worcestershire county council

Worcestershire Schools Health Profiles 2016

Ridgeway Academy

School Details

Address:	Evesham Road, Astwood Bank, Redditch, Worcs
Head Teacher [1]:	Mr Mike Bennett
Age Range:	9-13
Number of Pupils [2]:	460

Key

- School is in the top 25%
- School is in the middle 50%
- School is in the bottom 25%

Schools are ranked and grouped into the above bands. For some indicators where more than 25% of schools have the best outcome, they will all be colour coded green with amber and red cut-off values re-adjusted to reflect this.

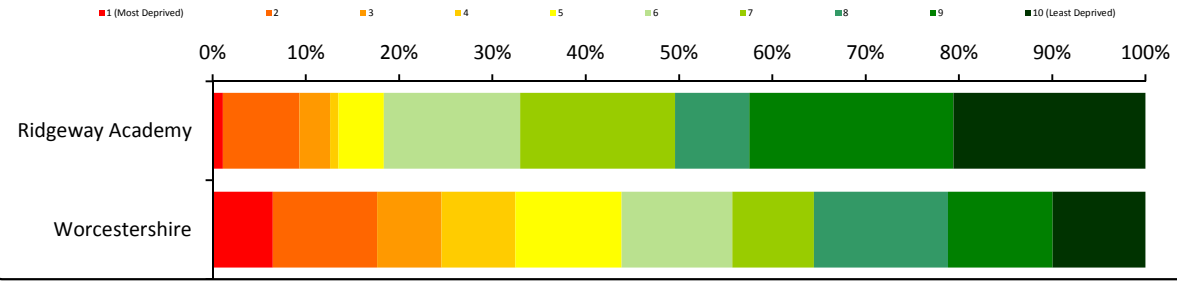
supp=fewer than 6 pupils in category

School Community

Demography

	Ridgeway Academy	Worcestershire	
Proportion of pupils living outside the county boundary* [3]	1.7%	2.8%	
Proportion of pupils from black and minority ethnic backgrounds [4]	15.0%	9.2%	
Index of Multiple Deprivation 2015 Decile (where 1 is most deprived)* [5]	7	6	
Income Deprivation Affecting Children Index 2015 Decile (where 1 is most deprived)* [6]	7	6	

Estimated Index of Multiple Deprivation 2015 National Deciles - % of pupils living in each decile*



Community Indicators

% of pupils achieving level 4+ in both English and Mathematics - Key Stage 2 [7]	75.0%	76.0%	
Early Years GLD% (2014/15) [8]	n/a	67.0%	
% of Statemented pupils [9]	1.1%	1.1%	
% permanent and fixed term exclusions, 2014/15 [10]	9.8%	1.7%	

Nutrition, Obesity and Physical Activity

	Ridgeway Academy	Worcestershire	
% of pupils living in the top 20% of areas with low rates of adults eating 5-a-day* [11]	17.0%	26.5%	
% of pupils entitled to a free school meal [12]	6.5%	12.1%	
% NCMP coverage - reception year children (aged 4/5) [13]	n/a	97.0%	
% of reception year children (aged 4/5) that are overweight or obese (NCMP) [14]	n/a	23.2%	
% NCMP coverage - year 6 children (aged 10/11) [15]	93.8%	95.8%	
% of year 6 children (aged 10/11) that are overweight or obese (NCMP) [16]	26.4%	31.8%	
% of pupils living in the top 20% of areas with high rates of adult obesity* [17]	11.7%	24.2%	
% of children living in areas with significantly low rates of breastfeeding at 6-8 weeks [18]	13.7%	25.4%	
% of pupils living in the top 20% of areas with low rates of adult participation in sport* [19]	28.1%	29.5%	

Risky Behaviour

	Ridgeway Academy	Worcestershire	
% of pupils living in areas with significantly high A&E attendances (U18)* [20]	32.5%	25.5%	
% of pupils living in areas with significantly high alcohol related hospital admissions (under 25s)* [21]	8.2%	11.5%	
% of pupils living in areas with significantly high admissions for unintentional and deliberate injuries (U18)* [22]	10.0%	9.1%	
% of pupils living in areas with significantly high emergency admissions and A&E attendances for RTAs (U16)* [23]	19.5%	17.0%	
% of pupils living in the top 20% of areas with high rates of adult binge drinking* [24]	5.5%	21.5%	
% of pupils living in the top 20% of areas with high rates of smoking amongst adults* [25]	13.3%	25.6%	
% of children living in areas with significantly high substance misuse admissions* [26]	supp	10.7%	
% of pupils living in areas which have a significantly high rate for teenage conceptions* [27]	14.6%	16.6%	

Clinical Indicators

	Ridgeway Academy	Worcestershire	
Children aged 4/5 years who have had their school entry booster courses, 2014/15 (nearest GP practice to school) [28]	100.0%	97.5%	
Children aged 4/5 years who have received the MMR vaccine, 2014/15 (nearest GP practice to school) [29]	96.0%	95.1%	
5 year old average dmft (decayed, missing and filled teeth) in schools of ward, 2015 [30]	n/a	0.62	

Emotional Health Wellbeing

	Ridgeway Academy	Worcestershire	
% of pupils absent from school (authorised or unauthorised) [31]	5.0%	3.9%	
% of pupils persistently absent [32]	5.0%	2.8%	
% of pupils in areas with significantly high Mental Health emergency admissions (U25) [33]	5.5%	29.2%	
% of pupils in areas with significantly high numbers of CAMHS referrals [34]	14.0%	17.3%	

Schools play an important role in promoting and supporting the health and wellbeing of children and young people. Promoting and supporting physical and mental health simultaneously can form a virtuous circle that reinforces overall health, wellbeing and achievement. When children are healthy and happy at school they achieve more. There is plenty of good evidence that healthy children and young people achieve more and those that achieve more at school have better health outcomes and lead healthier, longer lives. The school health profiles have been created to identify and consider health and well-being priorities by school and to inform local policy, action and approaches to improve health and well-being.

The profiles provide health indicators by school and compare them to the county average to help identify areas and priorities for health and wellbeing. It is anticipated that the profiles will be utilised by schools, by school health and by Early Help to develop school health improvement plans and assist with planning the curriculum and activities related to PSHE. It is anticipated that the profiles will be updated on a regular basis and that they will help schools to become health promoting settings

References

[1] List of maintained schools as at January 2016. Source: Schools Information & Planning, Worcestershire County Council.

[2] School Census as at January 2016, source: DfE website

[3] This is the proportion of children on the school roll (as at January 2016) who live outside the county boundary. For some of the indicators in the profile (marked *), the figures only relate to children who live inside the county boundary attending the school.

[4] BME includes all ethnic groups except White British. Taken from the School Census on January 2016. The Worcestershire figure is the average across primary schools only. Source: DfE website

[5] The Index of Multiple Deprivation 2015 (IMD) is a measure of multiple deprivation at small area level namely LSOA (lower super output area - average population of 1,500). The IMD is made up of 38 indicators covering seven domains and the result is a single score for an LSOA which is then ranked (1 = most deprived area in the England and 32,844 = least deprived). The IMD at school level is calculated as follows: each child (resident in Worcestershire) attending the school is assumed to take on the characteristics of the LSOA in which they live, including deprivation score and rank. The average of the ranks is then calculated to give a school deprivation rank which is then converted into a decile e.g. a rank between 1 and 3,284 is decile 1 (most deprived 10%) and a rank between 29,560 and 32,844 is decile 10 (least deprived 10%). The Worcestershire figure is the average across all schools. The bar chart shows the proportion of the children in the school who live in each of the deciles, based on the LSOA in which they live. Source: The IMD is produced by Communities and Local Government, analysed by Public Health Intelligence, Worcestershire County Council.

[6] The Income Deprivation Affecting Children Index (IDACI) 2015 is produced alongside the IMD 2015. It covers children aged 0-15 living in income deprived households and the results for this at LSOA are the % of children living in that area who are living in income deprived families. The IDACI at school level is calculated as follows: each child (resident in Worcestershire) attending the school is assumed to take on the characteristics of the LSOA in which they live, including deprivation score and rank. The average of the ranks is then calculated to give a school deprivation rank which is then converted into a decile e.g. a rank between 1 and 3,284 is decile 1 (most deprived 10%) and a rank between 29,560 and 32,844 is decile 10 (least deprived 10%). The Worcestershire figure is the average across all schools. Source: The IDACI is produced by Communities and Local Government, analysed by Public Health Intelligence, Worcestershire County Council.

[7] 2014/15 Key Stage 2 results. The Worcestershire figure is the average across primary schools only. Source: DFE website performance tables.

[8] Pupils achieving a good level of development in the Early Years Foundation Stage Profile, 2014/15.

[9] School Census in January 2015. The Worcestershire figure is the average across primary schools only. Source: Schools Information & Planning Section, Worcestershire County Council.

[10] Permanent and fixed term exclusions combined during the 2014/15 school year. Permanent exclusion means a child has been permanently excluded from attending school in response to serious breaches of a school's behaviour policy or if allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school. A fixed term exclusion is an exclusion for a set number of days. A pupil can have more than one fixed term exclusion in the school year. The Worcestershire figure is the average across primary schools only. Source: Reintegration & Exclusion Service, Worcestershire County Council.

[11] Calculated from synthetic estimates of fruit and vegetable consumption (i.e. 5 or more portions of fruit and vegetables) for adults (aged 16 and over) at MSOA (middle super output area, area of approx 7,500 population) level (2006-08) generated from the Health Survey for England results. The school population (resident in Worcestershire) is split into MSOAs based on where children live. The synthetic MSOA level estimates are split into quintiles and from this, the proportion of children within a school living in the bottom quintile (i.e. the 20% lowest rates) is calculated. The Worcestershire figure is the average across all schools. Source: Department of Health and analysed by Public Health Intelligence, NHS Worcestershire.

[12] School Census on January 2016. The Worcestershire figure is the average across primary schools only.
Source: DfE Website

[13,14,15,16] Coverage (how many children were measured of those eligible to be measured) and % overweight or obese at school level are pooled figures for 2012/13-14/15 from National Child Measurement Programme (NCMP). The Worcestershire figure is the average across primary schools only. Source: NHS Worcestershire.

[17] Calculated from synthetic estimates of adult (aged 16 and over) obesity (BMI of 30 or more) at MSOA level (2006-08) generated from the Health Survey for England results. The school population (resident in Worcestershire) is split into MSOAs based on where children live. The synthetic MSOA level estimates are split into quintiles and from this, the proportion of children within a school living in the top quintile (i.e. the 20% highest rates) is calculated. The Worcestershire figure is the average across all schools. Source: Department of Health and analysed by Public Health Intelligence, NHS Worcestershire.

[18] Calculated using ward level data on the proportion of children totally or partially breastfed at 6-8 weeks in 2012/13 - 2014/15. The school population (resident in Worcestershire) is split into wards based on where children live and the proportion of children within a school living in wards with a significantly low breasfeeding rate in at least one of the years 2012/13, 2013/14 and 2014/15. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[19] Calculated from synthetic estimates of adult (aged 16 and over) participation in sport at MSOA level (2008-10). The school population for 2016 (resident in Worcestershire) is split into MSOAs based on where children live. The synthetic MSOA level estimates are split into quintiles and from this, the proportion of children within a school living in the bottom quintile (i.e. the 20% lowest rates) is calculated. Participation is defined as at least 30 minutes of sport and active recreation (including recreational walking and cycling) of at least moderate intensity on at least 3 days a week. The Worcestershire figure is the average across all schools. Source: Sport England and analysed by Public Health Intelligence, Worcestershire County Council.

[20] Calculated using LSOA level child (U18) A&E attendances during 2014/15. The school population for January 2016 (resident in Worcestershire) is split into LSOAs based on where children live and the proportion of children within a school living in LSOAs with significantly high rates of child A&E attendances is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[21] Calculated using LSOA level data for NI39 - Alcohol related admissions (under 25s) between 2012/13 and 2014/15. The school population for January 2016 (resident in Worcestershire) is split into LSOAs based on where children live and the proportion of children within a school living in LSOAs with significantly high rates of alcohol related admissions is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[22] Calculated using MSOA level data for NI70 - Child (U18) emergency admissions for unintentional and deliberate injuries between 2012/13 and 14/15. The school population for January 2016 (resident in Worcestershire) is split into MSOAs based on where children live and the proportion of children within a school living in wards with significantly high rates of emergency admissions for unintentional and deliberate injuries is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[23] Calculated using MSOA level child (U16) emergency admissions and A&E attendances for road traffic accidents (RTAs) between 2012/13 and 2014/15. The school population for January 2016(resident in Worcestershire) is split into MSOAs based on where children live and the proportion of children within a school living in wards with significantly high rates of emergency admissions and A&E attendances for RTAs is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[24] Calculated from synthetic estimates of adult (aged 16 and over) binge drinking (men consuming 8 or more units of alcohol and women consuming 6 or more units) at MSOA level (2006-08) generated from the Health Survey for England results. The school population (resident in Worcestershire) is split into MSOAs based on where children live. The synthetic MSOA level estimates are split into quintiles and from this, the proportion of children within a school living in the top quintile (i.e. the 20% highest rates) is calculated. The Worcestershire figure is the average across all schools. Source: Department of Health and analysed by Public Health Intelligence Team, Worcestershire County Council.

[25] Calculated from synthetic estimates of adult (aged 16 and over) smoking at MSOA level (2006-08) generated from the Health Survey for England results. The school population for January 2016 (resident in Worcestershire) is split into MSOAs based on where children live. The synthetic MSOA level estimates are split into quintiles and from this, the proportion of children within a school living in the top quintile (i.e. the 20% highest rates) is calculated. The Worcestershire figure is the average across all schools. Source: Department of Health and analysed by Public Health Intelligence Team, Worcestershire County Council.

[26] % of children living in areas with significantly high substance misuse admissions (2012/13-2014/15), The school population for January 2016 (resident in Worcestershire) has been broken down into LSOAs and the proportion of children attending the school living in those 16 LSOAs is calculated. The Worcestershire figure is the average across all schools. Source: Substance Misuse Action Team (SMAT).

[27] Calculated using ward level data for teenage conceptions (2009-11). The school population (resident in Worcestershire) is split into wards based on where children live and the proportion of children within a school living in wards with significantly high rates of teenage conceptions (compared to the Worcestershire average) is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[28,29] Proportion of children (resident in Worcestershire) aged 4/5 in the 2014/5 school year, who have had the school entry booster courses, MMR immunisations and Hib immunisations. The figure given is for the nearest GP practice, or the average where two practices are colocated or located very close together. The Worcestershire figure is the average across primary schools only. Source: https://www.england.nhs.uk/statistics/statistical-work-areas/child-immunisation

[30] Results from the national NHS BASCD Dental Epidemiology Survey Programme 2015. This involves the visual examination of each child where the number of decayed teeth (dt), teeth missing due to decay (mt) and filled teeth (ft) is recorded. This leads to the calculation of the total and mean decayed, missing and filled teeth (dmft) for children. The figure given is the average for children attending any school in the ward in which this school is located. The Worcestershire figure is the average across primary schools only. Source: Public Health England.

[31] Percentage of possible sessions (half-days) recorded as an absence from school for whatever reason, whether authorised or unauthorised, 2014/15. Source:http://www.education.gov.uk/schools/performance/download_data.html

[32] The percentage of pupil enrolments with 38 or more recorded sessions (half days) of absence over the Autumn term and the Spring term combined, 2014/15. http://www.education.gov.uk/schools/performance/download_data.html

[33] Calculated using MSOA level data for admissions of under 25s with a mental health code in the primary or first six secondary diagnosis fields for 11/12-14/15. The school population (resident in Worcestershire) is split into MSOAs based on where children live and the proportion of children within a school living in wards with significantly high rates of mental health admissions is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.

[34] Calculated using MSOA level data for CAMHS (Child and Adolescent Mental Health Services) for 2012/13. The school population (resident in Worcestershire) is split into MSOAs based on where children live and the proportion of children within a school living in MSOAs with significantly high rates of CAMHS referrals is calculated. The Worcestershire figure is the average across all schools. Source: Public Health Intelligence Team, Worcestershire County Council.