NAVIGATE EDUCATION

SUICIDE PREVENTION / PRACTICE GUIDE

Meeting Need

Understanding the function of behaviour and making safer alternatives accessible

FOR ADULTS WORKING WITH CHILDREN AND YOUNG PEOPLE

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Why this guide matters

When a behaviour provides control, protection, relief or hope, asking someone to stop it leaves an important question unanswered: what will meet that need instead? An alternative has to be useful to the person experiencing the difficulty. A strategy chosen because it is convenient for adults may never offer enough to compete with the behaviour it is meant to replace.

This is particularly relevant after trauma. Refusal may protect someone from feeling powerless; withdrawal may limit exposure; an elaborate story may preserve hope or privacy. Some ways of coping are costly or unsafe, yet their immediate effect can be powerful. Understanding that function helps us offer a safer route without dismissing the need that made the behaviour useful.

Meeting Need builds on the companion guide, Identifying Risk. It draws on Navigate's work around control, narrative, hope and escape, then considers how adults can build understanding, teach replacement skills and make support usable in everyday settings. These approaches sit alongside safeguarding and specialist mental-health care wherever those are needed.

01 Recognising the beginning

Behaviour often starts long before an adult can see it. Someone who eventually runs from a room, argues, shuts down or turns to an unsafe coping strategy may first have noticed a thought, a physical sensation or a change in attention. By the time the visible behaviour appears, the person may have much less capacity to choose what happens next.

For a young person prone to busy thinking or catastrophising, the beginning might be a single thought that starts gathering possibilities and consequences. Someone who relies on obsessive control might first notice uncertainty, then feel compelled to check or settle every detail. Another person may recognise a twist in their stomach, a change in breathing or an unusual awareness of their feet. These experiences differ, and there is no universal set of early signs.

The work begins by helping the young person notice their own pattern. We are interested in the earliest point at which they can recognise that something is becoming difficult, while there is still room for thought, support and choice. Some will be able to name that moment quickly. Others will need adults to build the language gradually and respond to their cues before they can do it for themselves.

Using other people's experiences to develop insight

A young person may find it much easier to recognise an emotion in a story than to discuss their own experience. Emotion stories, a documentary, a character in a film, another person's account or an ordinary conversation can provide enough distance to explore the beginnings of anxiety, shame, anger or a need for control without feeling exposed.

An adult might notice the moment a character begins to anticipate something going wrong and talk about what came before the decision to leave or argue. What did the character notice in their body? What did they assume would happen? Was there a moment when a different response was still available? The young person can join the conversation, disagree or make no connection to themselves at all. There is no need to press for personal disclosure.

These opportunities work best when they are woven into ordinary life. A short conversation after reading an emotion story, a reflection during a familiar activity or a low-key observation about somebody else's experience may create language that the young person returns to later. Learning to recognise a pattern in another person can precede recognising it in oneself.

02 Meeting the need for control

Many people who have experienced trauma have learned that vulnerability carries danger. Events have happened that they could not anticipate, prepare for or stop. Feeling exposed, dependent or out of control may then become associated with harm, and control becomes one way of keeping vulnerability at a distance.

This changes what accepting help can feel like. A well-intentioned conversation may require a learner to reveal something private, trust an unfamiliar adult or agree to a process whose consequences they cannot predict. They may refuse the conversation, try to set every condition or insist that everything is fine. What appears to be resistance may be an effort to avoid another experience of vulnerability.

Adults can reduce that threat through clarity and genuine influence. Explain what will happen, who needs information, which parts of the process can be chosen and where the boundaries sit. Allow a young person to decide whether to speak while walking or sitting, whether to begin by writing, or which trusted adult helps them start. Confidentiality cannot be promised where safeguarding duties apply, but the learner can still be told who will know what and why.

A boundary can remain firm while the route into it offers control. Giving advance notice, a manageable choice or time to respond often allows somebody to keep some influence without making refusal the only available option. The choices must be real. A choice that disappears as soon as the young person tries to use it can make support feel less predictable than before.

After someone has been vulnerable

A learner may share something painful, accept comfort and appear ready to work with an adult. The next morning they avoid that person, become defensive or seek support elsewhere. We describe the discomfort that can follow being seen so openly as a vulnerability hangover. The young person may now be facing someone who knows more than they intended to reveal.

Trying to recover yesterday's closeness can make the exposure worse. A calm greeting, ordinary conversation and reassurance about what happens next allow the relationship to remain available without demanding another disclosure. The adult does not need to take the avoidance personally. They do need to retain safeguarding oversight and make any agreed follow-up accessible.

Some learners will respond to vulnerability by tightening control; others will need more escape, becoming frantic, angry, avoidant or withdrawn. Both patterns deserve curiosity about the experience underneath them.

03 Meeting the need for narrative

Stories help us make sense of experience and decide what other people can know about us. Following trauma, a young person's account may be shaped by memory, fear, shame, uncertainty or a need to retain ownership. Adults can support communication and accountability while respecting that an immediate, complete account may be difficult to give.

In Identifying Risk we described five possible functions of altered stories. Here the useful work lies in what adults make available around the story, rather than in labelling it. A learner who embellishes achievements to create hope may need genuine opportunities to succeed. Someone who magnifies an accomplishment to secure recognition may need adults to notice the real achievement properly, not dismiss it because the account became exaggerated.

When a learner uses distance or changes a story to protect privacy, offer other ways to communicate. They might write a sentence, draw, speak through a fictional character or name the feeling without explaining the event. The right to choose how to communicate can reduce the pressure to control every detail of the account. A personal 'brain manual' or a short note for a new teacher can also help them explain what supports them without having to retell their history repeatedly.

Where a memory or interpretation appears to protect someone from painful meaning, educators should avoid probing for the 'real' version or correcting the person into distress. Accurate safeguarding records and proportionate information-sharing remain essential. Trauma-related memory work and fixed, distressing beliefs require appropriately qualified professional support.

Shame, accountability and a way back

A young person who denies responsibility may be protecting themselves from the exposure of saying they were frightened, ashamed or wrong. Public demands for an admission can make that vulnerability harder to tolerate. A private, forward-facing repair conversation may allow them to accept responsibility with more dignity.

The adult can be clear about what happened and what needs putting right, then make the next action manageable. Rehearsing a brief acknowledgement or a practical act of repair may achieve more than insisting on a performance of remorse in front of an audience. Safeguarding facts must still be recorded accurately, and serious concerns must never be settled through an informal restorative conversation alone.

04 Meeting the need for hope

Hope is easier to hold when somebody can see evidence that life may change. Reassurance alone can feel thin when their experience has taught them that efforts fail, relationships end or opportunities are closed. The adult task is to make worthwhile experiences and achievable possibilities available, then help the young person recognise what has genuinely changed.

That evidence might come through a developing friendship, an interest they are becoming skilled at, being needed in a group, making something, playing sport or seeing that they can return to learning after a difficult lesson. These experiences give a young person opportunities to feel capable, valued and connected beyond the story of what has happened to them.

A person in severe distress may find a distant ambition impossible to believe. A small, credible next step can be more useful. Someone who could not manage the school morning last week may begin with an agreed arrival, a trusted greeting and one activity they want to attend. Progress needs to be recognised specifically and without making the young person perform gratitude or optimism.

Hope can also become concentrated in one person, date or outcome. Adults should take that hope seriously while gradually widening the person's sources of belonging, purpose and opportunity. The aim is to prevent their sense of a future from resting entirely on something they cannot control. When a young person talks about their own death as a route to peace, reunion, relief or a better existence, that is a safeguarding and specialist mental-health concern. A programme of positive activities is not an adequate response on its own.

05 Meeting the need for escape

Escape is often an attempt to change an experience that feels intolerable. The relief may come from leaving a noisy place, moving the body, reducing conversation, becoming absorbed in a task or briefly shifting attention away from intrusive thinking. An adult needs to understand what happens for that individual before deciding what might help.

A learner who runs because the classroom is crowded may benefit from a predictable supervised route to a quieter space. Someone who becomes overwhelmed by noise might use earplugs or headphones where safe. Movement, fresh air, a cool drink, drawing, wall presses or a familiar practical task may offer another way to change the immediate experience. These are options to explore, not a standard set of prescriptions; strong sensory input can overwhelm one learner while helping another.

The replacement must provide enough of the original function to be worth using. Asking a person who relies on intense movement to sit still and breathe may leave their need for a change in state untouched. Equally, an agreed break will fail if the learner must explain their distress in front of peers before being allowed to use it. The conditions for access matter as much as the strategy itself.

Ordinary life provides important windows of relief as well. Eating without pressure, sleeping well enough to recover, concentrating on something absorbing or enjoying a conversation that has nothing to do with distress can give the mind and body a period of respite. These experiences are worth protecting even when the young person continues to need structured support.

When escape has become unsafe

Self-harm, substance use, running into danger and other risky behaviours may sometimes provide powerful short-term relief. Their function can differ from one occasion to another and should never be assumed. In these circumstances, suitable alternatives and adjustments may help a person cope between episodes, but they do not replace safeguarding, medical care, specialist assessment or an agreed safety plan.

Where self-harm or suicide is suspected, staff should follow the setting's safeguarding pathway promptly. Any coping approach offered in school needs to align with the work of the professionals responsible for the young person's care.

06 Teaching a replacement skill that can actually be used

Developing a replacement skill begins with identification and clarity. The learner gradually understands what happens at the very start of a difficult experience, what it feels like and what their familiar response provides. From there, adults can introduce alternatives while there is still enough capacity to learn them. Self-management develops through shared exploration, modelling, rehearsal and opportunities to use the skill with support.

The first useful step might be recognising an early thought and asking for a quieter place, noticing a tightening stomach and using an agreed signal, or identifying the start of obsessive checking and choosing a familiar activity that helps attention shift. The learner needs to know what the alternative will do for them, what the adult will do in response and how they can return afterwards. If it fails to help, the plan needs to change rather than being treated as non-compliance.

An 'if X, then Y' agreement can make that learning usable. For example: 'If the room starts to feel too loud and I notice myself looking for the door, I can show my orange card. An adult will help me take the agreed supervised movement break, and we will decide on the first step back together.' The plan works because the signal, response, supervision and return have been agreed while the young person is settled.

Rehearsal matters. Young people may understand a strategy perfectly in a calm conversation and still be unable to reach it under pressure. They need chances to watch an adult model it, practise it together, use a prompt and experience success before being expected to manage alone. Some will always need co-regulation or adjustments because of developmental, sensory, communication or mental-health needs. That is part of making the skill accessible.

Making the environment part of the plan

An agreed approach needs to work in the classroom, corridor, lunch hall, on school transport and with unfamiliar staff. If it depends on one trusted adult being available, there needs to be a thoughtful arrangement for their absence. Adults should agree the signal, safe place, times, supervision, privacy and the supported return. A substitute teacher should not inadvertently turn a quiet exit plan into a public negotiation.

It is useful to review the fit with the learner rather than measure success only by whether the unwanted behaviour has stopped. Can they notice an earlier sign? Do they have more influence over what happens next? Are they finding relief in safer ways? Is it easier to recover, reconnect, eat, sleep, learn or return after a difficult moment? These changes tell us more about developing capability than incident counts alone.

07 Keeping support safe and responsive

Needs change with circumstances. A strategy that worked during one period of distress may become inaccessible after a loss, a transition, a conflict or a change in relationships. Review what the young person is experiencing, what helps now and whether the plan still offers enough control, communication, hope or relief. Families and relevant professionals may see different parts of that picture, and their perspectives can help when shared appropriately.

Some young people are spending so much of their day trying to meet needs for control, narrative, hope and escape that ordinary life has very little room left. Others have only one fragile source of hope or one increasingly unsafe way of finding relief. These patterns warrant specialist mental-health involvement. The four needs are Navigate teaching lenses, not a clinical assessment or a way for educators to determine suicide risk.

Staff should act promptly on any concern about self-harm, suicidal thinking, exploitation or immediate danger. Follow local safeguarding procedures, inform the designated safeguarding lead and arrange the appropriate medical or mental-health response. An existing clinical safety plan should guide what can safely be offered in school, with clear roles and arrangements for review. If immediate safety is in doubt, follow emergency procedures; call 999 where there is immediate danger.

The educational contribution remains important. A predictable adult response, an accessible learning day and regular opportunities for genuine choice, connection and relief help a young person use the support being offered. Record meaningful changes and share concerns with the professionals responsible for assessment and care.

Keeping the future open

A useful replacement skill begins with the person's experience. When young people can recognise the first signs of difficulty, understand what they need and practise a response that genuinely helps, they gain opportunities to influence what happens next. Adults make that learning possible through good examples, ordinary conversations, predictable support and environments in which the alternative can actually be used.

Where needs are becoming overwhelming or unsafe, that work must sit alongside appropriate specialist care.

Guidance and professional boundaries

Navigate's control, narrative, hope and escape framework, and terms such as vulnerability hangover, are teaching descriptions drawn from trauma practice. They are not clinical diagnoses or validated suicide-risk indicators. The strategies described here support everyday access and coping; they do not replace clinical assessment, treatment, safeguarding or an agreed safety plan.

NICE NG225 recommends specialist psychosocial assessment for children and young people who self-harm and sets out how education staff should respond. It also describes individualised coping and safety planning within appropriate care. Settings should follow current safeguarding guidance, local referral arrangements and advice from the professionals involved.

Guidance to use alongside this resource

NICE NG225 | KCSIE (England) | Keeping learners safe (Wales)

Immediate danger: 999. Urgent mental-health support: NHS 111 (mental-health option in England; press 2 in Wales). Samaritans: 116 123.

Professional safeguarding and clinical review is recommended before public distribution.