

Association of Heads of Outdoor Education Centres

Gold Standard Accreditation



Context

AHOEC is a membership organisation available to individuals working in a strategic leadership role in the outdoor field. The AHOEC Gold Standard is an accreditation of a provider that assures good operational practice within the context of high quality learning outcomes. The standard is only available as a provider accreditation where the controlling body or centre employs full members of AHOEC in a senior leadership position.

It is a statement of principles and expectations for the responsible provision of organised outdoor education and training. These principles are primarily aimed at providers offering courses and activities to young people less than 18 years of age. These same principles can be adopted for use by those providing learning and training experiences for adult groups.

The standard forms a framework within which providers develop operating procedures to ensure that the principles and expectations embodied in the Gold Standard are realised. Successful Gold Standard accreditation automatically entitles the provider to the Learning Outside the Classroom Quality Badge and AdventureMark accreditations on payment of a further fee (but without further inspection). The Gold Standard route is the most cost-effective way of achieving these accreditations.

The Gold Standard

Gold Standard is managed by a sub-committee appointed by, and accountable to, the Executive. This Gold Standard Managing Group oversees the smooth running of the scheme and is responsible for the inspection contract. This contract is currently held by D-JAC Consulting until November 2019.

The inspection process is based on a provider self-assessment and submission of a Self Evaluation Form (SEF) which provides evidence against the areas summarised below. This is submitted for desktop assessment which will result in either a request for further evidence or request to arrange the on-site inspection. The inspection is based upon the provider SEF and covers the full range of provision including observation of a practical delivery session.

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A summary of the nine areas assessed:

1. Compliance with AHOEC Code of Conduct

2. Learning and Development

- 2.1. Co-production of the visit with visiting group leaders and/or participants
- 2.2. Standards of learning and progress are consistently high and monitored
- 2.3. Consistent and professional staff delivery of programmes
- 2.4. Opportunities for learning are embedded throughout provided at all stages of the visit
- 2.5. Commitment to inclusivity and flexible approaches to learning.
- 2.6. Clear understanding/knowledge of quality learning and development

3. Customer Care

- 3.1. Customer care is viewed as a priority
- 3.2. Amenities, facilities and the nature of the activity programmes offered are described fairly and accurately.
- 3.3. A clear and transparent charging policy is in place.
- 3.4. Clarity of Duty of Care responsibilities regarding the.
- 3.5. Responsibility for the supervision and welfare of participants must be clearly defined.
- 3.6. Out of hours cover is provided during residential provision
- 3.7. Organisers and/or participants are informed that in the interests of safety it may, on occasion, be necessary to cancel or modify advertised activities.
- 3.8. Group Leaders are informed of any special rules and requirements applying. For example, bursary opportunities or specific ratios for groups with extra educational needs
- 3.9. A system for obtaining and evaluating feedback is in place.
- 3.10. A complaints /suggestions procedure is in place.
- 3.11. Administration is based on clear and recorded procedures.

4. Safety Management

- 4.1. Appropriate arrangements are in place for the health, safety and welfare of all staff and participants.
- 4.2. A culture of safety is evident.
- 4.3. Risk management strategies are identified, managed and embedded and appropriately managed.

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- 4.4. The psychological and physical impact of activities are taken into account.
- 4.5. Agreed operational procedures are implemented, monitored and reviewed.
- 4.6. Appropriate arrangements for the remote supervision of unaccompanied groups.
- 4.7. Appropriate accident, incident and emergency protocols are in place.
- 4.8. Appropriate first aid cover is readily available at all times.
- 4.9. A clearly stated and defined management and responsibility structure is in place.
- 4.10. Accountability and competence of all staff.
- 4.11. A current list of staff qualifications and responsibilities is available.
- 4.12. Access to appropriate technical advice.
- 4.13. Equipment is fit for purpose and appropriate to the activity and group.
- 4.14. Appropriate equipment maintenance and inspection systems are in place.

5. Facilities

- 5.1. Vehicles used for transporting participants are roadworthy, meet legal and employer guidance requirements.
- 5.2. Drivers meet current legal and employer guidance requirements.
- 5.3. All external transport providers comply with legal and statutory responsibilities as determined nationally and locally
- 5.4. Appropriate facility related maintenance and inspection systems are in place.
- 5.5. Accommodation and Facilities are fit for purpose and as described.

6. Leadership and Management

- 6.1. Effective leadership and management.
- 6.2. Programmes reflect the quality of teaching, training and learning.
- 6.3. Appropriate arrangements for the monitoring and evaluating and developing employees provision, ensuring compliance with statutory requirements.
- 6.4. Effective internal and external communication
- 6.5. Staff recruitment, protection and development policies are in place.
- 6.6. A Safeguarding policy is in place.
- 6.7. Critical incident and emergency procedures.
- 6.8. Data protection procedures.

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7. Environmental Sustainability

- 7.1. Involvement in local/national initiatives or working to comparable standards.
- 7.2. The organisation demonstrates good sustainable practice in its their use of the outdoors.
- 7.3. The organisation demonstrates good practice in conserving resources.
- 7.4. The organisation promotes environmental awareness and understanding and sustainable practice.
- 7.5. Staff are involved in environmental decision making.

8. Compliance and Insurance

- 8.1. Appropriate levels of public liability, product and third party insurance cover or recognised, adequate, alternative provision are in place.
- 8.2. All sub-contractors operate to the same standards as the provider including maintenance and building contractors.
- 8.3. All relevant environmental legislation is complied with.

9. Continuous Improvement

Applicants must provide significant evidence that they are able to meet or are working towards meeting the Evaluation Criteria in each area. In order to be successful, applicants must achieve an average of 4 in each of these 9 areas, with a minimum of 3 in every area, except section 9, Continuous Improvement, where the average should be 3. It should be noted that the level required for LOTC Quality Badge is currently “good” which equates to 3 on the above scale.

Evaluation Criteria	Score
Outstanding - Meets the criteria in all respects with evidence to show this is fully embedded in the providers practices	5
Excellent - Meets the criteria in all respects but is not yet fully embedded in provider practices	4
Good - Meets the criteria in most respects and remains to be fully embedded	3
Satisfactory - Does not yet meet the criteria but evidence shows that the provider is working towards the objective	2
Poor - Insufficient evidence to show that the provider meets the criteria	1

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The Process

1. Completing the form

On application the SEF will be sent out along with suggestions for mentors. Applicants should consider identifying a mentor to support the process. The mentor does not need to be (but most often is) someone who has been through the Gold Standard process and should be someone they respect and whose judgement they value. It is important to remember that you may be sharing commercially sensitive information.

The SEF is completed electronically as a writable pdf document. This requires appropriate IT systems and the most recent Adobe software. Applicants complete all sections, documenting evidence and indicating where it can be found. This is intended to be a development opportunity and applicants should be thorough and provide as much evidence as possible, involving as many staff as possible.

If the applicant is working towards meeting the criteria this should be recorded as such, similarly if evidence is not available then they should indicate that this is the case. Relevant documentation may be attached as 'pinned documents' in the pdf or submitted as attachments. If not submitted electronically, applicants should indicate where evidence can be found, and they will be expected to produce the evidence for the inspector.

Members should note that Section 9 asks for evidence of continual improvement since the last inspection. In the case of the first inspection this should be ignored but at all subsequent inspections it will be expected that evidence of ongoing improvement is shown. This is part of the quality journey for any provider aspiring to Gold Standard.

The SEF is submitted to gold@ahoec.org and forwarded on to the contractor who will assess the SEF and arrange an inspection with the provider.

2. The Inspection Process

Inspection will be once every two years and will be undertaken by appointed inspectors. These inspectors have been chosen because of their wide experience in the field and they will all be trained as inspectors and in the requirements of the LOtC badging and AdventureMark criteria. They will normally hold a teaching qualification and high level governing body awards.

The inspector will receive a copy of the SEF prior to the visit and this will enable them to build a picture of the centre prior to the inspection itself.

On the day the inspector will:

- sample the evidence provided
- observe at least one activity - and if the provider is AALA licensed this will normally be an activity outside the scope of the licensing regulations
- sample any other part of the Centre's operation that is deemed appropriate
- discuss their observations and recommendations

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The time required for an Inspection will largely be determined by the size of the provision and the nature of the evidence provided. As a general rule of thumb an inspection will involve at least half a day on site.

All inspectors are current LOtC and AdventureMark inspectors and are trained in the specifics of AHOEC Gold Standard. On occasion an inspector may be accompanied by another in training or by a colleague performing a quality assurance visit. In the unlikely event of an inspector coming across an activity about which they have little knowledge they will revert to the contractor who will seek expert guidance from an appropriate individual or body.

It is unusual for a provider to fail the Gold Standard as by the time the provider has sought assistance from their mentor it is hoped that they will provide sufficient and robust information to prove they are at the standard. They may be required to provide further evidence to the inspector before Gold Standard is issued. In the rare occurrence that the provider does fail then they will have to pay the annual fee again in order to get a second inspection.

3. Feedback

This will be based on the evidence provided and observations made during the inspection, and it will be recorded. It will contain any action points that might be deemed necessary with agreed timescales for any follow up work required.

The outcomes of the inspection will be recorded and the applicant will receive a written copy, which will also be held by AHOEC.

The successful provider will receive a confirmation letter and certificate from AHOEC Gold Managing Group.

4. Appeals and Complaints

Appeals or Complaints should initially be raised with the inspector who will endeavour to resolve the issue. If this is unsuccessful or not appropriate the applicant should raise the issue directly with the AHOEC Gold Standard Managing Group who will review the application, inspection or complaint. This must be done within 30 working days. All contact should be made via gold@ahoec.org and will be recorded.

5. Frequency of inspection

The Inspection cycle is every 2 years unless there are significant changes to the centre. Typically, these might be:

- A new Head / Manager
- A change in the Centre's ownership, operation and or purpose
- A significant change in capacity
- A revoking of existing external accreditation inspection criteria e.g. NGB, AALS
- A major incident at the centre

In the event of any significant changes it is the responsibility of the provider to inform gold@ahoec.org
A further check will take place in the year that no inspection takes place.

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6. Key Personnel

The scheme is managed by a subcommittee of AHOEC called the Gold Standard Managing Group which is appointed by, and accountable to, the AHOEC Executive. The Managing Group collaborates regularly online and meets at least once per year to consider the report provided by the inspection contractor. Currently the members of the Managing Group are:

Kevin Jackson (Chair)

Louise Edwards

Jim Whittaker

Trevor Quinn

Simon White

Graham Burns

The Managing Group may be contacted directly on gold@ahoec.org

March 2019