

Information and Consent to Participate

We are researchers working at your school as part of a study evaluating “Project Respect,” a programme aiming to reduce violence in young people’s dating and relationships. As part of our research we are asking all members of school staff to fill in an online survey. This should only take about 10-15 minutes. The survey asks about your school’s practices and policies related to safeguarding, bullying and violence (including violence within dating and relationships); any personal, social and health education (PSHE) and sex and relationship education (SRE) offered at the school; and your role at the school and your general health status. You will NOT be asked about your own experiences of dating, relationships or violence.

Your participation is voluntary. You may choose not to take part, to stop taking part at any time, or to skip particular questions, with no negative consequences.

The survey is completely confidential. Your responses will not be shared with anyone at the school. They will be stored securely in our offices on a computer database that will not include your name or email address, and all data will be destroyed after 20 years. While the information you provide about your role in the school could be used to identify you if that role is held by only a small number of school staff, when reporting on the findings from the survey we will NOT report findings in a way that could identify any individual participants. When we write reports or articles based on the research, you and your school will not be named or in any way identified.

If you’re happy to fill in the survey, please tick “Yes” below.

I have read the information above.

I understand that I can choose to take part or not.

I understand that I can stop taking part at any time.

I agree to take part in this study.

Yes

No

Demographics and occupation

Please select the circle or box next to your answer for each question. If you don't want to answer a question, just leave it blank.

1. How do you describe yourself?

Please ✓ one box

- | | |
|--|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Transgender man/transgender male | <input type="checkbox"/> |
| Transgender woman/transgender female | <input type="checkbox"/> |
| Do not identify as male, female or transgender | <input type="checkbox"/> |

2. Which of these best describes your position?

Please ✓ all that apply

- | | |
|---------------------------------------|--------------------------|
| Subject teacher | <input type="checkbox"/> |
| Head of Year | <input type="checkbox"/> |
| Head of Department | <input type="checkbox"/> |
| Head Teacher | <input type="checkbox"/> |
| Deputy Head or Assistant Head Teacher | <input type="checkbox"/> |
| Teaching Assistant | <input type="checkbox"/> |
| Student Pastoral Support | <input type="checkbox"/> |
| Other (please write) _____ | <input type="checkbox"/> |

3. Are you a member of the school's senior leadership team? NB all respondents are asked this question

Please ✓ one box

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

4. Are you the safeguarding lead or deputy safeguarding lead for the school? NB all respondents are asked this question

Please ✓ one box

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

5. Are you a personal, social and health education (PSHE) coordinator for the school? NB all respondents are asked this question

Please ✓ one box

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

6. At this school how major a problem are the following among students?

[NB: Add "additional information" option to click on in electronic survey system every time "violence or abuse in dating and relationships" is mentioned: "This can include emotional, verbal, physical and/or sexual abuse and/or controlling behaviours among people who are romantically or sexually involved with one another"]

[NB: Add “additional information” option to click on in electronic survey system EVERY time “sexual harassment” is mentioned: “Sexual harassment is unwanted and unwelcome sexual behaviour (touching, groping etc.) or sexual remarks (wolf whistling etc.), or insulting remarks about sexual behaviour (homophobic name-calling, insulting someone for being or not being sexually active, etc.), whether from partners or anyone else. Sexual harassment is not behaviours that you like or want (for example wanted kissing, touching, or flirting).”]

Please ✓ one box on each line

	Very major	Quite major	Not very major	Not at all major
Violence or abuse in dating and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal, social or emotional bullying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. At this school do staff patrol the school site during lunch or breaktimes?

Please ✓ one box

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8. Do such patrols aim to prevent the following behaviours?

Please ✓ all that apply

Violence or abuse in dating and relationships	<input type="checkbox"/>
Physical bullying	<input type="checkbox"/>
Verbal, social or emotional bullying	<input type="checkbox"/>
Other violence	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>

9. At this school, if students engage in dating or relationship violence on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians called or contacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a school counsellor or school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a member of the leadership group (e.g. head of year, assistant head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Referred to participate in restorative practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to participate in some other group or programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged to participate in peer mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed in school detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated on their own at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded from school temporarily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excluded from school permanently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. At this school, if students engage in sexual harassment on school grounds or at school events, how often are they:

Please ✓ one box on EVERY line

	Never	Rarely	Sometimes	Often	Always
Issued a written warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians called or contacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to a school counsellor or school nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to the leadership group (e.g. head of year, assistant head)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to participate in a group or programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged to participate in peer mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placed in school detention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolated on their own at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Excluded from school temporarily

Excluded from school permanently

11. How good are safeguarding procedures at this school?

Please ✓ one box

- Very good
- Quite good
- Not very good
- Not at all good

12. Is PSHE taught at this school?

Please ✓ one box

- Yes
- No

a) [If answer YES to above] Does PSHE at this school address the following topics?

Please ✓ all that apply

- Preventing violence or abuse in dating and relationships
- Preventing physical bullying
- Preventing verbal, social or emotional bullying
- Preventing other violence
- Preventing sexual harassment

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

13. For each year group, what is the total weekly PSHE provision in timetabled lessons?

If PSHE is not taught weekly, please provide an equivalent weekly average.

	Year 7	Year 8	Year 9	Year 10	Year 11
Number of minutes of PSE/PSHE provision					

13. A) Which teachers have the main responsibility for teaching PSHE?

Please ✓ one box

- PE teachers
- Science teachers
- Specialist PSHE / health education teachers
- RE teachers
- Form tutors
- Any classroom teacher / No group has main responsibility
- This school does not teach PSHE

<input type="checkbox"/>	Other				

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

14. Which year groups receive sex and relationships education (SRE) in the formal curriculum and where is it taught?
and where is it taught?

Please select all that apply

	PSHE	Science / biology	Other subject	Not taught to this year group
a. Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Does SRE in your school include the prevention of violence or abuse in dating and relationships?

Please ✓ one box

Yes in all year groups	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes but only in some year groups	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
This school does not teach SRE	<input type="checkbox"/>		

16. Who is involved in formal teaching of SRE in your school?

Please ✓ all that apply

Teachers	<input type="checkbox"/>	Outside specialists	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
School counsellor	<input type="checkbox"/>		
This school does not teach SRE	<input type="checkbox"/>		

17. Does your school have a written SRE policy?

Please ✓ one box

Yes, written policy in place No
Currently developing a written policy

Only answer the following if previous answer was "Yes, written policy in place"

Please answer the following questions about your policy

- a. How long has it been in ___ years place?
b. Were students involved in developing your school's SRE policy?

Please ✓ one box

Yes Don't know
No

Only answer if answer to 17 was "Yes, written policy in place"

- c. Does this policy address the following?

Please ✓ one box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher or PSHE coordinator

1. Which year groups receive education about bullying or violence prevention in the formal curriculum and where is it taught? Please select all that apply

	PSE	Other subject	Not taught to this year group
a. Year 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Year 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Year 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Year 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Year 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does education about bullying or violence prevention in your school include violence or abuse in dating and relationships, or sexual harassment?

Please ✓ one box

Yes in all year groups No

Yes but only in some year groups Don't know

3. Who is involved in formal teaching of bullying or violence prevention in your school?

Please ✓ all that apply

Teachers Outside specialists
School nurse Don't know
School counsellor

Complete the following questions only if SLT, head teacher, deputy head or assistant head teacher

21. Does your school have a written behaviour and discipline policy?

Please ✓ one box

Yes, written policy in place No
Currently developing a written policy

Only answer the following if previous answer was "Yes, written policy in place"

Please answer the following questions about your policy

- a. How long has it been in ___ years place?
- b. Were students involved in developing your school's behaviour and discipline policy?

Please ✓ one box

Yes Don't know
No

Only answer if answer to question 21 was "Yes, written policy in place"

- c. Does this policy address the following?

Please ✓ one box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher or safeguarding lead/deputy lead

22. Does your school have a written safeguarding policy?

Please ✓ one box

Yes, written policy in place No
Currently developing a written policy

If Yes, please answer the following questions about your policy

- a. How long has it been in ___ years place?
b. Were students involved in developing your school's safeguarding policy?

Please ✓ one box

Yes Don't know
No

Only answer if answer to question 22 was "Yes, written policy in place"

- c. Does this policy address the following?

Please ✓ one box on each line

	Yes	No
Prevention of violence or abuse in dating and relationships	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of sexual harassment	<input type="checkbox"/>	<input type="checkbox"/>

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher

23. Were there actions in your School Development Plan / School Improvement Plan for 2016/17 relating to any of the following aspects of student health?

Please ✓ all that apply

Bullying or violence prevention	<input type="checkbox"/>
Sexual health	<input type="checkbox"/>
Safeguarding	<input type="checkbox"/>
Violence or abuse in dating and relationships	<input type="checkbox"/>
Sexual harassment	<input type="checkbox"/>

Complete the following question only if SLT, head teacher, deputy head or assistant head teacher

24. How many INSET days does did your school have ___ days in 2016/17?

- a) How many of these focused on any or all of ___ the following: Sexual health, bullying or violence, violence or abuse in dating and relationships, sexual harassment, or safeguarding?

All staff complete the following questions

The next few questions are about your own health and wellbeing

b) In general, would you say your health is:

Excellent	Very good	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

Please ✓ one box on each line

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d) During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Were limited in the <u>kind</u> of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e) During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did work or other activities <u>less carefully than usual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

f) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g) These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you felt downhearted and low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

h) During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the survey.

Thank you very much for your time in completing this survey. Your participation will help develop a programme to reduce dating or relationship violence amongst young people