



Agreement: Solihull Approach Parenting Group Facilitators' Training – Facilitators' copy

The Solihull Approach is committed to ensuring the integrity and fidelity of the Solihull Approach Parenting Group 'Understanding your child's behaviour'. This Agreement is part of a quality assurance programme.

Name:

- I have attended the Solihull Approach 2 day Foundation training and integrated the Solihull Approach model of working into my practice
- I will have attended the 1 Day Solihull Approach Parenting Group Facilitator Training before facilitating a Solihull Approach Parenting Group
- I will follow the Solihull Approach Code of Practice if I go onto cascade the Solihull Approach Parenting Group Facilitators' training
- I will send Solihull Approach evaluation forms completed by parents for each group I deliver to the Solihull Approach office
- I will ensure that I facilitate the 10 week Solihull Approach Parenting Group with a co facilitator who has the required level of training
- I will liaise with the Solihull Approach Manager regarding any relevant issues or concerns
- I will deliver the Solihull Approach Parenting Group as detailed in the Solihull Approach Parenting Group Facilitators' manual
- I will not reduce the number of Parenting Group sessions from 10 sessions or change the
 content of the sessions as detailed in the Solihull Approach Parenting Group Facilitators'
 manual (the length of the course has been designed in line with NICE guidelines and
 evidence based practice)
- I will seek the relevant level of support for myself to set up, run and debrief after a Parenting Group

However, the Solihull Approach understands and encourages creativity within the development of Solihull Approach resources and groups. If you would like to make changes to activities within the Solihull Approach Parenting Group please contact the Solihull Approach Manager or Director to discuss your ideas.

| Signature: | | |
|--------------------------|------|------|
| Print Name: | | |
| Date: | | |
| Address: | | |
| Email: | | |
| Tel: | | |
| Date of booked training: | | |