

Name of policy	Off-Site Visits and Learning Outside (DofE)
Review Frequency	1 year
Date of next review	
Date of last review (s)	

Contents page

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Introduction

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The introduction should explain:

The scope of the policy – who it applies to, and what activities it applies to; Frodsham Youth Club delivers the Duke of Edinburgh's Award Expedition at levels Bronze and Silver. This requires venturing beyond the youth club to complete expeditions as part of the course.

Why your establishment provides outdoor learning, offsite visits and Learning Outside the Classroom, and the part they play in the life of the establishment. This could include reference to your underpinning philosophy and to the anticipated benefits and outcomes.

(Nicola) We provide services such as DofE to our young people to enable them to learn and provide them with opportunity to learn necessary life skills and give them experiences that they most likely would not otherwise enjoy, which is part of our mission statement.

1. Employer's Policies and National Guidance

You should make a link or reference to any relevant policies provided by your employer.

This policy should be read in conjunction with the below guidance and policies listed below:

The Outdoor Education Advisers Panel (OEAP) National Guidance

- FYC Safeguarding Policy
- FYC Equal Opportunities
- Health and Safety

All DofE expeditions/ventures should take place between the months **XXXX and XXXX** inclusive. Should any expeditions occur outside of these months, the Awards Manager or Expedition Supervisor should seek specific approval from the

You should make a link or reference to any relevant policies provided by your employer.

If you have adopted National Guidance, you should state this and link to it, and explain that employees must follow that guidance as well as the requirements of your own establishment policy. The policy should clearly state that in the event of any apparent conflict between your employer's policy, your establishment policy or National Guidance, then your employer's policy must be followed and clarification sought from the Educational Visits Coordinator (EVC) or management.

3. Clarification of Roles

National Guidance outlines the normal responsibilities of various roles including:

- Governors/management board
- Head/manager

- Educational Visits Co-ordinator (EVC)
- Visit leader.

Your establishment policy should clarify any establishment-specific requirements of these and other roles. Any delegation of key areas of responsibility, such as assessment of competence or approval must be clear.

The policy should also set out the criteria for selecting the EVC, if these are different from those recommended in National Guidance.

4. Procedural Requirements

The establishment policy should explain any specific procedural requirements, including those relating to:

- Risk assessment:
- Coronavirus:
- Approval of staff to lead activities and visits (see document 3.2d "Approval of Leaders");
 (chart of staff, qualifications, roles and responsibilities)
- Evaluation of external providers (see below);
- Parental communication and consent (see document 4.3d "Parental Consent");
- Participant information and data protection (see below);
- Prior notification and approval of visit plans;
- Any types of visit that should be approved only after consultation with an external adviser;
- 'Checking out' and 'checking in' before, during and after a visit;
- Emergencies (see below);
- · Monitoring (see below);
- Evaluation (see documents 5.1a, 5.1b and 5.1c).

5. Monitoring

See document 3.2b "Monitoring".

The establishment policy should clarify:

- The role of the EVC, Head and governors/management board in approval and monitoring;
- The extent to which the EVC and/or senior staff should monitor visits by field observation:
- Any arrangements for peer monitoring.

6. Induction, Training, Apprenticeship, Succession Planning

The establishment policy should set clear expectations for staff induction and training. This will usually require that staff identified as requiring practical training and experience as assistant leaders are given the opportunity to work within an apprenticeship model.

The policy should clarify:

- Induction requirements;
- Training requirements (e.g. EVC and visit leader training);
- Requirements for record keeping;
- How the establishment addresses issues of succession planning to ensure the sustainability of visits.

7. Risk Management and Risk-Benefit Assessment National Guidance provides advice about risk management and risk-benefit assessment.

The establishment policy should set out the establishment's expectations for risk management recording. These requirements should be proportionate to the risks and should not impose unnecessary bureaucracy.

The policy should address:

- Any required procedure for carrying out, recording, approving and reviewing risk assessment records;
 - Staff training in risk management and risk-benefit assessment;
- The involvement of all staff, and young people where appropriate, in the planning and preparation of visits, including risk management and recording of the risk-benefit assessments;
- The provision of generic risk assessments and standard operating guidelines where appropriate, to avoid the need for writing event-specific risk assessments for every visit. You can find further guidance on this in documents 1b "Foundations" and 4.3c "Risk Management an overview".

It should also set out any requirements or guidance specific to the establishment, for example:

- Information about specific local hazards and how the associated risks should be controlled (e.g. specified safe road crossing places);
- Any minimum requirements for staff ratios, depending on the nature of the young people with which the establishment works, for specific
 - Transport arrangements.

8. Assessing Venues and Providers

The establishment policy should clarify expectations about the selection of venues, facilities and external providers.

To reduce bureaucracy for both leaders and providers, you should take advantage of established national approval schemes. You can find further guidance in documents 4.4h "Using External Providers" and 4.4f "Checklist - Assessing a Provider".

For providers who do not hold external accreditation, please see document 8p, which is a pre-visit questionnaire to assist with gaining information to make an approval decision.

You should not normally ask for copies of providers' risk assessments, but should seek any information specifically aimed at helping visit leaders to manage their visit. The policy should clarify what circumstances would require a preliminary visit by staff to check a venue or provider.

 $\frac{https://oeapng.info/downloads/download-info/4-4h-preliminary-visits-and-provider-assurance}{\underline{s}}$