

fack families against corporate killers

FACK c/o GMHC, Unit 2, the Wesley Centre, Royce Rd, Manchester M15 5BP (UK)
Telephone: 0161 884 4229 mail@gmhazards.org.uk Web:

<https://gmhazards.org.uk/index.php/fack/>

Hilda Palmer Facilitator Working from home: Tel 0161 792 1044 or 079298 00240

hild.palmer52@gmail.com www.fack.org.uk

30 June 2026: A free text response to RIDDORconsultation2026@hse.gov.uk from Hilda Palmer, Facilitator on behalf of Families Against Corporate Killers.

Families Against Corporate Killers, (FACK), was set up by families of those killed by or at work. FACK was launched in 2006 and is run by the Greater Manchester Hazards Centre (GMHC). FACK offers help to the families of those killed in work-related incidents by negligent employers. We support families through the investigation, inquest and trial process with information and advocacy. FACK aims to ensure as much justice as possible and that the voices of those impacted are heard in the campaign to [stop work-related deaths](#). No-one's death is just a statistic and almost every work-related death could and should have been prevented. FACK families say: *'We didn't vote to die at work so stop killing us! No-one should be killed at work due to negligence of health and safety and employers should not escape justice.'*

Our FACK submission here will primarily focus on the importance of RIDDOR reporting on work-related death by suicide that arises from physical and mental work stress factors. FACK has also contributed to the Hazards Campaign submission which covers more issues relating to RIDDOR. We recognise that work-related suicide is the visible tip of the iceberg of work-related stress and that any of those work stress factors can contribute to or cause suicidal ideation and work related suicide: excessive workloads, hours and targets; lack of support, resources and respect; high demand with low control; low pay; precarious hours and contracts; bullying and harassment including sexual harassment; power imbalance, unmanaged change; excessive or punitive surveillance and inspection; punitive sickness absence policies; physically or mentally unsafe, unhealthy work/workplaces etc.

We want HSE to make [work-related suicides](#) reportable under RIDDOR for further investigation because if they are not counted then they don't count in any justified action against employers and in prevention of future deaths by similar work-stress causes which undermines the HSE's regulatory intelligence gathering, severely weakens the implementation of preventive measures, and undermines HSE's stated aims and mission statement to protect people and places and reduce work-related death, injury and ill health in the modern day workplace. Where employers are expected by law, supported by guidance and Codes of Practice, to assess and manage risks, as in the Stress Management Standards, then the reporting framework of RIDDOR should address more clearly how resulting harm is counted, recorded and treated. Excluding work related-suicide creates serious irrational and illogical inconsistencies in the RIDDOR framework and HSE's approach to prevention of work-related death. We do not claim all suicides of workers are work-related, just that they should be properly assessed.

Until about 10 years ago when meeting groups of workers and safety reps, suicide was almost never mentioned. Then we started to find that workers and safety reps would raise

the issue in training and information sessions. Some workers reported several suicides at their workplaces. We came across cases of multiple suicides with suicide notes implicating workplace bullying and other causes but failed to get the HSE or other agencies to take this seriously, and the specific ban on suicide reporting under RIDDOR has hampered any advance on this serious work-related harm and undermined preventative action against work related stress generally.

We have worked with Professor Rory O' Neill at Hazards Magazine who, in the absence of the UK workplace health and safety regulatory taking the lead on this, has pioneered and highlighted the issue in the UK, collated and published a huge body of research and information on cases and advances in other legal jurisdictions, and campaigned to get the HSE to consider making work-related suicide RIDDOR reportable. Our postcard and e-card campaign to 'Make Work Suicide Count' saw many thousands sent to the HSE <https://www.hazardscampaign.org.uk/suicide> by workers and safety reps as it was seen as an important work issue. We have worked with academics like Professor Sarah Waters to learn about the way other jurisdictions deal with work suicide for example in France, Japan, Australia, New Zealand, Canada, European countries etc, conducted research on UK cases and supported several families who have suffered a work-related suicide. We met with Sarah Albon CEO of the HSE and Rick Brunt Head of Engagement and Policy on two occasions to present our argument that work-related suicide should be made reportable, initially at least for those suicides occurring in the workplace, and heard their adamant refusal to seriously consider this or to systematically investigate and analyse research and evidence from UK or other jurisdictions. We feel the HSE's claims that the existing system of Coroners inquests and Scottish Procurator Fiscal and Fatal Accident Inquiries systems deal with the issue satisfactorily to be untenable and unsupported by the facts.

We see this refusal to even put work suicide on table for discussion in this RIDDOR Consultation as a continuation of HSE's failure to take work-related stress seriously as a major cause of work related suicide and other deaths, a failure to tackle its prevention and we consider it an unacceptable failure to protect workers based on almost negligible consideration of research and evidence and contradiction of HSE's claims to want to face challenges of modern day work and protect people and places and so contrary to HSE's aims, mission and arguably health and safety law.

We feel that cases in workplaces and research show that work stress is a key factor in worker suicide – it may be main cause or contributory. For example, Ruth Perry, a Head Teacher in Reading died by suicide in January 2023. The Coroner's Report said her '**death was contributed to by an Ofsted inspection**' <https://www.hazards.org/suicide/failed.htm> Waters, Palmer, Chamberlain 2021 Qualitative study of 12 cases of work suicide <https://ahc.leeds.ac.uk/languages/news/article/1866/work-related-suicides-are-uncounted> , found 8-10 previous teacher suicides due to Ofsted. The HSE was not involved in any of these or in Ruth Perry's death. Sarah Albon and Rick Brunt made clear to Sarah Waters and Hilda Palmer from FACK and Hazards Campaign, that they did not feel her death or Ofsted's risk of work-related stress and suicide to teachers was a matter for the HSE.

HSE Specifically bans reporting of suicide under RIDDOR yet acknowledges it can be related to work-stress and is preventable in guidance on Suicide Prevention to employers <https://www.hse.gov.uk/stress/suicide.htm> updated in 2022 This seems illogical and inconsistent.

There are around 6-7,000 suicides per year in Great Britain according to the ONS and Samaritan the majority are in working age people, 3 times as many men as women but there is a lack of more detailed qualitative and quantitative information and understanding of work-related issues because work suicide is not reportable under RIDDOR.

10 plus years of Research and Campaigning by Rory O'Neill Editor of Hazards Magazine, Hazards Campaign, Trade Unions, Professor Sarah Waters on French Telecoms – 19 suicides during a privatisation and restructuring exercise - international collaboration with experts and unions in France, Japan, Australia and New Zealand, USA, Canada etc where some more effective reporting and action now occurs and produced a lot of evidence and information.

There were two meetings of Prof Sarah Waters and Hilda Palmer Hazards Campaign and Families Against Corporate Killers, in Autumn 2022 with HSE CEO Sarah Albon and Rick Brunt Head of Engagement and Policy. We urged RIDDOR reporting but were faced with a strong refusal to look at the evidence we presented, to read or consult international sources, and sticking to the weaponisation of the complexity of suicide as multi-factorial, employers not qualified to investigate, it's up to Coroners and that works well, and basically we felt, rejecting the notion that work-related suicide is really an issue at all. Our evidence is that Coroners frequently did not contact the HSE nor did they send Preventing Future Deaths Reports to HSE and often conducted the Inquest as a paper exercise without investigation or witnesses.

We won some support from the Work Health Expert Committee in 2022 that HSE should ensure Coroners are reporting work related suicide issues via the Preventing Future Death Report. HSE has taken no action

<https://webarchive.nationalarchives.gov.uk/ukgwa/20240605184759/https://www.hse.gov.uk/research/assets/docs/work-related-suicide.pdf>

There is support from the All Party Parliamentary Group on Tackling Male suicide 2022 Recommendations: (15) Suicides at work to be disclosed as a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)<https://equi-law.uk/wp-content/uploads/2022/09/APPG-MB-Male-Suicide-Report-9-22.pdf>

And recently the Police Federation England and Wales has demanded Chief Constables press the HSE to make police suicides RIDDOR reportable and until they undertake to do this, to keep their own records as 100 officer suicides+ 200 attempted 2022-25 [The silent crisis killing police officers: more than 100 suicides since 2022](#)

On the basis of much of this work and the reputation of those involved, the Wellcome Trust has agreed to fund a three country research project into work related suicide led by Prof Sarah Waters 'Work-related suicide. An international social justice analysis'
<https://wellcome.org/research-funding/funding-portfolio/funded-grants/work-related-suicide-international-social-justice>

FACK feels strongly that the HSE's position on Work Related Stress and Work Suicide in the RIDDOR Consultation Document is illogical, irrational, inconsistent, and untrue in some respects, and untenable for the national health and safety regulator and enforcement authority. In the Consultation Document the HSE states:

'Work-related stress (WRS) and suicide were considered in the internal review for inclusion however, at this time, is not being proposed. While WRS is a serious workplace issue, its exclusion from RIDDOR is based on wider organisational considerations. It is difficult to define WRS in a way that allows for consistent and reliable reporting across sectors. HSE will continue to monitor and address WRS through other regulatory and policy tools.

'Decisions about the causes of death in GB are made by Coroners in England and Wales, and the Procurator Fiscal (and, where applicable, the Sheriff Court through a Fatal Accident Inquiry) in Scotland. Only these authorities can decide whether the cause of death was suicide. Introducing a legal requirement for an employer to attribute a suicide to work related factors and report it through RIDDOR would pre-empt these established investigative processes and require employers to make determinations about causative factors which would involve multiple strands of inquiry, some of which are unavailable to the employer, for

example, access to the deceased's medical records. As such, suicide is not included in the proposals as HSE considers that the existing statutory investigation systems remains the most effective and accurate way of considering such deaths.'

We would point out that all deaths in a workplace whether of workers or visitors have to be reported to the HSE at once under RIDDOR. The HSE then assesses the report and decides whether further investigation is necessary and establishes work-relatedness or not. **Only suicide of workers, is explicitly excluded from RIDDOR reporting whether it occurs in the workplace or not. Consider the illogicality of this:**

Case X: A member of public dies of heart attack in workplace – RIDDOR Reportable – No work related causes or implications that others were at risk or of risk of future deaths, yet this is initially treated as work-related and may appear in provisional statistics before being eliminated by HSE examination of the RIDDOR Report and the facts..

Case Y: A member of staff takes their own life at work, wearing work clothes, using work equipment or substances, and has a note in their pocket explaining how persistent specific work-related stress factors which they have reported, tried to get resolved without employer action, have pushed them to the edge of despair –This is considered **Not RIDDOR Reportable, deliberately excluded** yet there is potentially huge element of work-relatedness with possible legal liability implications for their employer who may have failed to comply with law and guidance on prevention of work stress factors, and possible foreseeable risks of future harm to workers health and possibility of other deaths. All foreseeable future harm and opportunity to prevent future deaths are missed by HSE's decision to blind itself by making suicide not reportable under RIDDOR.

The HSE claims the existing systems for dealing with suicide that may be related to work is adequate and works well. The Coronial system in England and Wales is under-funded and under-resourced, and with the Procurator Fiscal (and, where applicable, the Sheriff Court through a Fatal Accident Inquiry) in Scotland is not fit to assess work related suicide without specific work expertise of HSE inspectors. Coroners are often completely unaware of work-related issues and law and do not in fact investigate them as a matter of course and often not even when work colleagues and family urge them to do so and provide evidence of their concerns. Families lack automatic free funding for legal representation at Inquests, but where they can access it via their Trade Union or Crowd Funding as in Ruth Perry case, then experienced legal representation can ensure that work-related issues are fully presented to the Coroner, and where they are, then work-related findings may result. Otherwise Coroners tend to take the HSE exclusion by RIDDOR as setting the tone and do not even contact the HSE to discuss whether there are any work-related issues that should be considered and are unlikely issue Preventing Future Death Reports to employers, Trade Organisations, the HSE or other relevant bodies.

Australia and New Zealand have similar Coronial systems to the UK, and yet they have enacted new reporting laws on work related suicide. Relevant Hazards Magazine articles:

<https://www.hazards.org/suicide/wedespair.htm><https://www.hazards.org/suicide/suicidalwork.htm>

<https://www.hazards.org/suicide/pressuregrows><https://www.hazards.org/suicide/researchersstatement.pdf>

<https://www.hazards.org/suicide/suicidebrief.pdf><https://www.hazards.org/suicide/onelastact.htm>

<https://www.hazards.org/suicide/failed.htm> on death of Head Teacher Ruth Perry

<https://www.hazards.org/suicide/waiting.htm><https://www.hazards.org/suicide/cryingshame.htm>

Concern by Professor Sarah Waters to HSE was expressed in late 2025 where she urged the HSE to include work-related suicide in the forthcoming RIDDOR Consultation and HSE response rejecting this:

<https://docs.google.com/document/d/1feevqsJEjD1uKR5VLiw9iYQOGxNZeopQ/edit?usp=sharing&oid=114641690907270459727&rtpof=true&sd=true>

And Professor Water and others wrote an Open Letter to HSE on work-related suicide and RIDDOR consultation once the consultation was opened.

'Please find attached an Open Letter signed by over thirty prominent MPs, researchers, charity CEOs, employers, bereaved family members and investors urging you to include suicide in the current RIDDOR consultation. We e-mailed you on 9 December 2025, requesting that work-related suicide be included in the current consultation and bringing your attention to developments in Australia and New Zealand where reportable accident rules have been amended to include suicide. In your reply of 15 April 2026, you stated that suicide or psychological harm would not be considered in the current consultation. Despite our long-standing efforts to communicate the urgency of reporting and tackling work-related suicide, despite mounting research evidence, despite comparable models of reporting in Australia and New Zealand, despite WHEC's 2022 recommendations on collecting data on suicides, HSE has not yet taken action to address or tackle work-related suicide.

The attached Open Letter has attracted widespread interest beyond the signatories and is being considered for publication in a leading UK medical journal. We request that you provide a detailed and considered response to the points raised in the letter that we can share with signatories. With thanks and best wishes, Sarah Waters Professor of French Studies University of Leeds LS2 9JT

<https://drive.google.com/file/d/1Vo6XcexaFPAXKt537wzl088dpsB2OhL9/view?usp=sharing>

All this work and research on work related suicide outside of the HSE has led to various types of progress:

- an international expert estimate that 10-13% of suicides are work related,
- major changes in the law on reporting work related suicides in Australia and New Zealand,
- some minor changes to HSE guidance <https://www.hse.gov.uk/stress/suicide.htm>
- more emphasis on work as contributory cause of suicide that must be tackled directly, and
- a summary of the key issues and evidence and an international call for urgent action which is covered in latest Hazards Magazine: **Suicide Crisis Call to action** <https://www.hazards.org/suicide/suicidecrisis.htm>
- At around 6-7,000 suicides in GB, if 10-13% this would amount to between 600-800 work-related suicide deaths per year. Compare that to the latest HSE statistics: '124 workers killed in work-related accidents in 2024/25 (RIDDOR)' An estimated 5-6 times as many killed by work-related suicide due to psychosocial risk factors at work compared with 124 killed by physical hazards, uncounted therefore don't count with HSE, no policy implications, and no preventative action taken by the HSE.
- Our argument is evidence based- that work related stress, the iceberg under suicide, is the biggest cause of occupational ill-health, running at estimated 964,000 reports of stress, depression or anxiety caused or made worse by work in 2024/5 as reported in HSE latest statistics from Labour Force Survey not HSEs own intelligence gathering. Failing to make work related stress and the 10-13% of work-related suicides RIDDOR reportable, means the HSE is **not responding to the 'challenges**

of the modern day workplace', will not understand the causes fully across all workplaces, sectors and categories of workers, or be able to investigate, issue meaningful guidance and support for employers, and take preventative action. The Coronial system is not working effectively and other countries are making changes to their reporting e.g. Australia + New Zealand, and we make proposals for starting this process for those suicides that happen in the workplace - see more detail in **Suicide Crisis Call to action** <https://www.hazards.org/suicide/suicidecrisis.htm>

FACK supports the International Association for Suicide Prevention (IASSP) call for governments to act on work suicide which includes examples of action in other countries France, Japan, Spain, Australia and New Zealand and urges the HSE to act on this:

The Australia Code of Practice on Managing psychosocial hazards at work [Model Code of Practice: Managing psychosocial hazards at work | Safe Work Australia](#) **explicitly includes** suicide and harassment/sexual harassment in the latest revision. While their Codes of Practice are different to the UK's in terms of their legislative weight – the federal law, has also to be enacted by states, so some are stronger still and have already led to suicide-related prosecutions, and it is a very useful model that at the very least the HSE should thoroughly examine.

We also call for HSE to inspect for psychosocial risks, with suicide ideation/attempts/cases included in the Operational Circular/guidance for inspectors.

We support the International Association for Suicide Prevention (IASSP) call for governments to act on work suicide to include:

- Defining work-related suicide
- Identify and investigate potential work related suicides
- Record and monitor work related suicide
- Regulate and control risk factors for suicide workplace health and safety issues
- Compensate work related suicide as other work-related injuries and fatalities

<https://pubmed.ncbi.nlm.nih.gov/41527447>

We propose the HSE removes the exclusion of suicide from the RIDDOR regulations and amends RIDDOR to require reporting of a Suicide and attempted suicide with a work-related element recognised where there is reasonable evidence that work-related factors materially contributed using the French guidance of:

- ***workers carrying out the act in a workplace,***
- ***during work hours,***
- ***wearing work clothes,***
- ***where lethal means is accessed through work or where a material link exists in the form of a suicide note or a testimony etc and***
- ***where this is supported by internal investigation, Coroner's Inquest or Fatal |Accident Inquiry findings including Preventing Future Death Reports, or documented evidence (e.g. workplace grievance, exposure to traumatic events, excessive workload)***

This could initially be implemented via non statutory guidance and voluntary reporting, with a view to future legislative inclusion subject to evidence.

<https://www.hazards.org/suicide/suicidecrisis.htm>

Other supportive documents: Ofsted a case of official negligence? Waters and McKee BMJ
<https://www.bmj.com/content/bmj/381/bmj.p1147.full.pdf>

Journal of Public Health: Dying at work. Work-related suicide – how does the UK regulatory context measure up?
<https://www.emerald.com/insight/content/doi/10.1108/JPMH-09-2021-0114/full/html>

Crisis call to action on suicide <https://econtent.hogrefe.com/doi/10.1027/0227-5910/a001040>

We also urge the HSE to ensure that it is recording and reporting in the annual statistics all deaths related to work whether they happen at sea, in the air, or on the roads and railways, as well as work related suicide estimates and estimates of work related stress deaths, so that the real risks of work are made visible and workers, the public, employers and politicians can see how and why health and safety regulation and enforcement is so important, and the cost benefit argument can be more clearly made. See ‘The Whole Story’ for details of estimates of the real number of workers killed at and by work every year.
<https://gmhazards.org.uk/wp-content/uploads/2025/08/The-Whole-Story-2025-FINAL-compressed.pdf>