input type="checkbox"/>	Year 11	<input type="checkbox"/>
Other (please specify)			

2 I am the child's:			
Parent	<input type="checkbox"/>	Carer	<input type="checkbox"/>

## SECTION 2

Your child's experience of bullying in school

3	<b>Has your child been bullied in school during the last 12 months?</b> PLEASE TICK ONLY <b>ONE</b> BOX	
<input type="checkbox"/>	Yes	If you answer 'Yes' please go to the next question
<input type="checkbox"/>	No	If you answer 'No', 'Not sure' or 'Prefer not to say' please go straight to <b>SECTION 3/Question 12</b>
<input type="checkbox"/>	Not sure	
<input type="checkbox"/>	Prefer not to say	

4	<b>How often was your child bullied (choose the closest option)?</b> PLEASE TICK ONLY <b>ONE</b> BOX	
<input type="checkbox"/>	Every day	
<input type="checkbox"/>	2-3 times a week	
<input type="checkbox"/>	Once a week	
<input type="checkbox"/>	Once a month	
<input type="checkbox"/>	2-3 times a year	
<input type="checkbox"/>	Not sure	

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

6 Would you describe the bullying in any of the following ways? PLEASE TICK ALL THAT ARE TRUE FOR YOU		
<input type="checkbox"/>	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.
<input type="checkbox"/>	Homophobic or Biphobic	Related to the real or assumed sexuality of your child
<input type="checkbox"/>	Transphobic	For example, your child being targeted for being, or being assumed to be, trans or non-binary.
<input type="checkbox"/>	Sexual or sexist	For example, any bullying with a sexual or sexist element.
<input type="checkbox"/>	Disablist	Bullying related to your child's disability or special educational needs.
<input type="checkbox"/>	Appearance-targeted	Bullying related to your child's physical appearance or body shape, for example.
<input type="checkbox"/>	Don't know	
<input type="checkbox"/>	No, none of these	
<input type="checkbox"/>	Other (please describe)	

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

8	Did you report the bullying to anyone in the school?
<input type="checkbox"/>	Yes (go to the next question)
<input type="checkbox"/>	No (go to question 12)

9	Was it clear how to report the bullying? PLEASE TICK ONLY <b>ONE</b> BOX
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

10	Who did you report the bullying to?
<input type="checkbox"/>	Class teacher/form tutor
<input type="checkbox"/>	Subject teacher
<input type="checkbox"/>	Learning support/teaching assistant
<input type="checkbox"/>	Year Head
<input type="checkbox"/>	Pastoral lead
<input type="checkbox"/>	Senior teacher
<input type="checkbox"/>	Deputy Head
<input type="checkbox"/>	Headteacher
<input type="checkbox"/>	Another member of staff or Governor
<input type="checkbox"/>	Other (please describe)

11	What happened after reporting the bullying? PLEASE TICK ONLY <b>ONE</b> BOX
<input type="checkbox"/>	The school took no action to stop the bullying
<input type="checkbox"/>	The school took action to stop the bullying but it carried on
<input type="checkbox"/>	The school took action to stop the bullying and it stopped

## SECTION 3

How does your child's school deal with bullying?

12	How confident are you that your child's school deals well with bullying? PLEASE TICK ONLY <b>ONE</b> BOX
<input type="checkbox"/>	Very confident
<input type="checkbox"/>	Quite confident
<input type="checkbox"/>	Not very confident
<input type="checkbox"/>	Not confident at all
<input type="checkbox"/>	Don't know

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 <b>ONE</b> BOX
<input type="checkbox"/>	Very confident
<input type="checkbox"/>	Quite confident

<input type="checkbox"/>	Not very confident
<input type="checkbox"/>	Not confident at all
<input type="checkbox"/>	Don't know

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

<b>15</b>	<b>Have you seen the school's Anti-Bullying Policy? PLEASE TICK ONE BOX ONLY</b>
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (if 'No', skip the next question)
<input type="checkbox"/>	Not sure (if 'Not sure', skip the next question)



<input type="checkbox"/>	Don't know what that is (If 'Don't know', skip the next question)
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16	<b>Was the Anti-Bullying Policy easy to understand?</b> PLEASE TICK <b>ONE</b> BOX ONLY
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not sure

17	<b>What do you think would best prevent bullying in your child's school?</b> PLEASE TICK UP TO <b>THREE</b> BOXES
<input type="checkbox"/>	Providing a clear definition of what bullying is and that it is unacceptable
<input type="checkbox"/>	Have an Anti-Bullying Policy that is shared with all staff, students and parents/carers
<input type="checkbox"/>	Celebrate difference and diversity in all pupils
<input type="checkbox"/>	Make sure children know how to report incidents of bullying
<input type="checkbox"/>	Make sure that parents and carers know how to report incidents of bullying
<input type="checkbox"/>	Talk to children in the school through assemblies and lessons about what bullying is and how to stop it
<input type="checkbox"/>	Increase the level of supervision in play areas and corridors
<input type="checkbox"/>	Make sure parents and pupils feel valued, welcome and included in school
<input type="checkbox"/>	Punish children who bully others
<input type="checkbox"/>	Give further support to children who are bullied e.g., one-to-one time with a member of staff or a counsellor

<input type="checkbox"/>	Give parents and carers more information and advice about bullying
<input type="checkbox"/>	Offer peer support in the school (where another pupil provides one-to-one support)
<input type="checkbox"/>	Provide a safe place for children to go if they are worried about bullying
<input type="checkbox"/>	Bullying is not a problem in my child's school
<input type="checkbox"/>	Other (please describe)

<b>18</b>	<b>Other comments</b>	
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>