



Whistleblowing Policy and Procedure

February 2026



SIGNIFICANT CHANGES FOLLOWING REVIEW

PAGE NUMBER OR HEADING NAME	DETAILS OF SIGNIFICANT CHANGE	CHANGES MADE BY
Total Rewrite	All Pages	Susanne Datta

Equality Impact Assessment

It is proposed that this form be included in all college policy template from hereon before the contents page..

The aim of an equality impact assessment (EIA) is to consider the equality implications of any new or amended policy, procedure, practice, project, function on different groups of staff, students and visitors to the college. This EIA tool provides a simple framework that helps evaluate whether the change may inadvertently disadvantage protected characteristics and identify ways to proactively advance and promote equality.

You will need to consider each of the equations and provide information as to consideration and any changes made in relation to Equality, diversity and inclusion.

Date EIA completed.	26 February 2026
Name of person responsible for completing the EIA	Susanne Datta, Group Director of People Services
Role of person responsible for completing the EIA	Group Director of People Services
Who is affected by the policy / decision / change	All staff employed directly by South Essex Colleges Group, and the wholly owned subsidiary companies, Prospects Learning Foundation Limited and The Backstage Centre Limited.
What's the reason for the new policy / change in policy, practice, process etc.	To combine the policy and procedure into one document and comply with current legislation

You will need to consider whether its possible that the proposed new policy / change in policy /procedure/practice etc could discriminate or unfairly discriminate or disadvantage people. You should consider:

Who gets to participate	Who does not, or who now does not due to the changes proposed / made.
Who is at an advantage	Who is at a disadvantage, and again has this changed?
Who will benefit	Who will not benefit (or who did and now doesn't due to the changes proposed in policy
Who can access the policy	Who cannot, or now cannot.

Protected Characteristic	What degree of impact does the change have (score 1-5 with 1 the lowest and 5 the highest)	What is a potential positive, neutral or negative impact? Include what you have considered. Are there any barriers?	What action will be taken to address any negative impact or remove any potential barriers identified? Note if we are not able to resolve anything identified.	Date by when and whom will this action be taken.
Age	1	Non identified	Non identified	N/A
Disability	1	Non identified	Non identified	N/A
Gender (Sex)	1	Non identified	Non identified	N/A
Gender Reassignment	1	Non identified	Non identified	N/A
Marriage or Civil Partnership	1	Non identified	Non identified	N/A
Pregnancy / Maternity	1	Non identified	Non identified	N/A
Race	1	Non identified	Non identified	N/A
Religion or Religious Belief	1	Non identified	Non identified	N/A
Sexual Orientation	1	Non identified	Non identified	N/A
Any other element that needs to be considered.	1	Non identified	Non identified	N/A

- Note:
1. The terms stated under protected characteristics are the terminology used in the Equality Act 2010.
 2. As part of the policy approval process Executive Board will consider the EIA assessment and any potential barriers which we may not be able to overcome and whether the action proposed will mitigate sufficiently within legislation or whether we decide to not implement the new policy if the risk are significant. If the policy is approved the EIA is also approved.

Whistleblowing Policy & Procedure

1. Context

- 1.1 The College is committed to an environment where it is safe and acceptable for staff to raise concerns they may have about malpractice (as defined below) if they reasonably believe it exists. It would generally be expected that the staff member attempts first to raise the issue through the normal line management processes. If they believe that the matter has not been resolved, they should use the College's procedure as detailed in Point 7 of this document.

2. Definitions

- 2.1 Whistleblowing is defined by the DfE as a public interest concern about any concerns outlined within section 3.1 of this policy.
- 2.2 It is the disclosure by a member of staff (see below) of information to a designated member of the college which relates to malpractice which is defined as dangerous fraudulent or other illegal conduct connected with the workplace, be it conduct by the employer, by fellow colleagues or a Governor.
- 2.3 For the purposes of this policy "staff" is defined widely and includes employees and workers of all kinds, including agency workers and governors. Regardless of any implied or express contractual terms preventing staff from disclosing confidential information, staff are entitled to use this policy where appropriate.

3. The Public Interest Disclosure Act

- 3.1 Under the Public Interest Disclosure Act 1998 ("the Act") members of staff are protected against dismissal or other detrimental treatment if they make disclosures in accordance with the Act. The Act protects disclosure if the staff member is acting in the public interest and can show that he/she had a reasonable belief in one of the following:
- That a criminal offence has been committed, is being committed or is likely to be committed;
 - That a person has failed or is failing or is likely to fail to comply with any legal obligation to which s/he is subject;
 - That a miscarriage of justice has occurred, is occurring or is likely to occur;
 - That the health and safety of an individual has been, is being or is likely to be endangered. (It must indicate a greater danger than is associated with the normal use of the process/product, or danger that is not usually associated with it);
 - That the environment has been, is being or is likely to be

damaged; or

- That information tending to show any of the matters above has been, is being or is likely to be deliberately concealed.
- That the College is breaking the law, for example it does not have correct insurance
- You believe a member of staff is covering up wrongdoing.

3.2 Personal grievances e.g bullying, harassment, discrimination are not covered by whistleblowing law and you should follow the College's grievance policy for these cases unless the disclosure is in the public interest.

4. The College's Commitment

4.1 This College is committed to the right and responsibility of staff to 'whistle blow' as defined within the Act and to their protection within the framework established by the Act and included in the Employment Rights Act. This document sets out the procedure to be followed by staff.

4.2 For the avoidance of doubt, the College confers the same protection rights to senior staff (i.e. members of the College Senior Leadership Team) if they believe that the Chief Executive is not conducting himself / herself in line with the public interest.

5. The College's Whistleblowing Policy

5.1 This policy covers and should be used in situations where a member of staff has a reasonable belief that malpractice is present within the College. This will include allegations of fraud, financial irregularities, corruption, bribery, dishonesty, criminal activities, failing to comply with a legal obligation, miscarriages of justice or creating, concealing or ignoring a serious risk to health, safety or the environment.

5.2 A member of staff who is subject to the College's disciplinary procedures or who has lodged a grievance against the College can only use this whistleblowing policy once any such process/es has/have concluded. The member of staff's concerns should be raised within the context of those pre-existing procedures, or in accordance with section 7. below if applicable.

6. Confidentiality & Retention

6.1 Any member of staff will have the right to raise a concern under this policy. The College will treat allegations of malpractice seriously and will investigate thoroughly any concern raised under this policy and in doing so the staff member's identity will remain strictly confidential and not be disclosed without their approval unless required for legal or regulatory purposes. The member of staff raising the concern(s) should not discuss the matter with colleagues (save with the colleague who has agreed to accompany him/her to a meeting under this policy, if applicable, on the basis that the colleague will similarly observe absolute confidentiality), or external sources other than to seek independent advice. Such advice may be

obtained from the recognised trade unions in accordance with their normal procedures.

- 6.2 The College will keep all records raised under this policy and procedure in accordance with the General Data Protection Regulations.
- 6.3 Records of cases will be kept for six years in a confidential place after which consideration will be given to their destruction. In exceptional cases, this period may be extended.

7. The Procedure to be followed

- 7.1 If a member of staff has a reasonable belief that an act of malpractice (as defined above) has been, is being or is likely to be committed s/he should without delay make arrangements to discuss his/her belief with the Group Director of People Services, who is the designated officer appointed for all whistleblowing cases. (except if the allegation is made against the Group Director of People Services or a member of SLT) This meeting will be held in strictest confidence. The person raising the concern should do so in a constructive manner and have as many facts/documentation/information available as possible to support their disclosure of malpractice.
- 7.2 Should the allegation be against the Group Director of People Services concerns must be disclosed directly to the relevant Senior Leadership Member.
- 7.3 Should the allegation be against a member of the Senior Leadership Team concerns must be disclosed directly to the Group Chief Executive Officer.
- 7.4 Should the allegation be against the Group Chief Executive or a Governor the person raising the concern can raise the issue with the Chair to the Corporation and to the Director of Governance.
- 7.5 Should the allegation be against the Director of Governance the person raising the concern can raise the issue with the Chair to the Corporation.
- 7.6 Should the allegation be against the Chair of Corporation, the person raising the concern can raise the issue with the Director of Governance
- 7.7 Where the allegation involves multiple combinations of the above personnel, the person raising the concern can raise the issue with the Vice Chair of the Corporation
- 7.8 Any concerns regarding the safeguarding of children or vulnerable adults must be referred via the Safeguarding Policy and Procedure and reporting matter to either:
 - a. Head of Safeguarding in relation to students and / or

- b. Group Director of People Services in relation to staff / contractors / agency workers / volunteers.

8. What should I disclose?

8.1 When making a protected disclosure, you must inform the designated person and provide all relevant details. Do not carry out your own investigation or approach anyone directly involved, as this may raise concerns or compromise any subsequent process. Instead, consider the following and share as much information as you have observed, identified, or currently hold:

- **Evidence:**
Identify what evidence you have to support your concern. If you only have a suspicion, consider whether there is any information you can discreetly and safely gather. This may include:
 - Dates and times (if known)
 - Locations and departments involved
 - Individuals involved or aware of the issue
 - Available evidence such as emails, screenshots, reports, meeting notes, CCTV availability, text messages or phone messages
- **Seriousness of the issue:**
Reflect on whether the matter relates to a breach of policy, a breach of financial regulations, or potentially a criminal offence.
- **Credibility and verifiability:**
Consider the reliability of your concern and whether it can reasonably be confirmed using identifiable sources or available evidence.
- **Whether escalation is appropriate:**
Ensure that your concern could not be more suitably raised informally with an appropriate manager, or through the usual grievance process. If you have already raised the concern and no action has been taken or you feel your concern has not been heard you may need to escalate it through this whistleblowing procedure.

9. How will my disclosure be managed?

9.1 When you make a disclosure to a designated person, you will receive a written response within 3 working days, sooner if the matter involves safeguarding, a serious policy breach, or potential police involvement.

- The designated person will immediately report the concern to the Group Director of People Services, who acts as the independent lead for all whistleblowing cases.
- The Group Director of People Services, on a strict need-to-know basis, consult with the relevant Senior Leadership Team (SLT) members, or the

Director of Governance , depending on who is implicated and the seriousness of the concern.

- They will also consider whether the matter needs to be referred to an external agency such as the Police or a LADO, particularly where safeguarding is involved. External agencies may instruct the College to take no internal action to avoid compromising any criminal investigation; in such cases, the College must follow their advice.
- The Group Director of People Services, with an SLT member, will then decide whether a formal investigation is required. Where relevant, the Director of Governance may also be involved.

9.2 If a decision is made that the disclosure does not have sufficient merit for further action, the whistleblower will receive written confirmation of the reasons for this decision within 10 working days of submitting their concerns.

9.3 When making this decision, the following factors will be considered:

- Whether the individual had a reasonable belief that malpractice was occurring.
- Whether the matter is already part of legal proceedings or being handled by an external body.
- Whether the issue is already covered under another College policy or procedure (e.g., Disciplinary, Capability, Grievance).

9.4 If the disclosure is judged to have sufficient substance, an Investigating Manager will be appointed. For allegations against SLT, Group CEO, Chair and Governors, the College may appoint an external independent investigator.

9.5 The College will then take appropriate action, which may include:

- An internal/external investigation
- Referral to the College's auditors
- Referral to relevant external agencies (e.g., Police, Ofsted, Awarding Bodies, University Partner, HSE, ICO)

9.6 If an internal investigation is required, an independent and appropriately senior investigator will be appointed, or an external investigator may be used where appropriate.

10. The Investigation Process

10.1 The Investigating Manager will promptly take appropriate action to investigate the concerns raised. Where necessary, urgent steps may be taken, for example, arranging the suspension of a staff member or securing key documents or information.

- 10.2 The investigation should normally be completed within 20 working days, depending on the nature and complexity of the concerns. The whistleblower will be kept updated throughout. Further guidance on investigations is provided in Appendix 1.
- 10.3 Any recommendations arising from the investigation will be submitted by the Investigating Manager to the Group Chief Executive or the Chair to the Corporation as appropriate. The recipient will take the necessary steps to implement these recommendations unless there is a clear reason not to do so.
- 10.4 Once the investigation is complete, the individual who raised the concern will be informed of the outcome and any action the College intends to take. If the individual is not satisfied that their concern has been handled appropriately, they may submit an appeal to the Group Chief Executive within 5 working days of receiving the outcome. The Group Chief Executive will review the matter, make a final decision, and notify the individual accordingly.

11. Anonymous Whistleblowing

- 11.1 Individuals are expected to identify themselves when making a disclosure. If a disclosure is made anonymously, the College will be unable to update the individual on the outcome or any action taken. Anonymous reports also limit the College's ability to investigate effectively, particularly where information is incomplete or where designated officers cannot meet with the individual to gather further detail.
- 11.2 Therefore, whilst the College and Corporation welcome whistleblowing communications, anonymous whistleblowing communications will not be investigated. The only instance where the College and the Corporation will endeavour to investigate an anonymous communication is where there is an allegation relating to safeguarding. For the avoidance of doubt, an illegible signature/mark will be counted as anonymous.

12. Malicious or Vexatious Disclosures

- 12.1 If, during the investigation, the evidence shows that the whistleblower has made a malicious or vexatious disclosure, or has reported concerns to an external organisation without reasonable grounds or evidence, the matter must be reviewed with an independent and impartial designated person (as outlined in section 7.0) and the Group Director of People Services (where the allegation does not concern them).
- 12.2 The evidence will be carefully considered including whether other College procedures have already been applied and a decision will be made on whether further action is required. Where appropriate, the College may take action under its disciplinary policy and procedure.

13. HR Involvement

13.1 The Group Director of People Services, or another appropriate HR team member, may be involved at any stage of this policy. They will provide advice, guidance, and support throughout the investigation process as required. They will also maintain communication with the Director of Governance during the investigation and ensure appropriate support is provided to staff once the investigation is concluded.

14. Support for Staff Raising Concerns

14.1 The College will take the necessary precautions to protect staff raising concerns in line with this policy against detriment or dismissal for raising genuine legitimate concerns.

14.2 The Group Director of People Services shall keep a register of any disclosures under this policy, which shall be reported at least annually to the Audit & Risk Committee.

15. Monitoring and Review

15.1 The Senior Leadership Team will monitor the effectiveness of this policy and procedure on an ongoing basis. Where appropriate, proposed amendments will be the subject of consultation between management and trade union representatives before any changes are made.

15.2 Unless circumstances change requiring an earlier review (e.g., legislative changes), this policy will be formally reviewed at three yearly intervals.

Appendix 1

Investigating a Whistleblowing Matter ACAS-Compliant

1. Overview

Investigations must be planned, prompt, impartial, and conducted with care to prevent evidence being lost or compromised. Operational needs should continue, but the importance of a fair and timely investigation must be prioritised.

Investigations may require cooperation from staff, managers, governors, students, or external agencies where appropriate.

2. Role of the Investigating Manager

To establish the facts of the disclosure, review all relevant evidence, and make findings and recommendations. This includes:

- Interviewing the whistleblower (where identifiable) and relevant witnesses.
- Maintaining confidentiality wherever possible.
- Collecting, reviewing, and analysing documentary, electronic, and physical evidence.
- Checking compliance with College policies, procedures, custom and practice, and any regulatory requirements.
- Identifying potential legal implications or risks.
- Maintaining communication with the Designated Lead on a strictly need-to-know basis.
- Keeping accurate records of all evidence and communications.
- Preparing a clear written report with findings and recommendations.

4. Conducting Interviews

- Individuals may be accompanied by a trade union representative, workplace colleague, or a workplace colleague.
- Meetings should be arranged promptly and held in a confidential setting.
- Interviewees must be reminded of confidentiality requirements.
- Explain that concerns may need to be referred to other policies or external agencies.
- Ask only fair, relevant, fact-finding questions.
- Prepare questions in advance and ensure consistency across interviews.
- Record accurate notes (non-verbatim), share them for approval, and note any amendments or non-responses.
- Remain calm, professional, and empathetic, do not give assurances that cannot be guaranteed.

5. Interview Question Areas

The Investigating Manager should explore:

- Timeline, dates, locations, and sequence of events
- Individuals involved and potential witnesses
- What took place and how
- Compliance with management instructions or policies
- Availability of documentary or physical evidence (emails, messages, CCTV, notes, photographs, reports)
- Custom and practice within the area
- Team dynamics and relevant context
- Whether any related issues or prior processes may influence the disclosure
- Whether any policies/procedures have been breached, and severity of any breach

6. Investigation Report

The investigation report should include:

- **Cover:** Confidential management report
- **Contents page**
- **Methodology/chronology**
- **Introduction:** Why the investigation was initiated
- **Concerns/allegations:** Summary of issues investigated
- **Findings:** For each allegation, identify whether:
 - Proven
 - Not proven
 - Insufficient evidenceSummarise evidence, reference appendices, and analyse consistency or contradictions.
- **Policies, procedures, or regulations involved**
- **Impact:** Potential or actual impact of events
- **Conclusion:** Based on factual evidence and applying the civil standard of proof (balance of probabilities)
- **Recommendations:** Any further action, including potential referrals to relevant College policies or external bodies

7. Outcome of the Investigation

- The report is provided to the Whistleblowing Lead/Designated Person for review and decision-making.
- Outcomes are communicated to relevant senior leaders or Chair to the Corporation
- The whistleblower will be informed that the investigation has concluded, and that appropriate action will be taken. Confidentiality means the full outcome cannot be shared.

8. Record Keeping

All records, evidence, and communications must be securely stored in accordance with GDPR and College retention requirements.

9. Reflection and Learning

Following conclusion, the Designated Lead should ensure that key learning is reviewed with relevant SLT members and Corporation representatives to support organisational improvement and prevent recurrence.



Senior Leadership Responsibility	Deputy CEO & CIO
Policy Author	Group Director of People Services
Roles Responsible for Reviewing	Group Director of People Services & Deputy CEO & CIO
Issue date of current version	26 February 2026
Date to be reviewed	25 February 2029
Type of Policy	Public / Internal