

Ethnicity Data Collection and the Visibility of Racialised Communities in Suspected Suicides

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Contents

About the Campaign 3

Summary 5

Key Findings 6

Recommendations 8

1. Background and Rationale 10

2. Ethnicity Data, Institutional Accountability and Equity: The NHS Example 12

3. Method: Freedom of Information Requests 13

4. Findings: FOI Responses and the Availability of Ethnicity Data 15

5. Variation in Ethnicity Classification 17

6. What the FOI Findings Demonstrate 18

7. The Need for Accurate and Reliable Identification 20

8. Implications for Suspected Suicides 21

9. Training and Improved Practice 23

10. Conclusion 24

Notes and References 26

> If we are all to speak the language of social justice, I mean truly speak it, then we must act in accordance with its principles. As Will Kymlicka's work on minority rights and liberal multiculturalism suggests, equality cannot always be secured through the uniform application of rights; it may require recognising and addressing the distinct circumstances of minority groups. For suicide prevention, this means embracing and accepting inclusivity not as an emblem or token gesture, but as a rights-based obligation grounded in civil and human rights. It demands active policymaking, outcome-focused practice, and meaningful, plural and assertive participation that creates space for multiple voices, including those that challenge established assumptions, question existing structures and call for change.
>
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About the Campaign

The Campaign for Racial Justice in Suicide Prevention aims to raise awareness of suicide and suicide prevention within racialised communities and to make sure that people from all ethnic backgrounds receive equal support, understanding and access to services. It wants the experiences and voices of people from racialised communities affected by suicide or suicide attempts to be listened to, taken seriously and used to improve services and policies.

The campaign will:

- **Raise awareness:** help people understand suicide, its impact on racialised communities and how it can be prevented.
- **Improve support and equality:** challenge inequalities in services and ensure fair and appropriate support.
- **Challenge racism:** encourage organisations and services to recognise and address racism within suicide prevention work.
- **Listen to communities:** give people with lived experience opportunities to share their experiences and influence change.
- **Improve data and research:** check that information about ethnicity is recorded accurately so inequalities can be identified and addressed.
- **Work together:** build partnerships with national and local organisations to improve suicide prevention.

Summary

This research aimed to improve understanding of how ethnicity data are captured during the earliest stages of a suspected suicide and how existing recording practices influence the visibility of racialised communities.

Improving the completeness, consistency and appropriate use of ethnicity data could strengthen the evidence base for research, support the identification of inequalities and inform more inclusive suicide prevention policies and interventions.

This research is not a critique of police professionalism or service delivery. It examines existing practices relating to suspected suicides, with specific attention to the recording, classification, analysis and reporting of ethnicity. Its purpose is to identify opportunities to improve data quality, review established procedures, support equitable outcomes and strengthen trust between the police and the communities they serve, particularly in the post-Macpherson era.

The considerable demands placed on police officers and staff responding to suspected suicides are recognised. They work in highly distressing circumstances, supporting bereaved families while managing the impact on their own wellbeing. The role of the Home Office in developing and issuing guidance that forces follow is also acknowledged.

THE RESEARCH AT A GLANCE

43+1	27%	73%	70%
police forces asked under Freedom of Information	could provide ethnicity data on suspected suicides (approx.)	could not provide the data (approx.)	cited Section 12 – cost or time limit

Forces able to provide ethnicity data on suspected suicides



Key Findings

1. Limited availability of ethnicity data. Freedom of Information (FOI) requests were submitted to the 43 territorial police forces in England and Wales and the British Transport Police (the "43+1"). Responses took from a matter of weeks to several months or longer. Only approximately 27% of forces (fewer than one in three) could provide ethnicity data relating specifically to suspected suicides in a format offering a meaningful demographic overview of their communities.

2. Barriers to accessing and retrieving data. Approximately 73% of forces were not able to provide ethnicity data with 70% citing Section 12 of the Freedom of Information Act 2000, stating that identifying, retrieving or manually extracting the information would exceed the appropriate cost or time limit. The remaining 3% were unable to provide the information, or were discounted, for a range of other reasons. Even where information may be recorded within police systems, it is often not accessible.

3. Inconsistent recording and classification. Forces differ in what ethnicity information is recorded, how it is classified and coded, the level of detail captured, whether practice is consistently applied, and whether information can be extracted, analysed and reported as a usable dataset. The fundamental question is therefore not simply whether a force records ethnicity, but whether it is recorded consistently at the point of a suspected suicide and can subsequently be retrieved and used.

4. Reliance on officer-identified visual classification. The use of Police Identity Codes (ICCs), informed by Officer Identified Visual Appearance Classification (OIVAC), raises questions about the reliability and appropriateness of recording ethnicity through visual identification. The Race Disparity Unit generally considers third-party proxy reporting lower quality than self-defined ethnicity. Ethnicity should not be assumed solely from physical appearance where more reliable information can reasonably be obtained. Where appropriate, information from close family members should be sought sensitively, with due regard to bereavement. This can also support more culturally relevant postvention.

5. Implications for suicide surveillance and prevention. Incomplete or inaccessible ethnicity data restrict the ability of partners and public health systems to identify inequalities and understand patterns of suicide within racialised communities. Reliable ethnicity information could strengthen Real Time Suicide Surveillance (RTSS), supporting the identification of clusters or disproportionate representation and informing preventative action. The findings do not establish that RTSS systems themselves may have limitations; they highlight the importance of ensuring reliable ethnicity information is available to inform surveillance.

6. Limited prioritisation of ethnicity recording training. There are questions about the extent to which training on ethnicity recording in suspected suicide investigations is prioritised and embedded in police practice. There is an opportunity to draw on established approaches to ethnicity coding, including those used in stop and search.

The Campaign made several attempts, through written correspondence and follow-ups, to engage the National Police Chiefs' Council (NPCC), but no representatives were made available.

Overall finding

> The central finding is not simply that ethnicity data are missing. It is that the systems and practices through which ethnicity is recorded, classified, stored, retrieved, analysed and reported vary considerably between police forces. This limits the ability to develop a reliable and comparable national picture of suspected suicides within racialised communities, potentially restricting the identification of inequalities and the development of targeted prevention.

Recommendations

These recommendations identify opportunities for improvement through national leadership, clearer guidance, workforce development and stronger integration of ethnicity data into suicide prevention systems.

1	**Police forces: review ethnicity recording practices.** Review the use of ICCs and OIVAC in suspected suicide investigations as part of wider commitments to good practice, service improvement and consistency, considering alignment with force-level race equality plans, established ethnicity recording standards and public trust in the post-Macpherson era.
2	**Police forces: strengthen training and awareness.** Strengthen training on the appropriate recording and classification of ethnicity in suspected suicide investigations. Where necessary, develop a dedicated ethnicity-recording module embedded within mainstream police training, rather than treating it as separate or optional.

3	**Home Office: review and update national guidance.** Review and, where necessary, update guidance on the use of ICCs and on the recording, classification, analysis and reporting of ethnicity in suspected suicide investigations. Guidance should promote consistency between forces, clarify expectations around visual identification and encourage more reliable sources of ethnicity information. Cross Government harmonisation of ethnicity classification and recording in public policy, in services and in day to day practice is important.
4	**National Police Chiefs' Council: provide national leadership.** Demonstrate a commitment to accurate and consistent recording, analysis and reporting of ethnicity data in suspected suicide investigations. Alignment between police forces, the NPCC and the College of Policing is important to keep practices compatible across forces. The NPCC Race Lead and the NPCC Suicide Prevention Lead may find it useful to undertake a joint review of this report and develop a joint action plan in line with the public duty to promote race equality.
5	**Department of Health and Social Care and Welsh Government: embed data quality in policy.** Ensure the quality and consistency of ethnicity data are recognised in future Government suicide prevention strategies, including expectations for local partners, Public Health and health systems, to improve the recording, analysis and use of ethnicity information in local plans and interventions.
6	**Directors of Public Health: strengthen local oversight and surveillance.** Through leadership of local suicide prevention strategies, partnerships and boards, ensure the quality, analysis and reporting of ethnicity data are embedded in suspected suicide datasets, and work with partners to strengthen RTSS, including whole systematic classification (18+1) of suspected suicides by ethnicity. Alignment with the mental health Patient and Carer Race Equality Framework (PCREF) may help where supported by committed leadership and ambition to address racial inequiality within an anti-racism framework.

1. Background and Rationale

The purpose of this research was to examine how ethnicity data relating to racialised communities are captured, recorded and documented from the earliest stages of a suspected suicide investigation, beginning with the first reporting of a person taking their own life. It sought to establish whether accurate initial ethnicity information is routinely collected by police forces, how recording practices operate and how far they support the visibility of racialised communities in the evidence base informing suicide prevention.

Reliable and comprehensive data are essential for informing public policy, identifying health inequalities and developing effective suicide prevention strategies across England and Wales and internationally. However, data relating to some population groups remain limited, incomplete or unavailable, restricting the ability to recognise patterns of risk, establish priorities and evaluate whether policies and services meet people's needs.

The absence of adequate demographic data is not merely technical or administrative; it affects whose experiences are recognised in research, policy and public health practice. When information about particular communities is missing, inconsistently recorded or insufficiently analysed, their needs may be overlooked in decisions about priorities, resources and services. Data collection is therefore part of identifying and addressing structural disparities, including the risk that existing systems reproduce disadvantage, or discriminate through omission or default.

The CRJSP is concerned that racialised communities may be overlooked or rendered invisible in the evidence base. Inadequate ethnicity data contribute

to this, particularly where information is not collected, is recorded inconsistently across agencies, or is not adequately analysed and reported. Even available data can be undermined by incomplete records, inconsistent categorisation and limited comparability between datasets.

Collecting ethnicity information requires sensitivity. In the aftermath of a sudden or suspected suicide, relatives may be in considerable distress. If questions are asked insensitively, without explanation, or in ways that make people feel singled out, they may cause discomfort or undermine trust. Culturally sensitive and transparent approaches are essential. However, the potential sensitivity of asking should be distinguished from the responsibility of agencies to maintain accurate and consistent records.

> **The principle is simple: if our needs are not evidenced, we risk not being recognised or prioritised.**

This matters because information recorded at the start of a suspected suicide investigation feeds administrative, investigative and statistical records used in research, monitoring and policy development, and in identifying potential clusters. If ethnicity is not recorded, or is recorded inaccurately or inconsistently, these shortcomings carry forward into local, regional and national datasets. Real time suicide surveillance is a case in point. Examining this initial stage helps identify where gaps arise, regardless of the size of a population and its diverse segmentation.

Ultimately, the research aimed to contribute to a clearer understanding of how ethnicity data are captured during the earliest stages of suspected suicide investigations, and to an equitable, evidence-informed approach to suicide prevention for all.

2. Ethnicity Data, Institutional Accountability and Equity: The NHS Example

The NHS offers a useful case study of long-standing institutional recognition of the importance of ethnicity data. Ethnicity has been recorded in NHS datasets since the 1990s, including Hospital Episode Statistics and, later, primary care data. Yet established recording systems do not in themselves guarantee that data are complete, consistent or meaningfully used.

The NHS Ethnicity Recording Improvement Plan [1] acknowledges the link between high-quality ethnicity data and the identification of health inequalities, stating that high quality data that helps us understand who is experiencing health inequalities is critical to delivering equitable access, experiences and outcomes. The plan includes actions to improve collection and recording, including alignment with the 2001 Census ethnicity categories. Standardisation allows comparison between populations, services and areas, but must be accompanied by attention to completeness, accuracy, appropriate disaggregation and the circumstances of collection. Categories that are inconsistently applied, insufficiently detailed or poorly understood may limit the ability of datasets to capture diversity and inequality.

Recording remains incomplete across healthcare settings. The reported decline in completeness in some areas since 2020, alongside the reported exception of mental health services, illustrates the challenge of turning institutional commitments into consistent practice. Data quality therefore has direct implications for institutional accountability and the ability of public bodies to

demonstrate progress towards equitable healthcare and the duty to promote race equality.

These issues are particularly significant in suicide prevention. Incomplete or insufficiently disaggregated data may constrain the identification of differences in suicide rates, the investigation of geographical or temporal clusters, and the assessment of access to prevention, crisis intervention and postvention services. They may also limit understanding of how structural inequalities, discrimination, socioeconomic disadvantage, cultural context and barriers to help-seeking intersect with suicidal distress. The NHS example shows that data collection is merely the first step; meaningful action can drive real change.

3. Method: Freedom of Information Requests

FOI requests were emailed to all 43 territorial police forces in England and Wales and the British Transport Police between August and September 2025. They sought information on suspected suicides and attempted suicides, with a focus on the availability and use of ethnicity data. Two questions were asked:

- The number of suspected suicides and attempted suicides, disaggregated by ethnicity, for 2000 to 2025.
- A copy of the ethnicity dataset and/or coding framework used to record ethnicity within these data.

Response times varied considerably. The earliest arrived within one to several weeks; the longest took several months, despite the statutory requirement to

respond within 20 working days, subject to applicable provisions and exemptions.

Where a refusal was issued under Section 12 [2], a review was pursued where appropriate. These internal reviews caused further delay and in the vast majority of cases did not result in further information, making them resource-intensive and time-consuming. The question on suicide attempt data was universally unanswered owing to constraints.

A supplementary question asked about forces' awareness of, and relationship with, Real Time Suicide Surveillance Systems (RTSS) [3]. These systems are predominantly supported or managed through police forces and aim to provide timely information for local prevention activity. The question sought to establish whether information held in different parts of police organisations is connected and routinely shared. Although a number of forces were aware of RTSS, relatively few referred to RTSS data in their submissions or identified it as a source for the requested information. This raises questions about the extent to which suicide-related data held across police functions are systematically connected, accessible and used for population-level analysis.

The findings therefore extend beyond the availability of individual datasets to data governance, interoperability, consistency of ethnicity recording and the integration of suicide surveillance sources. Where ethnicity is not consistently recorded or datasets are not connected, the ability to identify patterns, inequalities and disparities in suicide and attempted suicide is substantially constrained.

This is not a critique of police professionalism or service delivery, but an examination of practices relating to suspected suicides and the recording and analysis of ethnicity.

4. Findings: FOI Responses and the Availability of Ethnicity Data

All 43 territorial forces and the one specialist force record or otherwise process information relating to suspected deaths and suicide-related incidents. However, only approximately 27% of the forces contacted (fewer than one in three) could provide ethnicity data relating specifically to suspected suicides that gave a diverse demographic overview of deaths by self in their locality.

The remaining forces were unable to provide the data for a range of reasons. In a substantial number of cases, they relied on Section 12. Others said the information was not held in an easily retrievable format, was not routinely recorded, was held by another body such as the coroner, or was not separately identifiable.

A Section 12 refusal does not necessarily mean a force lacks ethnicity information; it may mean the information cannot be retrieved within the statutory cost limit without extensive manual examination. For example, Police Force J said the information was not held in an easily retrievable format and that identifying it would require manual review of sudden-death, concern-for-welfare and missing-person records covering 25 years. It nevertheless supplied its police-defined ethnicity categories. Other forces likewise supplied ethnicity codes despite being unable to provide the requested data. The existence of a

classification system does not mean data on suspected suicides can be readily extracted, analysed or reported.

The responses reveal at least four distinct situations:

1. Ethnicity data were provided in response to the request.
2. Ethnicity codes or classifications were provided, but not the requested data, often because of Section 12 or retrieval limitations.
3. The force stated that ethnicity was not routinely recorded, or that suspected-suicide data were not separately held.
4. The information was said to be held elsewhere, including by a coroner or in another recording system.

Section 12 and data accessibility

A significant number of forces, some of the largest among them, cited cost, time or resource constraints. Some explained that information was not held in a format that could be readily searched or extracted; others said manual review of large numbers of records would be required. Data may therefore exist within individual records without being available as a usable dataset. This creates an important distinction between data being recorded and data being available for analysis. For suicide prevention and racial justice, both matter. If ethnicity is recorded inconsistently, with different classification systems, or in a form that cannot be retrieved and analysed, its practical value is substantially reduced.

5. Variation in Ethnicity Classification

Several forces supplied IC categories:

- IC1: White North European.
- IC2: White South European.
- IC3: Black.
- IC4: Asian.
- IC5: Chinese, Japanese, Korean or other Southeast Asian.
- IC6: Arab or North African.
- Unknown.

Other forces supplied more detailed categories corresponding to national or census classifications, such as self-defined ethnicity categories based on the 18+1 framework (W1 to W9, A1 to A9, B1 to B9 and related categories). Some forces use broad officer-defined categories, while others have access to more detailed self-defined classifications. In some cases, different systems appear to operate simultaneously within the same force, depending on the policing context and recording system.

Examples from the FOI responses

- **Force A** provided data using IC1 to IC5 categories.
- **Force B** provided data with categories including White North European, White South European, Black, Asian, Chinese/Japanese/Southeast Asian, Arabic and Unknown.

- **Force C** provided a detailed response using Census categories alongside officer-defined categories.
- **Force D** indicated proper recording of ethnicity in relation to suicide had been undertaken from October 2023 onwards, and referred to NPCC ethnicity categories.
- **Force E** provided data showing 300 people recorded as White, 15 as Eastern European, 3 as Asian, 1 as Black and 71 as Unknown, noting that local recording systems differ between forces.
- **Force F** indicated RTSS capability, although the ethnicity information supplied was largely White North European and Unknown.
- **Force G** provided RTSS information and later ethnicity data, although the coding appeared inconsistent.
- **Force H** supplied the 18+1 self-defined ethnicity categories.
- **Force I** supplied data with categories including White North European, White South European, Black and Asian.

There are significant differences in what is recorded, how it is classified, how granular the classification is, whether it is consistently applied, and whether the information can be extracted as a usable dataset.

6. What the FOI Findings Demonstrate

The findings are evidence of a fragmented ethnicity-data landscape across policing. That fewer than a third of forces could provide ethnicity data does not, by itself, establish that the majority do not record it. It shows that the data

were not readily available in a form those forces could provide within the FOI framework.

For ethnicity data to support effective prevention, they need to be:

- recorded consistently.
- based on a clearly defined methodology.
- sufficiently specific to identify differences between.ethnic groups.
- accessible for analysis.
- capable of being aggregated nationally; and
- reported in a way that enables meaningful identification of inequalities.

The responses suggest these conditions are not currently met consistently. The central finding is that the systems through which ethnicity is recorded, classified, stored, retrieved and reported vary substantially between forces, limiting the ability to construct a consistent national picture of suspected suicides within racialised communities.

This raises a further question: if police forces are the first public body to attend many suspected suicides, and ethnicity information is potentially available at that point, why is there no consistent national methodology for recording and analysing it for suicide-prevention purposes?

7. The Need for Accurate and Reliable Identification

On 3 December 2021, the Race Disparities Unit (now the Race Equality Unit) published Differences in the quality of ethnicity data reported by individuals and third parties [4]. It examined two methods:

1. **Self-defined ethnicity**, where individuals identify their own ethnicity.
2. **Proxy-reported ethnicity**, where another person or third party identifies an individual's ethnicity on their behalf.

Ethnic identity is complex and personal, encompassing race, religion, cultural heritage, shared traditions and language. Self-defined ethnicity is the preferred approach in government data collection, including the Census, but proxy reporting may be necessary when someone cannot be asked directly, for example young children or deceased persons. The RDU cautions that ethnicity data reported by a third party are generally considered lower quality than self-reported data, because of the complex nature of ethnicity.

Limitations of proxy reporting

The RDU identifies four types of proxy, by relationship to the individual:

1. someone related to the individual or who knows them well.
2. someone who stands in for the individual in analysis, such as where ethnicity is recorded for a household collectively.
3. someone who has interacted with the individual but does not know them well.
4. someone who neither knows nor has interacted with the individual.

This suggests a hierarchy of reliability. A family member or close associate may be better placed to describe how a deceased person identified themselves, whereas someone with no personal knowledge is more likely to rely on indirect indicators such as name, perceived physical appearance, birthplace or nationality. These indicators cannot independently establish self-defined ethnicity, and using them as substitutes risks introducing assumptions, bias and racial stereotyping.

The report also highlights the limits of name-based inference. Groups who may be misclassified include people from mixed ethnic backgrounds, women who have adopted a husband's surname, Black Caribbean people whose surnames resemble those common in Britain, and people from Muslim-majority countries such as Pakistan and Somalia, where surnames are shared across countries in Asia and Africa. Name matching may have analytical value, but its limitations must be understood and made explicit. The distinction between an individual's identity and the characteristics attributed to them by others is fundamental to reliable ethnicity data.

8. Implications for Suspected Suicides

These findings raise questions about the use of ICCs and OIVAC in suspected suicide cases. Where classification relies on an officer's assessment of a deceased person's visible characteristics, there is a risk that perceived race is recorded in place of ethnic identity. The accuracy of ethnicity data can influence how suicide patterns are interpreted, which populations are

identified as at risk, and where prevention resources are directed. A more precise and transparent process is needed.

The importance of real-time suicide surveillance

Accurate ethnicity data are particularly important for RTSS within individual force areas. These systems help identify clusters, emerging patterns and concerns affecting particular populations, enabling timely interventions, usually led by public health teams with police and other partners. If ethnicity is inaccurately assigned, emerging risks may be overlooked or patterns misinterpreted.

Where self-defined ethnicity is unavailable, the recording process should distinguish between information from someone who knew the deceased and classifications based on visual assessment or other indirect indicators. The source and method of identification should be documented, with uncertainty made explicit. This would allow analysts to judge whether apparent differences between populations reflect genuine patterns or data limitations.

Learning from the Macpherson recommendations

Macpherson recommendations 61 to 63,(5) on recording self-defined ethnicity during stop and search, offer a starting point. Although circumstances differ, the principle is relevant: ethnicity should not be assumed from physical appearance when more reliable information can reasonably be obtained. Sensitive engagement with bereaved families could help establish how the deceased identified themselves, handled with compassion and respect. Family accounts may be valuable but should not automatically be treated as equivalent to the deceased person's own self-identification. Any revised approach would need clear guidance on data protection, recording standards,

the treatment of uncertainty, and the distinction between self-defined ethnicity, informed proxy reporting and officer-assigned classifications.

9. Training and Improved Practice

Forces' experience of recording self-defined ethnicity during stop and search could provide a foundation for improving practice in suspected-suicide investigations. Training could address the complexity of ethnic identity, the limits of visual and name-based classification, appropriate engagement with families, and the importance of documenting how ethnicity was established. Consistent guidance across forces would support the reliability and comparability of RTSS data. ICC codes and officer-identified visual classification should be reviewed as a matter of good practice, service transformation and consistency in the post-Macpherson era, aligned with service-level race equality plans.

The RDU report provides a clear basis for examining the reliability of third-party ethnicity data, with particular concern where police identity codes or visual classifications are used without reference to how a deceased person identified themselves. Review should include exploring how the principles of self-defined ethnicity could be adapted to suspected-suicide investigations, with informed proxy reporting used where appropriate and indirect classifications clearly identified as such.

The central question is whether current police practices provide an accurate enough account of ethnicity to support effective suicide prevention. Reviewing methods, strengthening training and developing consistent recording standards would help ensure that real-time surveillance identifies emerging

risks as reliably as possible, and that public health interventions rest on the best available evidence.

10. Conclusion

Suicide prevention is everyone's business. Data are central to that responsibility, informing both suicide surveillance and coronial determinations and helping establish the prevalence and patterns of suicide nationally. Yet for racialised communities, ethnic identification from the very outset of a suspected suicide is often based on little more than visual judgement. This is neither sufficient nor reliable, and is increasingly difficult to justify in an era of evidence-based practice and data-driven decision-making.

This research highlights the importance of distinguishing between ethnicity being recorded, ethnicity being recorded accurately, and ethnicity data being retrievable and usable. Arguably, this is one of its most significant contributions. It exposes a critical gap and provides a compelling rationale for the recommendations.

The issue extends beyond fairness and equality. Accurate and accessible ethnicity data are fundamental to meaningful intelligence, appropriate interventions and ensuring the needs of all communities are recognised, particularly communities already experiencing health and wider societal inequalities, whose voices are too often marginalised. Without reliable data, their needs risk remaining unseen, misunderstood and unmet.

Addressing the recording and coding of ethnicity in suspected suicides requires practical action and policy commitment from police forces, underpinned by clear leadership, accountability and direction from national policing bodies. It

is not simply an administrative improvement but an essential part of building better race relations and confidence between policing institutions and racialised communities. The importance attached to this agenda should be comparable to that given to other areas where ethnicity, public confidence and accountability are central, including stop and search.

The post-Macpherson era should not be understood as a point at which the need for continued commitment has diminished. Progress cannot be assumed, institutional learning must be ongoing, and communities must not be rendered invisible, regarded as irrelevant or presumed unwilling to speak out for change.

Racialised communities are not invisible, and their experiences must not remain unrecorded or unheard. The issue is not whether these communities have a voice, but whether the systems and institutions responsible for listening are prepared to hear it. We simply need to be heard.

Notes and References

1. Ethnicity Recording Improvement Plan, 29 October 2025. https://www.england.nhs.uk/longread/ethnicity-recording-improvement-plan/
2. Section 12(1) of the Freedom of Information Act: a public authority need not comply with a request if it estimates the cost of compliance would exceed the prescribed limit. Example of a force's stated reasons: there is no method to readily retrieve the information; for the period requested, more than 25,840 incidents were recorded, each requiring manual review to establish whether it concerned a suspected or attempted suicide; dip sampling estimated about 4 minutes per record, over 1,722 hours, far exceeding the 18-hour threshold.
3. RTSS is a national network run mostly by police forces to record and monitor suspected suicides in real time and to report to local authority public health teams, who lead local suicide prevention strategy, interventions and bereavement support commissioned by local NHS Integrated Care Boards. The term "suspected suicide" is used because a coroner's inquest and verdict establish whether a death was suicide, which can take months depending on local backlogs and complexity.
4. Differences in the quality of ethnicity data reported by individuals and third parties, Race Equality Unit. (formerly Race Disparities Unit), GOV.UK. https://www.gov.uk/government/publications/differences-in-the-quality-of-ethnicity-data-reported-by-individuals-and-third-parties
5. MacPherson refers to the Stephen Lawrence Inquiry led by Sir William MacPherson, a High Court Judge. https://www.gov.uk/government/publications/the-stephen-lawrence-inquiry

- Recommendation 61: That the Home Secretary, in consultation with Police Services, should ensure that a record is made by police officers of all "stops" and "stops and searches" made under any legislative provision (not just the Police and Criminal Evidence Act). Non-statutory or so called "voluntary" stops

must also be recorded. The record to include the reason for the stop, the outcome, and the self-defined ethnic identity of the person stopped. A copy of the record shall be given to the person stopped.

- Recommendation 62: That these records should be monitored and analysed by Police Services and Police Authorities, and reviewed by HMIC on inspections. The information and analysis should be published.
- Recommendation 63: That Police Authorities be given the duty to undertake publicity campaigns to ensure that the public is aware of "stop and search" provisions and the right to receive a record in all circumstances.

(Source: StopWatch submission https://committees.parliament.uk/writtenevidence/99661/html/)

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