



School Readiness in Driffield

An Insight Report

healthwatch
East Riding of Yorkshire

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Introduction

About Healthwatch East Riding of Yorkshire

Healthwatch provides an independent voice for the residents of the East Riding of Yorkshire. We listen to people's lived experiences of health and social care services and report these experiences back to service providers. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.



Our vision

Equitable Health and Care services that meet the needs of every person within our community.



Our mission

To give every person in East Riding of Yorkshire the opportunity to have their voices heard and empower them to play an active role in shaping services in their community.



Our values are:

- We are proud to be independent, and not afraid to speak up and challenge decisions that do not meet the needs of our communities.
- We operate a culture of transparency and openness, ensuring we are accountable to the communities in which we serve.
- Our work is evidence based – led by public voice and need.
- We are collaborative, working with organisations that share our vision of equitable health and care services that meet the need of every person within our communities.

Driffield Integrated Neighbourhood Team (INT)

About the Driffield INT

Integrated Neighbours Teams were designed to be a 'responsive team and community that can support any individual from any cohort'. This involved taking a Population Health approach relating to early intervention, proactive care and conditions of living. A popular health approach is when changes are made for the good of the whole population, rather than targeted work which would see certain groups identified benefit from changes made.

The local Health & Care Committee created INTs across the East Riding of Yorkshire, with Driffield being one of the early groups that was formed. This has been a benefit to the local community, as the Driffield group is at a more advanced stage than others which are more newly founded. Their advancement has meant they are able to take a Multi-Disciplinary Team (MDT) approach to support individuals as well as their main purpose of supporting and improving the wider community. Types of organisations that are present include, GPs, children's social prescribers, education staff, public health officers and more.

About school readiness

School readiness

School readiness is an expectation of what skills children at the age of 5 when they meet the age for compulsory education. There is no single official definition of what those skills are agreed nationally. As a result, it is open to interpretation, however, across the country there are several key objectives which are widely considered as being 'school ready'. A useful source of information for this can be found at [Home - Starting Reception](#) which includes a digital and printable resource of what typical school ready expectations are and how families can support their children with these.

In being 'school ready' children can access their education from the start of their academic journey and gives them basic skills which they can build on throughout their lives.

Members of the INT previously discussed a link between some developmental milestones and school readiness. Members considered how people are informed about developmental milestones as previously, NHS books as shown below were provided during pregnancy and when the baby was born.



The NHS website has 2 two webpages with useful information for families; [Baby's development - NHS](#) and [Early learning and development - Start for Life - NHS - NHS](#). As part of the investigation for this report, HWERY sought information on who provides information to new parents now, when they give it and how (digital or physical copy). We were informed by NHS Integrated Specialist Public Health Nursing Service (ISPHNS) that this is now done digitally with families having access via a QR code in the babies 'red book' which is provided to parents during antenatal contact.

Aims of gathering data

Why we gathered data

During Driffield INT meetings, school readiness was highlighted as a particular area of concern. Driffield Infant School and Driffield Junior School representatives noted that there was an increased number of pupils who were identified as having difficulties with toileting, speech and language, social interaction, sleep, behaviour and sensory needs.

The group discussed what could be contributing factors. In the discussion it was raised that there has been a further increase in pupils who are not school ready since COVID-19, however with many services operating normally, it was thought there should have been a reduction which had not happened. Further conversation looked at if there was wider knowledge of what milestones children were expected to reach, and what 'school ready' meant to health, social care and education professionals, along with families and their wider support network.

Consideration was given to accessibility of support and activities locally for families with younger children and any financial barriers that there may be.

How we gathered data

Healthwatch East Riding of Yorkshire (HWERY) recommended engaging with families in the community to gathering information and took the responsibility for carrying this out. The purpose was to gather data directly so that information was factual and removed assumptions on the root cause and wider contributing factors. It was agreed by the group that this would be beneficial and would feed directly into any future plans and strategies to find a resolution.

You can find more information about school readiness via the Department for Education (DfE) in their recent [social media post](#).

The HWERY Youth Engagement Project Officer and Senior Commissioning Lead Manager Neurodiversity East Riding of Yorkshire at Humber & North Yorkshire Health and Care Board worked together to create a survey for families.

The surveys looked to gain knowledge surrounding who made up where families live, the household dynamic, pre-school aged factors, financial implications, impact on the family, knowledge surrounding milestones and family thoughts and feelings about what is working well, along with what is not and their ideas for what could improve the area in terms of raising young children.

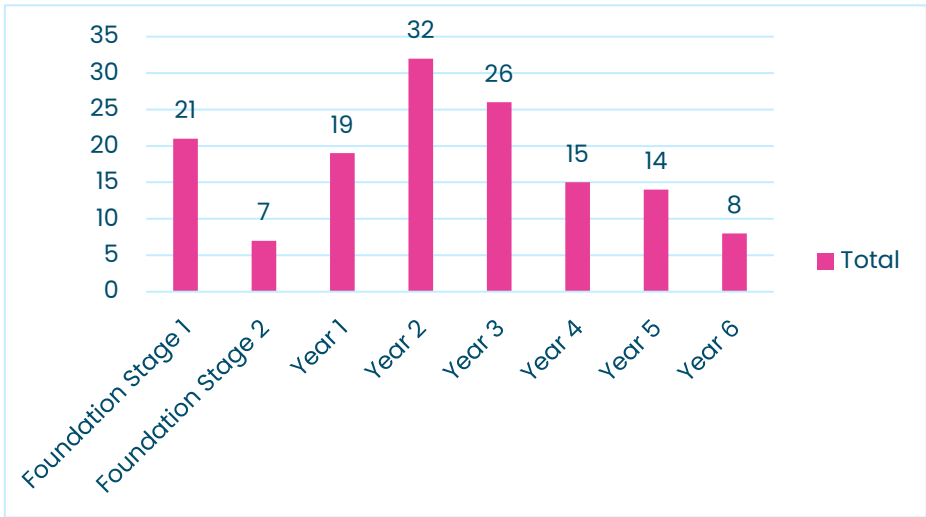
Surveys were available to complete online using a link or QR code. A paper version was also supplied. This was promoted on social media, via organisations within the Driffield INT and other local organisations. Both Driffield Infant School and Driffield Junior School invited the HWERY team to attend a variety of events to engage with parents and wider families of students. These events included parents’ evenings, year 3 assembly, and story time with classes. The events were well attended. Most families filled in a paper survey with only 5 online entries completed by families. HWERY’s Young Healthwatch volunteer input all paper surveys onto the system.

Survey response findings

What did we learn?

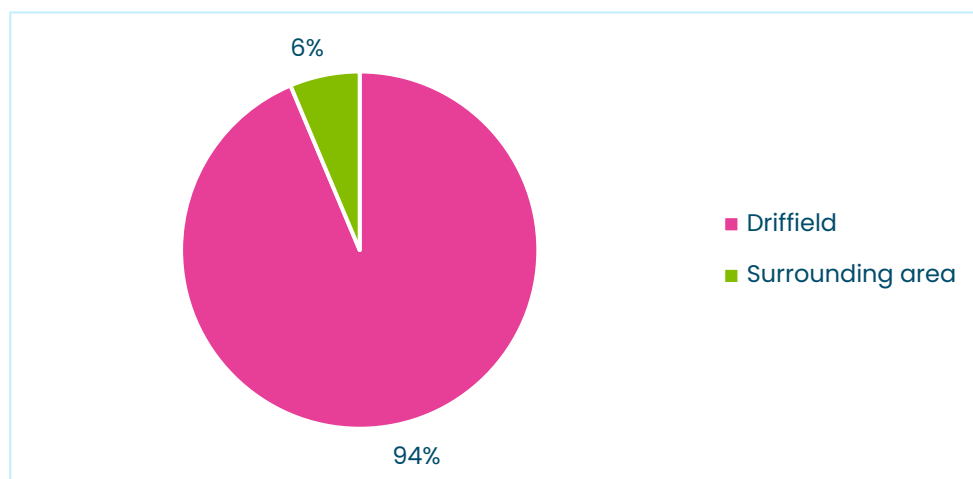
Between January–April 2025 HWERY attended 7 events and asked families of children in the Driffield area a variety of questions. We spoke to **357** adults and children and received **142** responses from those with children aged 5–11 years old.

Question 1. We asked, what year the respondents’ child was currently in at school?



It is noted that majority of those who completed a survey have children who are aged 8 years, or under which is the target age discussed at the Driffield INT.

Question 2. Where do respondents live; Driffield, or the surrounding area?



With 133 families shared that they live in Driffield, this is indicative that those families would have knowledge and ease of access to services and opportunities taking place locally. There were 9 respondents who live in the surrounding area which highlights a need to travel, and potential isolation if they live in a remote rural location. From the results, HWERY is satisfied that the correct communities voices were sought.

Question 3. What activities did your child enjoy before reaching school age?

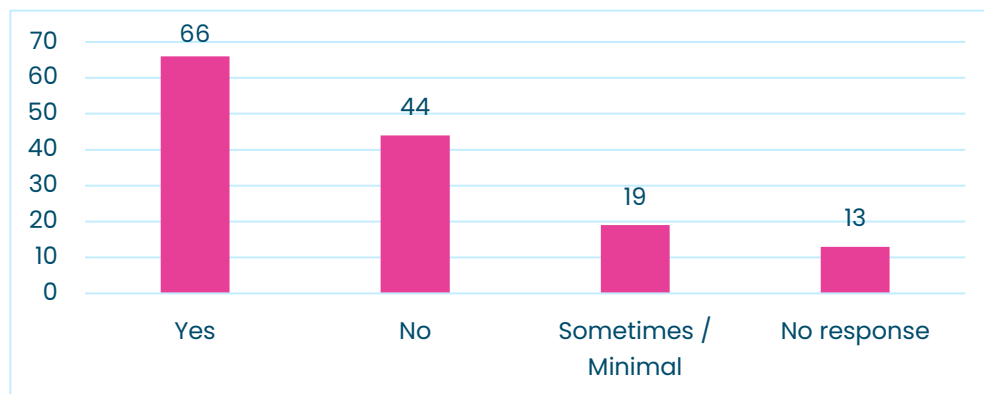
This question was to ascertain if there were any activities which may prove useful to support development of skills which would enable school readiness.

Activity Category	Number of mentions
🎨 Arts & Crafts / Drawing / Painting / Colouring	40
🌳 Outdoor Play / Parks / Nature Walks	40
🏊 Swimming	34
👧 Soft Play	30
⚽ Sports / Physical Play (Football, Gymnastics, etc.)	25
👶 Toddler / Play Groups (e.g., Moo Music)	20
🚂 Toys (Lego, Trains, Cars, etc.)	20
🎭 Role Play / Dressing Up / Pretend Play	15
📖 Reading / Library Visits / Story Time	12
🍰 Baking / Board Games / Cafes	6

Arts and crafts, playing with Lego, and baking evidence an uptake in activities which build on fine motor skills. Sports, dance and playgrounds develop gross motor skills. Social activities such as role play, soft play, and toddler groups provide opportunity to develop social skills with peers. Reading and story time

see children develop literacy skills. Board games introduce children to turn taking. Baking and cafes additionally allow children to build skills in waiting patiently.

Question 4. Was there a cost to these activities?



Evidence suggests that there is frequently a cost to activities. Combined with the information below from those who elaborate on the costs incurred, it is worth noting that financial exclusion may take place with most being costed activities. This may cause difficulty in accessing for families experiencing financial hardship/difficulties. At this time HWERY did not investigate affordability for families, however the East Riding of Yorkshire, Driffield included, is filled with pockets of deprivation, as well as affluence.

- **Recurring Costs:**

- Monthly fees were commonly mentioned (e.g., £27 per month, £50 per month, £90 per month).
- Per-session costs also appeared frequently (£2–7 per session, £15 per swimming lesson).

- **Specific Activities Incurred Costs:**

- Soft play, Jack and Jill group, gymnastics, and swimming were often mentioned as paid but no monetary value shared.
- Craft materials, Lego, and transport/travel were other cost-associated mentions.




















- **Mixed Access:**

- Some reported access to a mix of free and paid activities.

- **Low or Minimal Cost:**

- Some responses highlighted low-cost involvement ("small cost", "very little", "a little") indicating affordability concerns, accessibility efforts or that there was initial expense in items such as materials or equipment.

Question 5. What activities does the child enjoy doing now?

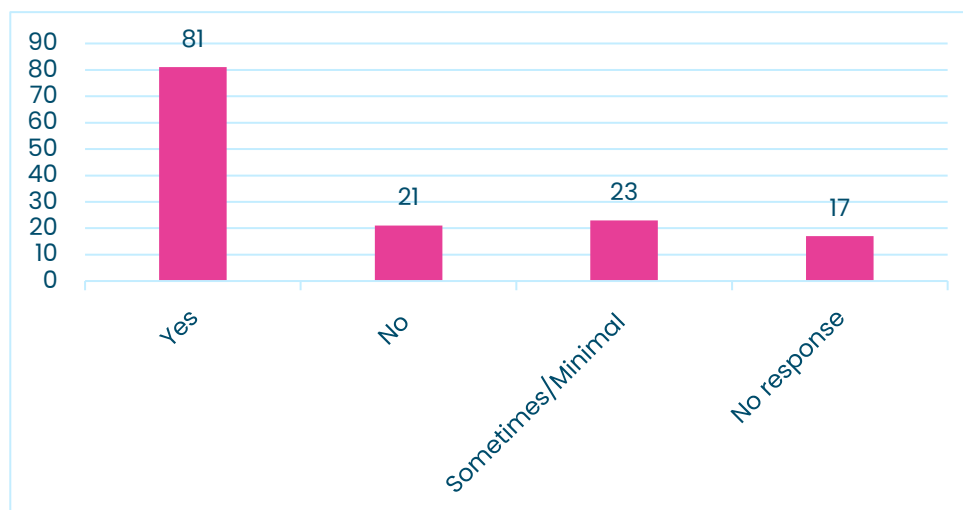
Activity categories	Number of mentions
 Swimming	52
 Football	36
 Park/Playground/Outside play	35
 Dancing/Dance	25
 Gymnastics	22
 Lego	18
 Reading	18
 Drawing/Colouring/Crafts	16
 Soft play	12
 Gaming/Computer/Xbox/PS	11
 Cycling/Scooter/Bike	9
 Arts & Crafts	9
 Scouts/Beavers/Cubs	8
 Walking/Nature	7
 Judo/Karate/Martial arts	6
 Role play/Dolls	6
 Tennis	4
 Horse riding	4
 Drama/Acting	4

Activity categories	Number of mentions
🎹 Piano/Clarinet/Guitar	4
✍️ Writing	4
🖌️ Other creative hobbies	3
❓ Not stated/unclear	3
🏛️ Museums/Science	2
📺 Watching YouTube/TV	2
🤸 Trampolining	1

Before compulsory school age, there were 242 mentions of activities enjoyed, compared to 469 mentions once children have reached school age. This is an **increase of 94%**.

There are possible explanations for this. There could be underlying factors which open more opportunities to children of school age. It may also be that current activities are easier to recall than those in years prior.

Question 6. Was there a cost to these activities?



Responses here enable us to consider financial accessibility and inclusion. When compared to the responses for question 4 – cost of activities, there is a sharp increase in activities which cost, and decrease in chosen activities which are free. Sometimes/minimal and no responses remain relatively the same.

As with the 'prior to school age' responses, some survey responses included information relating to specific costs. The themes are as follows:

- **Monthly Costs:** This may include one or more activities

- £54 per month (unspecified activities).
- £50 per month (unspecified activities).
- £44 per month (unspecified activities).

- **Per-Session Costs:**

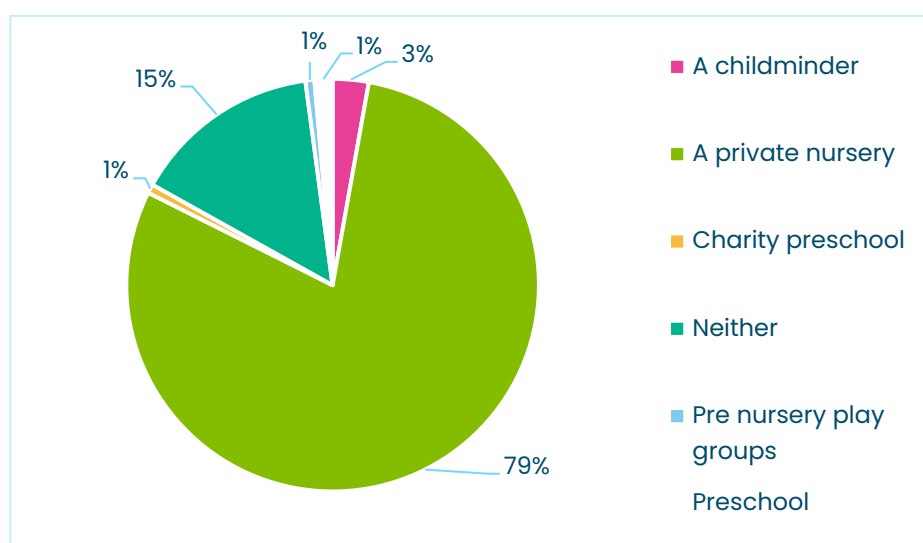
- £2 to £5 per session.
- £12 per person for bowling.
- £1 per hour for some activities.

- **Term/Seasonal Costs:**

- Drama club: £126 per term (a recurring fee).
- Swimming: £15 per session (weekly costs).
- Rugby: £120 per season (a recurring fee).
- £36 per term (a recurring fee).

From this information, we should consider whether there is financial exclusion for low-income households, and/or households with multiple children as these values would likely increase.

Question 7. Before school age, did they attend...



By knowing which, if any, pre-school placements were accessed allowed us to understand if there was any professional involvement in supporting children in meeting milestones and developing their skills for becoming school ready. Further work focusing on how this is done, and what information and support is provided to families of those children may be beneficial in the future. In knowing from the families who responded that 79% chose a private nursery, this allows a targeted approach if future investigation is carried out. It would be advantageous to connect with all types of childcare, however, it would be advised to make local private nurseries the priority.

Question 8. Who makes up your household?

The household dynamic gives us an insight into who is involved with the child regularly to encourage and support them during their developmental stages, to achieve milestones and school readiness.

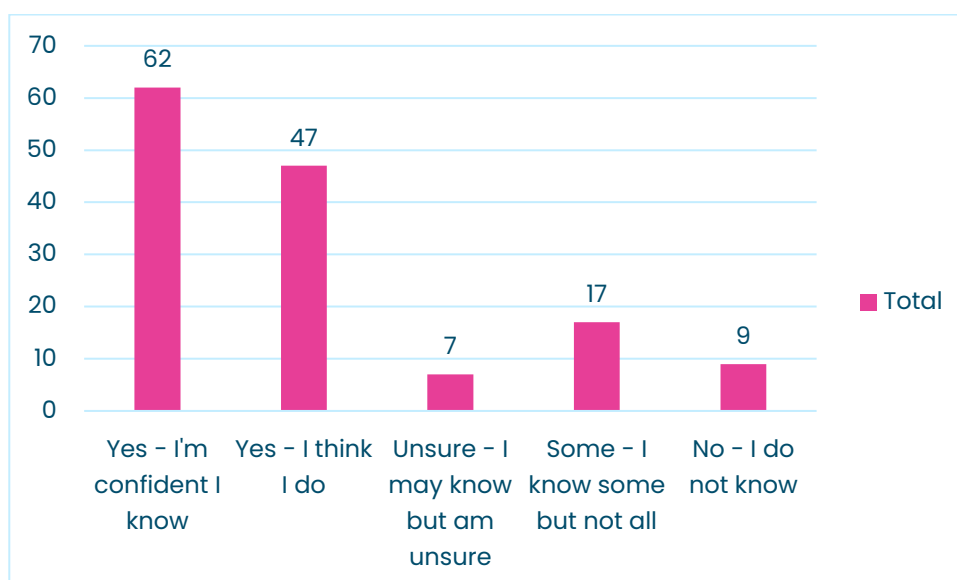
- **Mum and Dad with children (2 parents + children):**
 - **1 child:** 17 responses
 - **2 children:** 40 responses
 - **3 children:** 15 responses
 - **4 children:** 5 responses
 - **5 children:** 3 responses
 - **6 children:** 1 response
- **Single parent with child:**
 - **1 child:** 13 responses (Mum or Dad with 1 child)
- **Stepfamilies or Blended Families:**
 - **Mum + Stepdad/Partner with children:** 6 responses (each with 2 children)
- **Grandparents Included:**
 - **Grandparents living in household with children:** 7 responses
 - (E.g., "Mum, Dad, Grandma, Grandad, 2 children")
- **Other family configurations:**
 - **1 parent + grandparent + child:** 3 responses

- **2 parents + extended family members (e.g., aunt, uncle, etc.):** 3 responses
- **Parents + children + aunts/uncles/extended family:** 5 responses

Discussion within Drifffield INT had also considered, when there are multiple generations within the household, and extended family members, whether this might contribute to different teaching and parenting styles. For example, a grandparent may have raised their children different to a relatively new parent now, which could pose a challenge for the household, and mixed messages for the child. Several grandparents spoke to HWERY whilst completing the survey or were waiting for the child's parent to complete the survey. Conversations indicated that there was difference in views surrounding how children are raised and expectations of children, which confirmed Drifffield INTs theory in these cases. Similar conversations were noted by a few respondents when it was a 2-parent household. Some spoke to HWERY about the advantages and difficulties of raising a young child alone. These included the benefit of being a consistent voice and influence, to being responsible all the time which can feel stifling. There were 24 surveys which did not disclose their household dynamic.

Question 9. Do you know what the age-related milestones are?

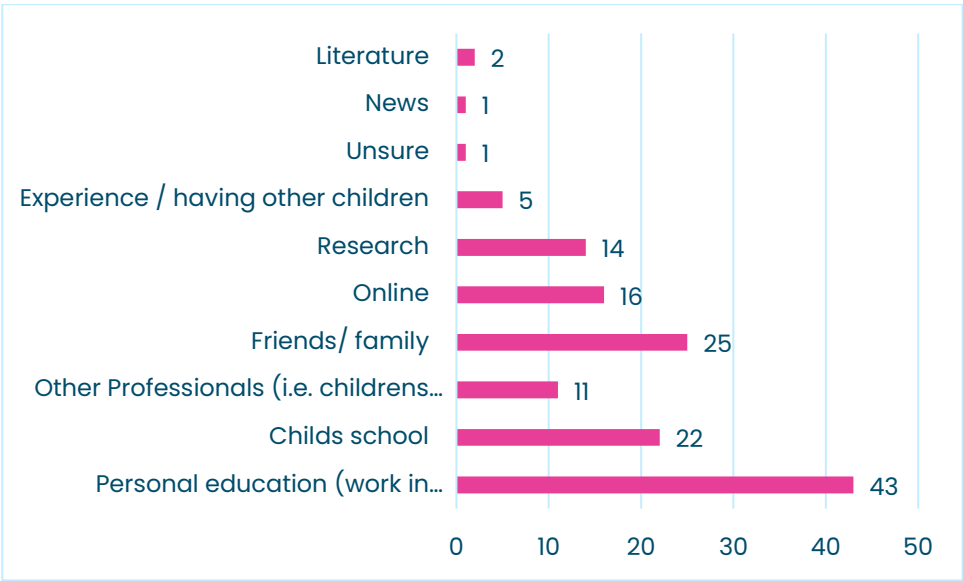
In achieving age related milestones, this supports children with the skills required to become school ready. Families knowing milestones enables them to support their children in these areas. Milestones also give families the opportunity to identify any concerns they may have early and seek professional support if needed. Responses were as follows:



There was 89% of the families who had some level of awareness relating to milestones. This ranged from being confident in their knowledge, through to knowing some, but not all milestones.

Question 10. If you know about age related milestones, where did you learn this information?

Of the 126 families who shared that they know about milestones, there were 140 acknowledgements of where this information was gained.



The three most common sources of knowledge were those who work or have had training for working in education which accounts for 31%, friends and family totalled 18% and child’s school/SENCo/teacher 16%.

Responses to this question begin to identify where some of the challenges surrounding school readiness may stem from.

Majority of families are knowledgeable of milestones which would support school readiness because they either work in, or are trained to work in, education. This would indicate that these are not common knowledge, and therefore, a child may be missing key milestones without it being identified until attending school.

With 16% sharing they learnt about school milestones from their child’s school or a member of staff at the school, this provides insight to early identification opportunities being missed.



Question 11. What would you say are the ‘ups’ and ‘downs’ of raising a young child in Driffield?

In this question, HWERY wanted to avoid using the words ‘positives’ and ‘negatives’ as these have the potential to guide people into looking for extremes, when any experiences were welcome. Responses fell into several themes.

‘Ups’

- **Community and safety**

Driffield was viewed by many respondents as having a strong community spirit where *‘everyone knows each other’*. Many believe it a safe place to be and some attributed that to the low crime rate.

 Driffield is a vibrant town – very friendly people and good social network 

- **Schools and education**

Driffield schools (Infant and Junior) were consistently praised for their help and support, especially when issues arise.

Children’s Centres were also noted as a place that supported and educated many families.

- **Natural environment**

Greenspaces and being located close to beaches was a positive factor to many. Being able to access nature was seen as a luxury for those living in rural communities, not always available easily to those living in cities. This was reflected both in survey responses, and conversations with families during engagement events.

- **Cost of living and amenities**

Driffield and the surrounding area being a cheaper place to live was acknowledge frequently, along with ease of access to other towns and cities.

- **Public transport**

Good public transport was highlighted multiple times. There was reference to trains to connect with other areas, but no mention of buses.

- **Seasonal activities**

Town council organised events were mentioned, along with community-led activities such as Brownies, Guides, toddler groups etc.

'Downs'

- **Limited local activities for children**

This was the strongest theme. Lack of variety in activities, especially during the holidays to keep children entertained and engaged. Many activities families chose to participate in were not within walking distance and required travel outside of Drifffield. Many shared they needed to travel to access soft play which was a popular chosen activity for children to socialise, especially during poor weather.



We are new from Leeds. Leeds has so much more for the kids to take part in. I do feel Drifffield lacks the same opportunities



- **Cost of childcare and clubs**

Difficulty in working families being able to balance time during the holidays, needing informal childcare arrangement (holidays only as family/friends cannot always support). Affordability of both childcare and clubs was highlighted frequently. Limited places for popular clubs were noted by some, with them choosing to no longer apply as they did not want to face disappointment. Limited places were attributed to being for the free or more affordable clubs and activities.

- **Transport issues**

Lack of local amenities and sources of entertainment saw many acknowledge the need to drive, or access public transport which was noted as '*unreliable at times*'.

Traffic and parking were also considered a drawback by several.

- **Lack of support and opportunities for those with SEND (Special Educational Needs and/or Disabilities)**

Although no specifics were identified, there was several mentions of there being few fully inclusive opportunities for those with, or suspected of having, SEND.

- **Isolation**

Whilst viewed as an attribute by some, others voiced they did not feel part of the close-knit community and felt excluded as a result.

Others shared their inability to drive/not having access to a car meant they felt 'stuck' in Driffield.

Regarding families of children with/suspected SEND needs, there were two responses sharing this left them feeling isolated from their community as no one understood their difficulties.

- **Cost-of-living and affordability**

Many felt there is a significant cost to most, if not all opportunities for young children to interact and engage with their community, supported by their family.

Question 12. How does this make you feel? (This was in relation to the 'ups' and 'downs')

This question was optional, and of those who answered, there was a mixed response.

- **Sad** – 15 responses

Some provided reasons for their feeling. There was a mixture of having a pay more than they could afford, not being able to access things due to cost, having to travel to access things outside of Driffield, not having as many opportunities due to SEND and some families felt sad for others who were not in as fortunate position as they were.

- **Frustrated** – 10 responses

Multiple reasons were provided again which included boredom, the need to travel more, unreliability of transport and struggling with work/life balance.

- **Happy** – 4 responses

No reasons were given for these responses.

- **Good** – 3 responses

No explanation was provided.

Further feelings had 1 response each with no explanation provided.

- **Confident**
- **Safe**
- **Impartial**
- **Stressed**
- **Guilty**
- **Disappointed**

- **Blamed and scared to ask for help**
- **Self-conscious sometimes**
- **Emotional**
- **Bored**
- **Isolated**
- **OK**

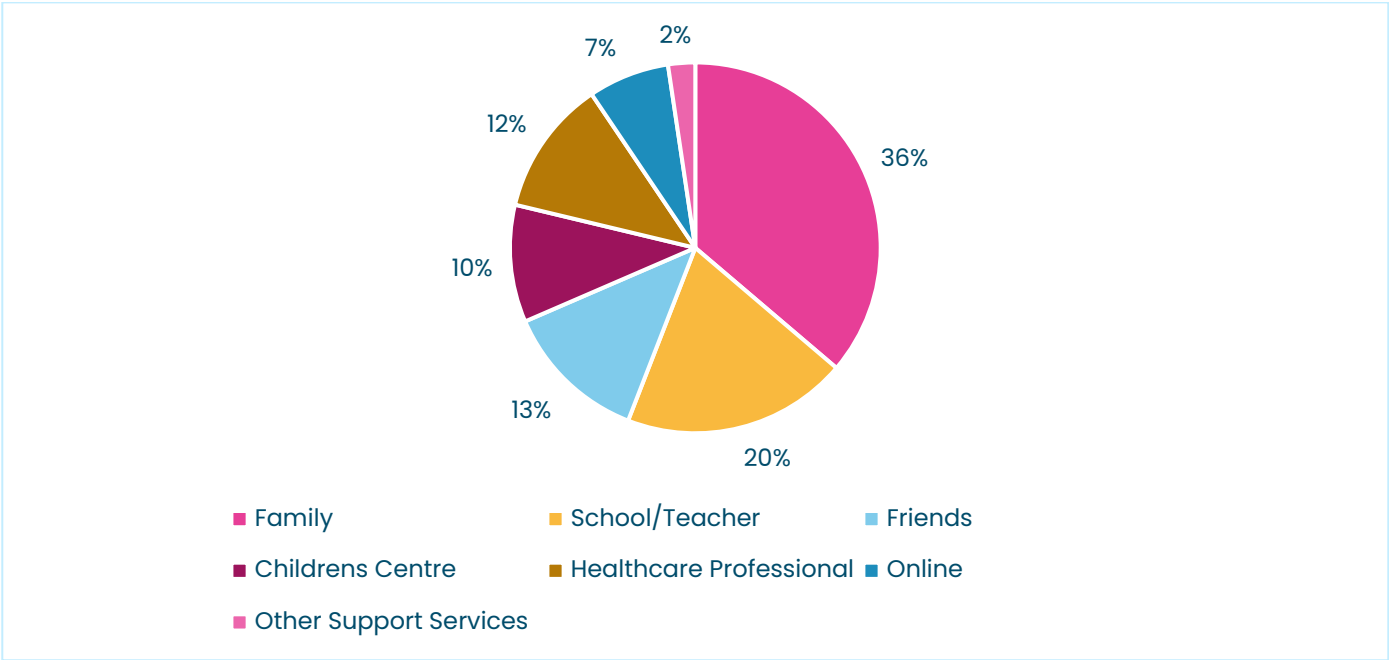
Of those who answered this question, majority felt the ups and downs of raising a child locally left them with negative feelings.

Question 13. Is there anything that would help you during difficult times, raising a young child in Driffield?

Common themes identified with the responses are as follows.

- **Need for More Activities:** There is a strong demand for more children's activities and clubs, and more options for physical or creative engagement (e.g., soft play, sports, arts).
- **Cost and Accessibility:** Affordability remains a concern, especially regarding childcare and participation in activities. Several responses mentioned the need for cheaper or 'subsidised for all' options.
- **Parenting Support:** Parents expressed a need for more support, particularly in managing difficult behaviours, mental health challenges, and better access to advice or support groups. Additionally, during the engagement events, it was noted that the support available typically takes place within the working week and therefore required families to utilise holiday entitlement to access.
- **Inclusivity:** The need for more inclusive activities for children with SEND was mentioned several times.
- **Infrastructure and Local Options:** Respondents are looking for safer, more varied local spaces, from better parks and playgrounds to more local events or entertainment options.

Question 14. Who do you go to for support and advice relating to your child?



The majority would speak to their family for support and advice, followed by their school/teacher, then friends, closely followed by a medical professional. It is worth noting, several respondents shared asking anyone would be a last resort.

Engagement information & observations

Stalls were set up at both schools and provided some information for families long with the surveys. Whilst families completed paper surveys, the HWERY project officer talked to children asking them to complete the tabletop question/s so children could take part.

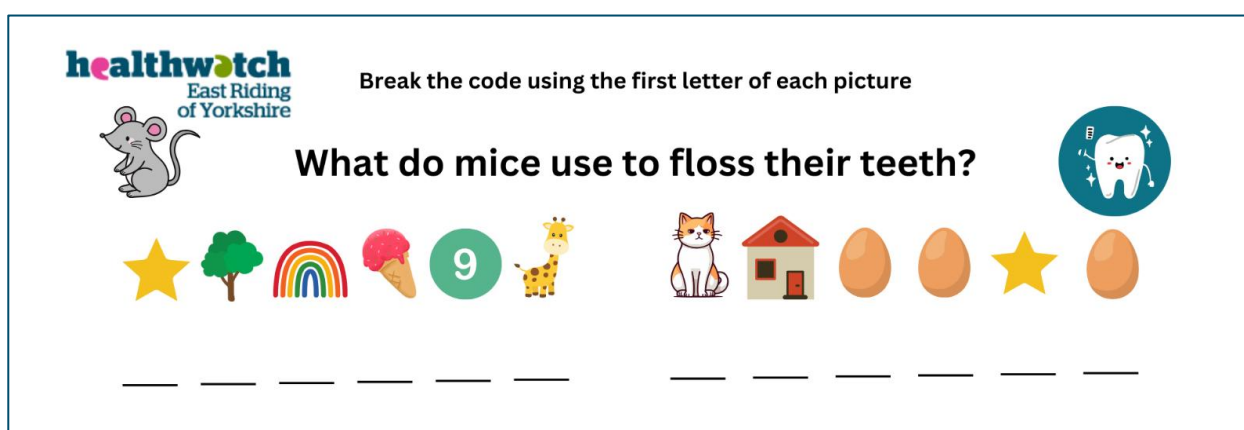


Limited instructions were provided on how to complete the activity. This was a purposeful tactic to see how children navigated the challenge. The project officer was available to offer support if required.

Most children were able to complete the task, reading independently and fluently, taking a token and placing it in the jar with their chosen response. There was a significant number of families who paused completing the paper survey to read the question to their child, told them what they believed their response should be, then allowed the child to place the token in the jar with some families providing further guidance to the child by pointing to the jar with the answer they had suggested.

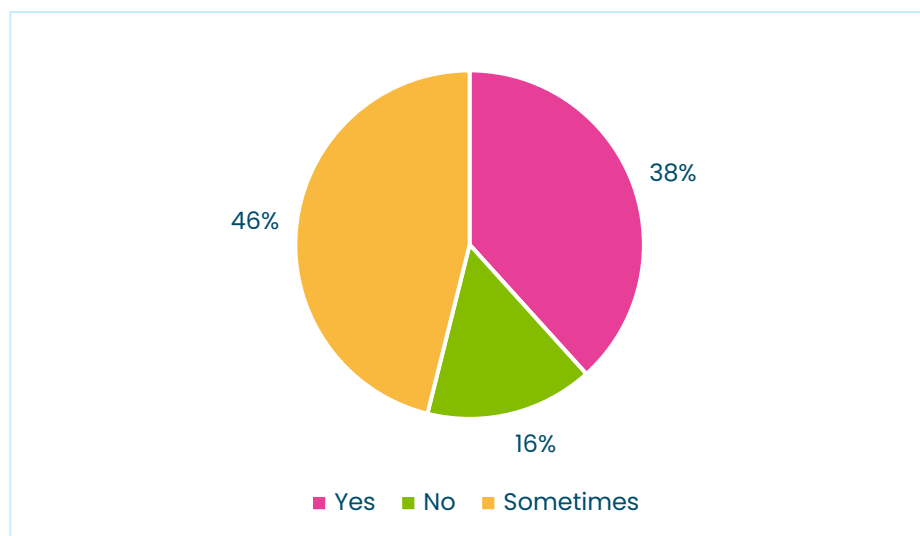
One student was confident in asking for help from the project officer and was comfortable in sharing that they could not read or write.

Children were happy and confident in talking to the project officer. At Driffield Infant School, when parents took longer to complete the surveys, the project officer discussed what had been the favourite part of the child's day, what they had for lunch, and looked at a code breaker with a dentistry themed joke shown below.



Most children were able to complete this independently. Some required guidance on the first 2 letters to fully understand how to complete the task. The child who had shared their literacy challenges showed resilience and determination by using sounds and working with the project officer to crack the code and reveal the punchline.

Across both schools, HWERY asked children via tabletop questions if they helped their family with jobs at home. Responses were as follows:



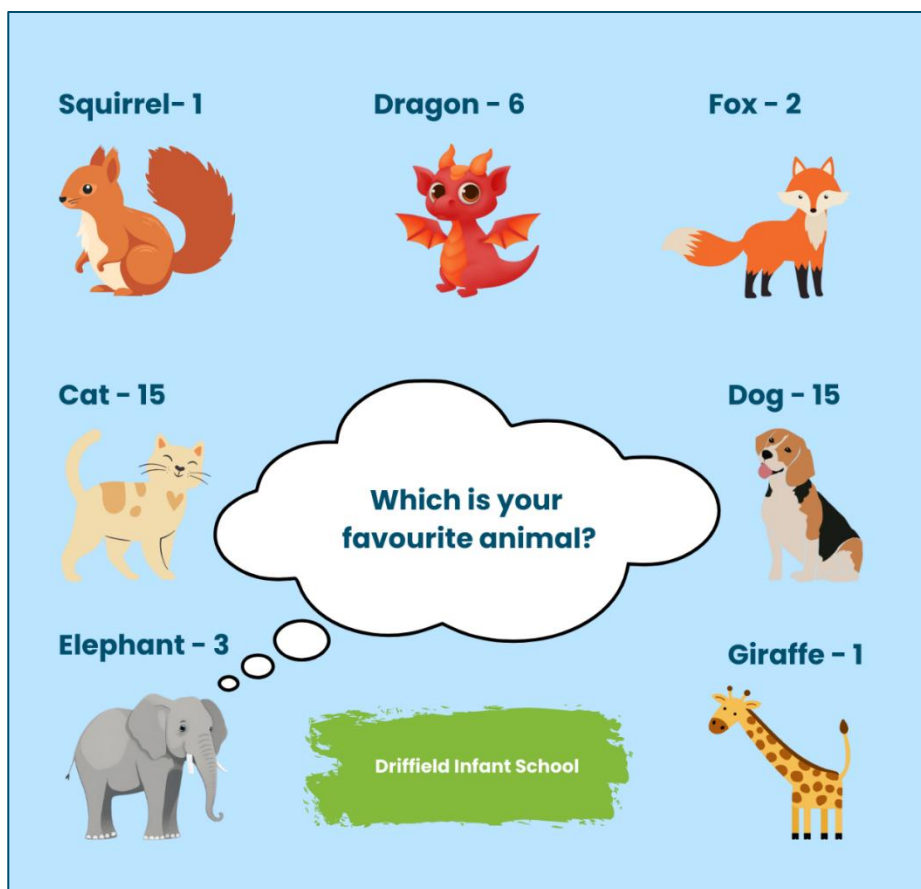
The project officer asked children what type of jobs they carry out at home. These typically included

- Making their bed regularly
- Keeping their bedroom tidy
- Vacuuming
- Feeding household pets
- Washing and/or drying dishes

Several shared that they routinely take care of their younger sibling from feeding them to keeping them entertained.

Many took pride in telling HWERY what they did to help at home. Of those who said 'sometimes', majority stated they do those jobs when asked by adults in the house. Most who said they do not help at home were from the Infant School and described themselves as 'too little' to help.

At Drifffield Infant School, initially the tabletop question was designed to remove barriers and allow the children an opportunity to talk comfortably with HWERY. This was done by asking which of the following was their favourite animal using only pictures on the jars with the cohort being younger. The responses are as follows.



At Drifffield Junior School, the ice breaker question was, 'Pineapple on pizza, yay or nay?' Responses were as follows.



All children enjoyed answering this question. They had fun challenging those with opposing views and were able to express the reasons for their choice clearly. A child who had never tried pineapple on pizza made plans with their family to try it that evening.

Some families who talked with HWERY about pineapple on pizza were interested in the health benefits from the fruit, and children were told about the importance of protecting their tooth enamel from highly acidic foods and drinks.

Summary

Overview of findings

There was a strong response to HWERYs presence with people actively taking the time to complete the surveys which was heavily supported by both schools.

Driffield is a popular and highly appreciated town by residents who enjoy the rural aspects and feel this is of benefit to them and their families.

Many believe there is a lack activities and opportunities, in terms of availability and affordability. This may reduce some pre-school aged children's opportunities compared to others.

Family dynamic can impact consistency with multiple adults and/or generations with different views and expectations surrounding how children should be raised. Additionally, single adult households expressed challenges around the weight of responsibility in being the sole adult.

Majority had awareness of age-related milestones, however, this largely stemmed from working with children implying this may not be common knowledge. Missed opportunities are potentially arising with families learning about milestones from schools/teachers and not before school age.

Driffield is seen to have positive attributes. Safety, public spaces and community atmosphere are highly valued. Families struggle with limited activities and opportunities for children, reliance on needing to travel and affordability rating highly on having a negative impact.

There is a mixture of feelings about highs and lows in the area. Most indicated feeling negatively, however there were positive feelings recorded.

Families are clear about what they feel would help with raising a young child in the area. Although not all are directly linked to milestones and school readiness, the suggestions could inadvertently have a positive impact.

Most typically rely on family and schools/teachers for support and advice regarding their children.

Observations highlighted inconsistencies between children who were given the freedom to navigate a task, form their own decision and respond compared to those who were heavily guided throughout.

Tabletop questions identified that majority of children helped with household jobs either on a regular or ad-hoc basis. Tasks carried were typically involved maintaining a level of tidiness for their own space. Some were involved in supporting younger siblings.

Household pets, cats and dogs, were the most popular pets for younger children.

Children were almost evenly divided in the pineapple on pizza debate.

Recommendations

What could be the next steps?

- **Recommendation 1** – Driffield INT to consider connecting with HEY Smile Foundation about their current work around mapping of organisations which provide an offer to young people of all ages, to discuss how this can be support the INT and promoted for more awareness of opportunities, which may support development towards school readiness from an early age. Additionally, look at the same for parent support groups in terms of mapping and promotion, highlighting any gaps such as no groups running that can be accessed on evenings or weekends.
- **Recommendation 2** – Driffield INT may wish to carry out further investigation specifically looking at 0-5 years but looking at what is being accessed, what professionals are involved with the families, and connecting with private nursery providers to look at how they support with milestones and school readiness, along with how they address any concerns and early intervention requirements.
- **Recommendation 3** – Driffield INT to ascertain most appropriate member/s to link with free to low-cost activity providers to highlight the importance of opportunities being made available to those who could not access otherwise, including working low-income families. This may be useful if a member has knowledge of grants and funding available which could support providers.
- **Recommendation 4** – Driffield INT have discussed creating family workshops. Defining the need/demand to create one or two trial workshops would be advised with a strategic approach utilising experience from within the INT of those who have created and/or delivered workshops previously. Including those with lived experience in the creation and delivery would ensure inclusion, along with flexible approach for non-

typical needs including SEND. As discussed within INT meetings, workshops should consider accessibility of workshop and include in-person, online, videos and publications and aim to empower families in developing their own parenting style with confidence, informing and educating how to support their children to reduce the need for intervention.

- **Recommendation 5** – Driffield INT should connect with other INTs in the East Riding who are facing similar challenges to look at their findings, sharing ideas, good practice and prevent duplication of work.
- **Recommendation 6** – Health services and Local Authorities across the Humber region (East Riding of Yorkshire, Hull, York, North Yorkshire, North Lincolnshire and North East Lincolnshire) working together to develop a ‘milestone and school readiness awareness’ campaign to promote age-appropriate milestones, their purpose, how to support children and where to seek further information and advice, along with developing school readiness skills – this recommendation is considered to be ongoing with no finish date, however, a month long awareness campaign to launch and repeat annually would ensure keeping it on peoples agenda.
- **Recommendation 7** – Driffield INT to work with health services, including but not exclusive to, health visitors, along with Children’s Centres, to review opportunities for early identification for concerns prior to school age, including measuring consistency of approach and effectiveness of interventions. Focus on toileting, communication and age-appropriate self-care would be advised as early discussion topics.
- **Recommendation 8** – Driffield INT to highlight to relevant services public concern and impact surrounding unreliability and cost of public transport. This may include contacting the transport companies directly, and/or involving local MPs who are currently carrying out work relating to public transport in rural locations.
- **Recommendation 9** – Driffield INT may benefit from connecting with East Yorkshire Parent Carer Forum to share public concern surrounding inclusivity of local opportunities and activities. Request that East Yorkshire Parent Carer Forum contact local providers to discuss inclusion and accessibility, and signpost to support if needed/desired to become more inclusive.
- **Recommendation 10** – Collectively promote independence and resilience building techniques with families – creating a safe environment to allow children to problem solve and learn through mistakes, creating

opportunities within the home to build on skills required for school readiness such as age-appropriate household job which will lead to working on listening, following instructions supported or independently, contributing and developing positive routines.

- **JUST FOR FUN – Recommendation 11** – encourage everyone to try pineapple on pizza at least once to make an informed decision (*unless this would trigger an allergic reaction)

Acknowledgements

HWERY would like to thank the Driffield INT for the opportunity to be involved in their work, Rani Rooke for collaborating to create surveys, East Yorkshire Parent Carer Forum for distributing to their members in the area, Driffield Infant School and Driffield Junior School for inviting and supporting HWERY in engage with parents, Ethan our Young Healthwatch Volunteer for inputting survey data, and promoting the survey, J. Cook, local resident for the cover photo, ISPHNS lead who responded to an information request for the report, Dr Helen Higgins for providing supporting information surrounding school readiness, and most importantly, thank you to all the families and children who have shared their experiences, thoughts and feelings with our team, helping us to know and understand the Driffield community better.

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