

Current Policy Date: 17th September 2025

Review: Every 3 years

Date of Next Review: September 2028



Behaviour Policy using Therapeutic Thinking

“All children deserve the care and support they need to have the best start in life.”
EYFS Statutory Framework, 2025.

Our policy is underpinned by the principles of Therapeutic Thinking: positive experiences create positive feelings; positive feelings create positive behaviour.

Prosocial Behaviour	This is behaviour which is positive, helpful and intended to promote social acceptance within the context of the nursery school community. Research (Brownell, 2018) shows that, where infants have been involved in collaborative exchanges, prosocial behaviour starts to develop in the second year of life. Ultimately, this behaviour is characterized by a concern for the rights, feelings and welfare of other people.
Unsocial Behaviour	This behaviour happens when an individual does not enjoy the company of others or finds it challenging to behave sociably, but does not do this to the detriment of others.
Antisocial Behaviour	Is behaviour that causes harm to an individual, a group, to the community or the environment or where the rights of another person are violated. This behaviour is likely to cause injury, harassment, alarm or distress.

It is important that adults in nursery school understand the difference between unsocial behaviour and antisocial behaviour, and that their response to unsocial behaviour does not drive antisocial behaviour.

Promoting prosocial (positive) behaviour

We will model the behaviour which we hope to promote, which means all adults will:

- Invest in developing good relationships with the children and their colleagues.
- Treat each other and the children with respect and kindness.
- Promote prosocial behaviour sensitively – via thanks and appreciation (not via extrinsic rewards).
- Focus on the positive, remembering that a child may only have been told what not to do.
- Acknowledge children’s feelings – “I can see you are very angry about that” ... “You look really sad”.
- Encourage self-respect, and respect for others, the environment and the resources.
- Ask that everyone tries to be kind, considerate and aware of the needs of others.
- Liaise with parents/carers to establish shared expectations and consistency of approach.

Supporting unsocial behaviour

This behaviour happens when an individual does not enjoy the company of others or finds it challenging to behave sociably, but does not do this to the detriment of others. For children in early years, this could be a developmental phase, it could be linked to the child’s personality, or there may be external factors causing the behaviour. When such behaviour is observed, it will be accepted, so that anti-social behaviour does not result. The child’s Key Person will put support in place to encourage the development of social skills. This will be done through small, informal group work in the first instance, and then perhaps through a GAP plan (see SEND policy).

Example: A child may not want to join a group activity and may prefer to be alone or not at a table or in a circle. The child will not be compelled to join the group, but instead will be given opportunity to access an activity that meets their needs.

Supporting antisocial behaviour

Antisocial behaviour is behaviour that causes harm to an individual, a group, to the community or the environment or where the rights of another person are violated. This behaviour is likely to cause injury, harassment, alarm or distress.

We acknowledge that sometimes children find it hard to exhibit prosocial behaviour. Where this happens, it is important that staff deal with the incident calmly and let the child see that we are unhappy with the **action** and not with the **child** her/himself. **i.e. that it is the behaviour that is wrong, not the child that is bad.**

We believe that behaviour is a way of communicating and that there are always reasons behind antisocial behaviour. Often such behaviour is linked to anxiety, and our priority is to work with the child's family to identify possible triggers.

Where a child repeatedly demonstrates antisocial behaviour, we will recognise/acknowledge the problem, stop the child and make them aware of the problem. The first approach that we will use is conflict resolution. Try to say what you want to happen not what you don't want to happen.

When behaviour continues to be antisocial, staff will need to discuss with the SENCO and a Therapeutic Plan may be adopted. We will seek advice through other agencies (eg Educational Psychology team) if appropriate. Please remember that in rare cases if physical intervention (see Physical Intervention guidelines) is used, it must be recorded and the parent must be informed.

Our policy is also built on five core values that guide every interaction and activity. We strive to ensure every child feels:

- **Happy:** We create a joyful and positive atmosphere where children can be themselves, laugh, and find delight in learning.
- **Safe:** We provide a secure and welcoming environment where children feel confident to take risks and try new things.
- **Nurtured:** We offer gentle guidance and personalized support to help each child thrive emotionally, socially, and intellectually.
- **Valued:** We celebrate each child's unique personality, strengths, interests and contributions, fostering a strong sense of self-worth.
- **Fun:** We believe that learning should be an adventure. Our curriculum is designed to be engaging, playful, and full of exciting discoveries.

PROCEDURES

As experts in early childhood development, we know that all behaviour is a form of communication, particularly with our very youngest children and children who have a low level of expressive language. Antisocial behaviour can sometimes be a result of basic needs not being met (sleep, nutrition etc) and we will work closely with families to understand the context of the behaviour. *In extreme case, where a child is regularly causing harm to others, we may ask parents to keep the child at home while we plan how to support them further. In these cases, we would want the child to return as soon as possible once we have a plan in place to support the child and keep everybody safe.*

Behaviour Seen	Positive Reaction	Limited Choice	De-escalation (disempowering the behaviour)	Protective or educational consequence
Biting	Adult to apologise to the hurt child on behalf of the biter. Another adult (if possible) to deal with injury. First adult to deal with biter with	Based on knowing child and their level of anxiety – time to calm	Depending on child – needs focus on prosocial activity with adult or	Biting is sometimes a developmental stage or communication delay. Could also be a sensory or attention need. Staff to

	developmentally appropriate language – “stop”, expressing sadness (not cross). With older children, can label behaviour “at nursery we don’t” and reaction “xx is crying”.	down, sharing box etc.	another child who can be a role model.	work with families. Some children may have triggers for this behaviour and therefore have a timetabled activity away from the larger group. We keep a record of biting incidents.
Pushing, kicking, pulling, hitting etc	Adult response as above. Always use “stop” with hand gesture. Always use developmentally appropriate language. Model sadness.	Redirect to a different activity or somewhere quieter with fewer children.	Look at the resources – are there trigger points? Can resources be duplicated? Removed for a time? Is there an external trigger? Bad day, new clothes or shoes etc.	Young children are not ready to share. There should be duplicates of all resources that children can be directed towards. With older children, adults can model use of 1 minute timer for sharing. Unusual behaviour of this nature may be linked to a change at home or in nursery that a child does not understand.
Tantrums (dysregulated behaviour)	Name behaviour “cross” - “stop” will not work in this context.	Adult to wait with child, ensuring they are safe.	Attempt to distract, or allow for episode to be over, based on knowledge of child. Adult to ensure child knows they are available to them.	This behaviour is developmental or may be associated with additional needs.
Throwing objects	Adults to deal with as above. Model sadness – toy may break, someone may be hurt etc.	Redirect to area where objects can be thrown – ball area, bean bags etc	Ensure there are appropriate and enticing resources that can be thrown.	Look at triggers – what does the child like? Trajectory schema? Sensory need for noise? Are there proprioceptive developmental issues that need to be addressed?
Swearing	Ignore – model back appropriate language. With repeated use of language “at nursery we don’t” may be used.	Provide child with time and positive feedback in context.	If use is repeated, ensure child is given social time daily and specific praise.	Understand context – attention needing? Family use of language? Discussion with family may be appropriate.
Climbing on Furniture	Use clear words in context with child’s level of development and understanding “stop”, “down”.	Child can be lifted down or another adult called for help before lifting (H&S for staff). Redirect to climbing	Ensure there are appropriate and enticing resources to climb and that these are modelled to the child.	Look at triggers. Is there a sensory need? Are there proprioceptive or vestibular developmental issues that need to be addressed?

		equipment in garden.		
Distraction during group time	Give child options “would you like to sit closer?” etc.	Engage child – interactive activity, being “helper”.	Adults to consider if this group is appropriate for the child. Consider group organisation.	Which activity would be appropriate? Different small group work? A more interactive activity? Shorter timescale? Think about content of lesson.
Refusing to attend group time	This is not an issue provided the child is in a safe place.	Provide other options. Closed choices may be appropriate for some children.	Adults to consider if this group is appropriate for the child. Consider group organisation. Use objects of representation and encourage over time.	Try to identify what the problem is – eg is the setting (room) causing anxiety? Would a different small group work? A more interactive activity? Shorter timescale? Think about content of lesson.