SPEAKING UP (Whistleblowing) POLICY

Policy Owner:	Chief Operating Officer (COO)
ISSR Reference:	Part 8 – Quality of Leadership in and Management of Schools
Date of review:	Summer 2026
Approved by:	Group Board
Date of next review	Autumn 2026

Version Control Information

Reason for Amendment	Role	Date	Main Changes
Tier 1 policy formatted into SDEG house style and running order	Chief Operating Officer (COO)	Group Board – Summer 2026	Supersedes the Whistleblowing Policy Streamlined format, monitoring wording and policy links aligned to house style

1. Aims

This is a Tier 1 Policy. It establishes the Group-wide principles, governance accountabilities, reporting routes and assurance expectations through which speaking-up concerns are raised, protected, assessed and learned from. Lower-level procedures, guidance and case-management arrangements must operate consistently with this Policy.

The Policy applies across the St Dunstan's Education Group (SDEG or the 'Group') and is approved by the Group Board. It should be read as a core component of the Group's governance architecture, alongside the Risk, Assurance & Compliance Policy, safeguarding framework and other relevant policies.

St Dunstan's Education Group is committed to a culture of openness, integrity, accountability and continuous improvement. The ability of staff and others to raise concerns safely and confidently is fundamental to good governance, effective safeguarding, sound risk management, regulatory compliance and public trust. Speaking up supports the responsible delivery of Excellence. Differently.

This Policy provides a clear and proportionate framework for raising, assessing, investigating and learning from concerns about suspected wrongdoing, malpractice or danger connected with SDEG's activities. It is intended to encourage early reporting and to ensure that genuine concerns are taken seriously, handled fairly and treated sensitively.

The Policy applies across all SDEG schools, nurseries, professional services, subsidiaries and material projects. It applies to employees at every level, governors, volunteers, agency workers, casual and temporary workers, contractors, consultants, trainees, suppliers and any other person providing services for or on behalf of the Group. In this Policy, they are referred to collectively as "associated persons".

This Policy does not form part of any employee's contract of employment and may be amended by the Group from time to time.

SDEG actively encourages associated persons to speak up promptly where something does not appear right or where they reasonably believe that wrongdoing, malpractice or danger has occurred, is occurring or is likely to occur, regardless of seniority, role or status. Raising a genuine concern is a responsible act that supports safeguarding, organisational learning and the responsible delivery of Excellence. Differently.

Concerns will be considered objectively, promptly and proportionately. SDEG will seek to protect confidentiality, appoint a suitably independent investigator where investigation is required, and take appropriate action in response to substantiated concerns. No person will suffer retaliation or detriment for raising a genuine concern in good faith, participating in an investigation or supporting another person to speak up.

2. Legislation and Regulatory Framework

Whistleblowing is the disclosure of information by a worker or associated person who reasonably believes that it tends to show suspected wrongdoing, malpractice or danger at

work and that raising the concern is in the public interest. A concern may ultimately prove mistaken and still have been raised genuinely and appropriately.

Concerns may include, but are not limited to:

- a criminal offence or miscarriage of justice;
- a failure to comply with a legal, professional or regulatory obligation;
- safeguarding concerns, unsafe safeguarding practice, or concerns about safeguarding leadership, culture or the handling of concerns;
- danger to health and safety;
- fraud, bribery, corruption, theft, financial irregularity or serious financial mismanagement;
- damage to the environment;
- serious negligence, abuse of authority, conflict of interest or unethical conduct;
- serious breach of Group policy, internal control or professional standards;
- unauthorised disclosure or misuse of confidential or personal information;
- conduct likely to cause serious harm to pupils, staff, the Group, its charitable assets or public trust; or
- deliberate concealment of any of the above.

The purpose of this Policy is to provide a trusted internal route for reporting, investigating and remedying wrongdoing. In some circumstances, the law permits a protected disclosure to an appropriate external prescribed person or body. A person considering an external disclosure is strongly encouraged to obtain independent advice so that the correct route is used.

Independent and external contacts include:

Protect

Independent confidential whistleblowing advice:
020 3117 2520
whistle@protect-advice.org.uk
protect-advice.org.uk.

NSPCC Whistleblowing Advice Line

Advice for professionals concerned about how child protection issues are being handled:
0800 028 0285
help@nspcc.org.uk

Prescribed persons and regulators

Depending on the subject, these may include the Charity Commission, Information Commissioner's Office, Health and Safety Executive or another legally prescribed regulator or professional body.

Nothing in this Policy prevents a person from contacting the police or another emergency service where there is an immediate danger or suspected criminal conduct. Information should not be disclosed externally in a way that unlawfully breaches confidentiality, data protection, safeguarding obligations or the rights of others.

3. Roles and responsibilities

3.1 Group Board

- approves this Policy and satisfies itself that effective speaking-up arrangements operate across the Group and its schools;
- sets expectations for an open, ethical and accountable culture;
- receives proportionate, anonymised assurance on activity, themes, outcomes, learning and overdue actions;
- oversees material Group-wide, systemic or high-risk matters and any concern involving the Chief Executive Officer or a Group Board member; and
- ensures that the arrangements provide appropriate independence, access to external support and protection from retaliation.

3.2 Local School Boards

- promote and seek assurance on a positive speaking-up culture within the relevant school;
- receive anonymised assurance on school-specific themes, learning and improvement actions where appropriate;
- scrutinise relevant local safeguarding, cultural, compliance or control issues without becoming involved in case management; and
- escalate material, recurring or systemic matters to the Group Board through the agreed governance route.

Local School Boards do not receive identifying case information or direct investigations unless expressly authorised and necessary. Their role is local oversight and assurance, not operational case handling.

3.3 Chief Executive Officer

- holds executive accountability for effective implementation of this Policy;
- ensures that material concerns are addressed and appropriate resources are available;
- ensures significant matters are escalated to the Chair of the Group Board and relevant governance bodies; and
- ensures agreed learning and improvement actions are implemented across the Group.

3.4 Group Director of Governance & Compliance

- owns and administers the Group whistleblowing framework and dedicated reporting channel;
- receives, acknowledges, records, assesses and triages concerns;

- considers immediate safeguarding, legal, regulatory, evidence-preservation, conflict and retaliation risks;
- determines the appropriate route and, where investigation is required, arranges the appointment of a suitably competent and independent investigator on a case-by-case basis;
- maintains the confidential Whistleblowing Register and monitors actions to verified closure;
- keeps the person who raised the concern informed where appropriate and lawful; and
- provides anonymised assurance reporting to the Chief Executive Officer, Local School Boards, the Audit, Risk & Compliance Committee and Group Board, as appropriate.

The Group Director of Governance & Compliance owns the process but will not necessarily investigate a concern. Where the Group Director of Governance & Compliance is implicated, unavailable or has a conflict of interest, the concern must be referred directly to the Chief Executive Officer or Chair of the Group Board, as appropriate.

3.5 Heads, Directors and managers

- create an environment in which people feel safe to raise concerns;
- listen carefully, take concerns seriously and avoid attempting to test or investigate them informally;
- take any immediate safeguarding or safety action required;
- refer potential whistleblowing concerns promptly to the Group Director of Governance & Compliance;
- preserve relevant evidence and confidentiality; and
- co-operate fully with assessment, investigation and improvement action.

3.6 Designated Safeguarding Leads

Designated Safeguarding Leads must ensure that any safeguarding concern raised under this Policy is acted upon without delay and managed in accordance with the Group's safeguarding policies, statutory guidance and any required referral arrangements. Whistleblowing case management must not delay protective action.

3.7 All associated persons

- raise genuine concerns promptly;
- provide information honestly and preserve relevant evidence;
- maintain appropriate confidentiality;
- co-operate with an investigation where requested; and
- never retaliate against a person who raises, supports or participates in the consideration of a concern.

4. Speaking up management system

4.1 Relationship to the Group governance framework

Speaking up is a fundamental component of SDEG's governance, safeguarding and Risk, Assurance & Compliance Framework. Concerns raised under this Policy may inform risk assessment, assurance activity, safeguarding review, internal audit, compliance monitoring, policy development, leadership action and organisational learning.

This Policy establishes the Group-wide framework. Supporting procedures may provide operational detail, but must not narrow the routes, protections or accountabilities established here.

Why speaking up matters

- it safeguards children and young people;
- it protects colleagues and the wider community;
- it identifies emerging risks and control weaknesses;
- it strengthens governance, compliance and organisational culture;
- it supports learning and service improvement; and
- it maintains confidence in SDEG and its charitable purpose.

Speaking-up framework

- SPEAK UP
- ASSESS
- PROTECT
- INVESTIGATE
- IMPROVE
- ASSURE
- BOARD OVERSIGHT

4.2 Core principles

Safe to speak up	People should be able to raise genuine concerns without fear of retaliation or disadvantage.
Safeguarding first	Any immediate risk to a child or adult must be acted upon without delay and managed under the relevant safeguarding arrangements.
Confidential	Information will be restricted to those who need it, subject to legal, safeguarding and regulatory obligations.
Independent and fair	Concerns will be assessed objectively and any investigator will be selected case by case with regard to competence, independence and conflicts of interest.
Proportionate	The response will reflect the nature, seriousness, complexity and potential impact of the concern.
Need-to-know	Personal information and case details will be shared only where necessary for assessment, investigation, action or assurance.

Learning-focused	Findings and themes will strengthen controls, policy, training, culture and organisational practice.
Integrated	Whistleblowing is part of SDEG's wider Risk, Assurance & Compliance Framework.

4.3 Matters outside this Policy

This Policy is not normally intended to resolve a personal complaint about an individual's own employment, treatment or working arrangements. Such concerns should ordinarily be raised under the Grievance Policy, Anti-Harassment and Bullying Policy or another appropriate People policy.

A concern that begins as a personal employment issue may nevertheless fall within this Policy where it also indicates wider wrongdoing or a matter of public interest. No one is expected to determine the correct procedure alone. The Group Director of Governance & Compliance or Director of People may advise on the appropriate route, and a concern will not be disregarded merely because it was initially raised under the wrong procedure.

4.4 How to raise a concern

A concern may be raised orally or in writing. It is usually appropriate to raise it with a line manager, Head or Director, but no person is required to use a reporting route where they reasonably believe it is unsuitable, unsafe or conflicted.

Concerns may be raised directly through any of the following routes:

- the individual's line manager, Head or Director;
- the relevant Designated Safeguarding Lead where the concern involves safeguarding practice;
- the Group Director of Governance & Compliance;
- the Chief Executive Officer;
- the Chair of the Group Board where the concern relates to the Chief Executive Officer, the Group Director of Governance & Compliance, or another matter requiring Board-level independence; or
- the dedicated mailbox: whistleblowing@stdunstans.org.uk , managed by the Group Director of Governance & Compliance.

Where there is an immediate risk of harm, emergency action or a safeguarding referral must take priority over use of the mailbox or normal escalation route.

It is helpful, but not essential, to provide:

- the nature of the concern and why it is believed to be true;
- relevant names, dates, locations and events;
- any supporting information or documents;
- whether the concern has already been raised and what happened; and
- any immediate risk of harm, retaliation, loss of evidence or regulatory breach.

4.5 Confidential and anonymous reporting

SDEG hopes that people will feel able to identify themselves when raising a concern. This helps the Group assess the information, seek clarification, protect the person raising the concern and provide feedback. The Group will seek to keep that person's identity confidential so far as reasonably possible and will discuss any necessary disclosure with them where it is appropriate and lawful to do so.

Anonymous concerns will be accepted and considered. The ability to investigate may be limited where information cannot be clarified or corroborated. The initial assessment will consider the seriousness and credibility of the concern, the available evidence and the likelihood of obtaining independent confirmation.

Confidentiality cannot be guaranteed where disclosure is required by law, necessary to safeguard a person, required by a regulator or essential to a fair process. Information will nevertheless be restricted to those who need it.

4.6 Initial assessment and immediate action

The Group Director of Governance & Compliance will acknowledge and assess a concern promptly. The assessment is not an investigation and will determine the safest and most appropriate next step.

The assessment will consider:

- whether there is an immediate safeguarding, health and safety, financial, data or other protective action required;
- whether the matter falls within this Policy or should be managed under another procedure;
- the seriousness, credibility, complexity and potential impact of the concern;
- whether evidence needs to be secured or access restricted;
- actual or potential conflicts of interest;
- whether specialist, external or regulatory advice is required;
- the risk of retaliation or other detriment; and
- the appropriate level of executive and governance notification.

A concern may be resolved without formal investigation where the facts are sufficiently clear and proportionate corrective action can be taken. A decision not to investigate will be recorded with reasons.

4.7 Investigation and outcome

Where investigation is required, the investigator will be appointed case by case. Selection will take account of the nature and complexity of the matter, relevant expertise, independence, potential conflicts, safeguarding considerations and any legal or regulatory requirements. The investigator may be internal or external to SDEG.

The investigator's terms of reference will define the issues to be examined, reporting arrangements, confidentiality requirements and any relevant boundaries with other processes. The investigation will be fair, evidence-based and proportionate. People affected by allegations will be treated with dignity and given an appropriate opportunity to respond, subject to safeguarding, legal and evidence-preservation considerations.

The person who raised the concern will be kept informed of progress where appropriate. The Group may be unable to disclose detailed findings, personal data, disciplinary outcomes, safeguarding information or legally privileged material. At the conclusion of the process, the Group will provide as much feedback as is reasonably possible and lawful.

Outcomes may include no further action, corrective action, referral under another policy, disciplinary or capability processes, control or policy changes, training, recovery action, external referral or regulatory notification. Investigation findings and actions will be assigned, monitored and verified to closure.

4.8 Protection, support and non-retaliation

SDEG will not tolerate retaliation, victimisation, intimidation, threats, harassment or any other detriment against a person because they have raised a genuine concern, participated in an investigation or supported another person to speak up. This protection applies even where the concern is not substantiated, provided it was raised honestly and with a reasonable belief.

A person who believes they have suffered retaliation should report it immediately to the Group Director of Governance & Compliance, Chief Executive Officer or Chair of the Group Board. The Group will consider protective measures and may take disciplinary or other action against anyone responsible for retaliation.

Appropriate support may include a named contact, welfare or occupational health support, adjustments to working arrangements, advice about confidentiality and regular communication. Support will be considered case by case and must not compromise a fair investigation.

4.9 Knowingly false or malicious allegations

A person will not be criticised or penalised because a genuine concern is mistaken or unsubstantiated. However, knowingly making a false allegation, fabricating evidence or acting maliciously may result in action under the relevant disciplinary or contractual procedure. A finding that a concern is unsubstantiated does not, of itself, indicate bad faith or malice.

4.10 If the person remains concerned

SDEG cannot guarantee a particular outcome, but it will seek to handle concerns fairly, professionally and appropriately. A person who believes that a concern has not been handled properly may raise that concern with the Chief Executive Officer or Chair of the Group Board, depending on the circumstances and any conflict of interest.

4.11 Records and information governance
The Group Director of Governance & Compliance will maintain a secure and confidential Whistleblowing Register. Access will be strictly controlled. The Register will record, as appropriate:

- a unique reference and date received;
- the category and summary of the concern;
- immediate risks and protective action;
- assessment, conflict checks and decision on route;
- the appointed investigator and terms of reference where applicable;
- material milestones, outcome and actions;
- learning, regulatory notifications and governance reporting; and
- closure and verification status.

Records will be handled in accordance with SDEG's data protection, information security and records retention requirements. Case records must not be stored in general management files or shared beyond those with a legitimate need to know.

4.12 Learning, risk and continuous improvement
Whistleblowing forms part of SDEG's wider Risk, Assurance & Compliance Framework. Findings and themes may inform safeguarding reviews, risk assessments, internal controls, policy development, staff training, culture work, the Annual Audit & Assurance Plan and the Group Risk Register.

SDEG will identify recurring, cross-school or systemic themes and ensure that improvement actions are owned, supported and verified. Relevant learning will be shared in anonymised form where doing so can improve practice without compromising individuals or live processes.

4.13 Assurance and governance reporting
The Group Director of Governance & Compliance will provide proportionate, anonymised assurance reporting to the Chief Executive Officer, Local School Boards and Group Board, according to relevance and materiality.

Reporting may include:

- the number and broad category of concerns;
- the route, status and age of open cases;
- outcomes and action status;
- recurring, school-specific or Group-wide themes;
- evidence of retaliation risk and protective action;
- lessons learned and control improvements;
- material external referrals or regulatory notifications; and
- assurance on the accessibility, independence and effectiveness of the framework.

Governance reporting must not compromise confidentiality, safeguarding, legal privilege, personal data or a fair process. The Group Board will receive an annual effectiveness review of the Speaking Up Framework, including assurance on accessibility, independence, case handling, protection from retaliation, learning and control improvement, and confirmation

where no concerns have been recorded. The review may include external comparison or independent input where proportionate and available.

4.14 Communication, training and accessibility
SDEG will make this Policy readily accessible and will communicate the dedicated reporting route to staff and associated persons. Induction and periodic training will explain what whistleblowing is, how it differs from a personal grievance, how to raise a concern, the protection available and the responsibilities of managers who receive concerns.

The Group will keep the practical operation of the framework under review, including awareness of reporting routes, confidence in speaking up and any barriers experienced by different parts of the organisation.

5. Monitoring
This policy will be reviewed annually by the Group Director of Governance & Compliance or sooner where required due to:

- legislative change;
- regulatory change;
- inspection findings;
- organisational change.

At every review, the policy will be approved by the Group Board of Governors.

6. Links with other policies
- Risk, Assurance & Compliance Policy;
- Safeguarding and Child Protection Policies;
- Staff Code of Conduct;
- Grievance Policy and Procedure;
- Anti-Harassment and Bullying Policy;
- Disciplinary Policy and Procedure;
- Fraud, Bribery and Financial Controls policies;
- Health and Safety Policy;
- Data Protection, Information Security and Records Retention policies; and
- Governance Handbook, Scheme of Delegation and relevant Terms of Reference.

SPEAK UP

If something does not seem right, raise it. You do not need proof before speaking up, but you should have an honest and reasonable basis for the concern.
whistleblowing@stdunstans.org.uk