

# The Reducing Parental Conflict Programme

## Referral Stage Questionnaire

For parents who are no longer in a relationship together/separated

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### Please read the following instructions.

Please could you answer all questions in **Part 1** asking for information relating to you and your family.

Once you have provided your information please move on to **Part 2**. Please answer all questions in this section.

**Once completed please return the questionnaire to the person who gave it to you**

### Additional Needs (including any needs for interpreters etc.)

I have no additional needs that might make it difficult for me to take part

I have additional needs that might make it difficult for me to take part.

I have given details of these below:

Please Select

Please give details

I have completed a separate Participation Agreement with the person who gave me the questionnaire  Tick to confirm

If you are completing a paper copy of this questionnaire, please select just one answer for multiple choice questions.

Is anyone within your household currently in work?

Yes

No

Please Select

# PART 1

## Parent information

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This section collects important information about you and your family.  
Please complete all questions in this section.

### About You

	Please complete below
Title	
Forenames	
Surname	
Date of birth (dd/mm/yyyy)	
Telephone number (mobile)	
Alternative telephone number (e.g. landline)	
Address	
Post code	
Email	

What is your gender identity? Please select below.

- Male
- Female
- Other
- Prefer not to say

Please Select

<input type="radio"/>
<input type="radio"/>
<input type="radio"/>
<input type="radio"/>

### Disability:

Do you have a long-standing physical or mental impairment, illness or disability? By long-standing' we mean anything that has troubled you over a period of at least 12 months or that is likely to trouble you over a period of at least 12 months.

Please Select

Yes <input type="radio"/>	No <input type="radio"/>	Prefer not to say <input type="radio"/>
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**What is your ethnic group?** Select one option that best describes your ethnic group or background.

Please Select \_\_\_\_\_

<b>White</b>	
1. English/Welsh/Scottish/Northern Irish/British	<input type="radio"/>
2. Irish	<input type="radio"/>
3. Gypsy or Irish Traveller	<input type="radio"/>
4. Any other white background. <i>Please describe below:</i>	<input type="radio"/>
<b>Mixed/ Multiple Ethnic Groups</b>	
5. White and Black Caribbean	<input type="radio"/>
6. White and Black African	<input type="radio"/>
7. White and Asian	<input type="radio"/>
8. Any other Mixed/Multiple ethnic background. <i>Please describe below:</i>	<input type="radio"/>
<b>Asian/Asian British</b>	
9. Indian	<input type="radio"/>
10. Pakistani	<input type="radio"/>
11. Bangladeshi	<input type="radio"/>
12. Chinese	<input type="radio"/>
13. Any other Asian background. <i>Please describe below:</i>	<input type="radio"/>
<b>Black/African/Caribbean/Black British</b>	
14. African	<input type="radio"/>
15. Caribbean	<input type="radio"/>
16. Any other Black/African/Caribbean background. <i>Please describe below:</i>	<input type="radio"/>
<b>Other ethnic group</b>	
17. Arab	<input type="radio"/>
18. Any other ethnic group. <i>Please describe below:</i>	<input type="radio"/>
19. Prefer not to say	<input type="radio"/>



**Are you presently or have you ever experienced mental health problems?**

No, and I have no mental health diagnosis
No, but I do have a mental health diagnosis
Yes, but I do not have a mental health diagnosis
Yes, and I have a mental health diagnosis
Don't know
Prefer not to say

Please Select

**What is your relationship with the person you are currently experiencing conflict with?**

Married or in a Civil Partnership
Living together (but not married or in a civil partnership)
Steady relationship without living together
Separated
Divorced
Other
Prefer not to say

Please Select

I understand that the provision is most effective when both parents attend together. I am supplying the other parent's details below so that we can be referred to provision together. I understand that if both parents are unable to attend this provision, then I may not be able to receive this support as some types are only able to proceed with both parents.

**Their name**

**Their date of birth**   
(dd/mm/yyyy)

## PART 2 - About Your Circumstances

There are two sections of questions in this part of the questionnaire. Please answer all questions to the best of your ability, even if they do not seem entirely relevant to you.

Once you have finished these questions, please return the questionnaire to the person who gave it to you.

### **Section 1: Interacting with each other**

**Considering the last 4 weeks, how often does the following occur between you and your former (Ex) partner/spouse?** Please answer as best as you can, selecting your response for each question

**With those times in mind, please indicate how often your spouse/partner acted in the following ways towards you.** During the past 4 weeks, how often did your spouse/partner...

**1. When you & your former partner/spouse discuss parenting issues, how often does it lead to an argument?**

Please Select

<input type="radio"/> 5(Never)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 (Always)
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**2. How often is the atmosphere one of hostility and anger?**

Please Select

<input type="radio"/> 5(Never)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 (Always)
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**3. How often are your conversations stressful and tense?**

Please Select

<input type="radio"/> 5(Never)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 (Always)
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**4. Do you and your former partner/spouse have basic differences of opinion about issues related to raising your child / parenting?**

Please Select

<input type="radio"/> 5(Never)	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1 (Always)
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**5. When you need help regarding the children, do you ask for it from your former partner/spouse?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**6. Is your former partner/spouse helpful to you in raising your child / children?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**7. Would you say that you are helpful to your former partner/spouse in raising your children?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**8. If your former partner/spouse needs to make a change to visiting arrangements, do you make a real effort to accommodate (make this work)?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**9. Does your former partner/spouse make a real effort to accommodate any changes you need to make to visiting arrangements?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**10. Do you feel that your former partner/spouse understands and is supportive of your needs as a parent (whether your children live with you or not)?**

Please Select \_\_\_\_\_

1 (Never)

2

3

4

5(Always)

**Section 2: Conflict between parents**

**Think back over the last 4 weeks and tell us how well you and your former spouse /partner about have related in the following ways:**

**1. How well do you share responsibility for raising your child / children?**

Please Select \_\_\_\_\_

1 (Very Poorly)

2

3

4

5(Very Well)

**2. How well do you communicate about your child / children?**

Please Select \_\_\_\_\_

1 (Very Poorly)

2

3

4

5(Very Well)

**3. How often do you agree when making decisions about your child / children?**

Please Select \_\_\_\_\_

1 (Very Poorly)

2

3

4

5(Very Well)

**How satisfied are you with:**

**4. The amount of time your child / children spend with their other parent**

Please Select \_\_\_\_\_

1 (Very Dissatisfied)

2

3

4

5(Very Satisfied)

**5. How your child / children spend this time with the other parent.**

Please Select \_\_\_\_\_

1 (Very Dissatisfied)

2

3

4

5(Very Satisfied)

**6. Arrangements for child custody (who your child lives with).**

Please Select \_\_\_\_\_

1 (Very Dissatisfied)

2

3

4

5(Very Satisfied)

**7. Arrangements for visitation (with the other parent and relatives).**

Please Select

1 (Very Dissatisfied)

2

3

4

5 (Very Satisfied)

**8. Arrangements for child support (financial).**

Please Select

1 (Very Dissatisfied)

2

3

4

5 (Very Satisfied)

**We would now like to ask how frequently you and your former spouse/partner argue about each of the following nine topics:**

**9. Children**

Please Select

Often

Sometimes

Hardly ever

Never

**10. Money**

Please Select

Often

Sometimes

Hardly ever

Never

**11. Chores and responsibilities**

Please Select

Often

Sometimes

Hardly ever

Never

**12. Showing affection (towards each other)**

Please Select

Often

Sometimes

Hardly ever

Never

### 13. Religion

Please Select

Often

Sometimes

Hardly ever

Never

### 14. Leisure time

Please Select

Often

Sometimes

Hardly ever

Never

### 15. Drinking

Please Select

Often

Sometimes

Hardly ever

Never

### 16. New partners

Please Select

Often

Sometimes

Hardly ever

Never

### 17. Relatives

Please Select

Often

Sometimes

Hardly ever

Never

You have not completed one or more questions, please complete them.

**END OF QUESTIONS**

*Thank you for completing this questionnaire*

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## For use by staff member

### Why is this data being collected?

This information will be really valuable for providers and RPC Local Authorities and gateways to work effectively with you to support parents on the Programme, as well as for internal learning within the CPAs on the referral process.

The information is also being collected to contribute to DWP's evaluation of the RPCP. DWP have contracted two independent research companies to support the evaluation: IFF, and Tavistock Institute of Human Relations (TIHR) who may contact you to seek your views on your experiences of the referral process and of identifying and supporting parents in conflict. The results of the evaluation will be published, though all results will be anonymised, so you will not be identifiable in any way

### What happens to information collected about me?

Your contact details will be shared with the Provider and Local Authority CPA gateway to help them to work effectively with parents on the Programme, as well as for the CPA Local Authorities to understand locally the how the RPC Programme is working.

For DWP's evaluation, your professional contact information will be transferred securely from DWP to IFF and TIHR who may contact you to take part in further research for the evaluation of the RPCP. If contacted, you may decline to participate. Although we would value your feedback on the programme.

You can request a copy of the information DWP holds about you on the link below.

<https://www.gov.uk/guidance/request-your-personal-information-from-the-department-for-work-and-pensions>

You can also change the information you have provided and or withdraw the information DWP holds about you.

<https://www.gov.uk/government/organisations/department-for-work-pensions/about/personal-information-charter#dpo>

You can do this by contacting our Data Protection Officer at:

[data.protectionofficer@dwp.gsi.gov.uk](mailto:data.protectionofficer@dwp.gsi.gov.uk).

### The legal basis for processing your data:

DWP have a public function to evaluate and assess their programmes. Data processing will be carried out under Article 6 of the GDPR which states: *the processing is necessary for the performance of a task carried out in the public interest or in the exercise of official authority vested in the controller Art 6(1)(e)*

### How long will the information be kept?

We will only keep your data until the end of the evaluation of the Reducing Parental Conflict Programme. This is set to end in 2023.

By opting to complete this section, you are agreeing to supply your data under the terms above.

**Your Name :**

**Job Title :**

**Team :**

**Service:**

**Organisation :**

**Email :**

**Phone Number :**

**Date Completed :**

**Local Authority :**

**Have you had any of the following training / awareness sessions?**

Process Training / Awareness Overview  
Please select

Yes - More than three months ago       Yes - within the last 3 months       No

Practitioner Training supplied by DWP/ Knowledgepool (Online)  
Please select

Yes - More than three months ago       Yes - within the last 3 months       No

Practitioner Training supplied by DWP/ Knowledgepool (Classroom Based)  
Please select

Yes - More than three months ago       Yes - within the last 3 months       No

Other (Please Specify)

Please select

Yes - More than three months ago       Yes - within the last 3 months       No

**Are the family already being supported by any of the following?**

No support  
Children's Social Care  
Early Help  
Other (Please specify below)

Please Select

**Additional Information / Risk Assessment Details**

Please give details

One or more questions are incomplete, please complete them.