

# The Reducing Parental Conflict Programme

Referral Stage Questionnaire

For parents expecting their first child who are currently in a relationship together

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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

FIRST ONE

I have completed a separate Participation Agreement Statement 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

  
  
  

### 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       No       Prefer not to say

**What is your ethnic group?** Tick 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?**

Please Select

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

<input type="radio"/>

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

Please Select

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

<input type="radio"/>

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: You and your spouse/partner**

Please think about the times **during the last 4 weeks** when **you and your spouse/partner** have spent time talking or doing things together.

**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. Let you know they really care about you**

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

1 (Always)       2       3       4       5       6       7(Never)

### **2. Was loving and / or affectionate towards you**

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

1 (Always)       2       3       4       5       6       7(Never)

### **3. Let you know that they appreciate your ideas or the things you do**

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

1 (Always)       2       3       4       5       6       7(Never)

### **4. Help you to do something that is important to you**

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

1 (Always)       2       3       4       5       6       7(Never)

### **5. Be supportive and understanding towards you**

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

1 (Always)       2       3       4       5       6       7(Never)

**6. Criticise you**

Please Select

- 1 (Always)       2       3       4       5       6       7(Never)

**7. Argue with you when you disagreed about something**

Please Select

- 1 (Always)       2       3       4       5       6       7(Never)

**8. Get angry at you**

Please Select

- 1 (Always)       2       3       4       5       6       7(Never)

**9. Shout at you because they were upset with you**

Please Select

- 1 (Always)       2       3       4       5       6       7(Never)

## **Section 2: Agreement in relationships**

**Most people have disagreements in their relationships. Please select how often you and your spouse / partner agree or disagree about the following:**

### **1. Philosophy of life (Your approach to life)**

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

5( Always Agree)                       4                       3                       2                       1                       0 (Always Disagree)

### **2. Aims, goals, and things you believe are important**

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

5( Always Agree)                       4                       3                       2                       1                       0 (Always Disagree)

### **3. Amount of time spent together**

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

5( Always Agree)                       4                       3                       2                       1                       0 (Always Disagree)

**Please circle how often you would say the following events occur between you and your spouse / partner?**

### **4. Have a stimulating exchange of ideas (A meaningful discussion)**

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

5 (More often than once a day)       4 (Once a day)       3 (Once or twice a week)       2 (Once or twice a month)       1 (Less than once a month)       0 (Never)

### **5. Calmly discuss something together**

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

5 (More often than once a day)       4 (Once a day)       3 (Once or twice a week)       2 (Once or twice a month)       1 (Less than once a month)       0 (Never)

### **6. Plan something together**

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

5 (More often than once a day)       4 (Once a day)       3 (Once or twice a week)       2 (Once or twice a month)       1 (Less than once a month)       0 (Never)

**7. The following represent different degrees of happiness in your relationship. The middle point, “happy,” represents the degree of happiness of most relationships. Please select the degree of happiness, all things considered, in your relationship.**

Please Select

- Extremely Unhappy    Fairly Unhappy    A Little Unhappy    Happy    Very Happy    Extremely Happy    Perfect

**Please tick below the approximate extent of agreement or disagreement between you and your spouse / partner for each item on the following list.**

**8. How often do you discuss or have you considered divorce, separation or ending your relationship?**

Please Select

- All the time    Most of the time    More often than not    Occasionally    Rarely    Never

**9. Do you ever regret that you married? (or lived together)**

Please Select

- All the time    Most of the time    More often than not    Occasionally    Rarely    Never

**10. How often do you and your spouse / partner argue?**

Please Select

- All the time    Most of the time    More often than not    Occasionally    Rarely    Never

**11. How often do you and your spouse / partner “get on each other’s nerves”?**

Please Select

- All the time    Most of the time    More often than not    Occasionally    Rarely    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 :**

**Organsation:**

**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.