

# **Carlisle Youth Council's Community Profile**



**CARLISLE**  
**YOUTH COUNCIL**

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## Introduction –

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This community profile has been created to enable Carlisle Youth Council (CYC) and other similar Carlisle groups to be able to have information available to them. We are interested in many aspects that relate to the lives of Carlisle young people including health, crime and education. This will mean that it will be easier for CYC to be better informed on local youth issues and to decide the issues which most affect young people in Carlisle.

This information has been collected using both primary and secondary research; organisations in Carlisle have been contacted for relevant information as well as using websites such as the Office for National Statistics. This community profile can be used by young inspectors or young people in the area to discover any areas in which the young people in Carlisle believe need to be improved.

Cumbria is a county in the north west of England; it is the second largest local authority in England (Oneplace, 2009). The area of Carlisle covers 1,039.97 square kilometres out of the total of 14,106 square km in the entire North West of England (Lancashire County Council, 2014). Carlisle is also the third most deprived area in Cumbria; this is after Barrow and Copeland. 13.7% of households in Carlisle have an income of less than £10,000 which is higher than the figure for the whole of England at 11.9%. The average household income is £26,154 which is slightly higher than the county average of £26,004 (Cumbria County Council, 2012-2014).

## The community –

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Carlisle is the only city in Cumbria; with an estimated population of 107,949 people in 2013. There are approximately 11,848 of the 107,949 people in Carlisle who are aged between 11 and 21. Approximately 6,000 of the predicted young people in Carlisle are female; this means that the remaining 5,848 are males (Office for National Statistics, 2014). As this community profile will be mainly used by Carlisle Youth Council it will focus on the young people in the area this is so it can be used to assess any issues the young people in the area face.

**Table 1 – Ethnic Groups within Carlisle (Office for National Statistics, 2011)**

<b><u>Different Ethnic Groups</u></b>	<b><u>Amount in Carlisle</u></b>
All usual residents	107,524
White; English/welsh/Scottish/northern Irish/ British	102,189
White; Irish	405
White; gypsy or Irish traveller	196
White; other white	2690
Mixed/multiple ethnic groups; white and black Caribbean	152
Mixed/multiple ethnic groups; white and black African	91
Mixed/multiple ethnic groups; white and Asian	162
Mixed/multiple ethnic groups ; other mixed	130
Asian/Asian British; Indian	273
Asian/ Asian British; Pakistani	109
Asian/ Asian British; Bangladeshi	180
Asian/ Asian British; Chinese	337
Asian/Asian British; Other Asian	349
Black/ African/ Caribbean/ Black British; African	107
Black/ African/ Caribbean/ Black British; Caribbean	19
Black/ African/ Caribbean/ Black British; Other Black	21
Other Ethnic Group; Arab	52
Other Ethnic Group; Any other ethnic group	62

Table one contains a breakdown of the different ethnic groups within Carlisle in March 2011. This table shows that out of the 107, 949 people within Carlisle the majority of the population are in the ‘White; English/ Welsh/ Scottish/ Northern Irish/ British’ group with 102,189 people within this group. This means that during March 2011, Carlisle was not very culturally diverse; however it is becoming more culturally diverse in recent years.

**Table 2 - ethnic groups of 0-19 in Carlisle**

<b><u>Different Ethnic Groups</u></b>	<b><u>Amount in Carlisle</u></b>
White;	23,222
% white	97.3%

Mixed/multiple ethnic group	238
Asian/ Asian British	349
Black/ African/ Caribbean/ Black British	38
Other ethnic group	24
Non-white total	649
% non-white	2.7%
Total	23,871

Table two shows that in the 2011 census there were 23,222 people aged 0-19 in Carlisle; this is 97.3% of the total population of Carlisle in this age range. This shows that the Carlisle district is mainly made up of 'white' individuals and is not a culturally diverse city (Cumbria Intelligence Observatory, 2014).

Within Carlisle there are 1,845 children who are eligible to have free school meals; however only 1,118 of these are currently receiving them this is 60.6% of the children and young people who are eligible (Cumbria Intelligence Observatory, 2014). In May 2011 there were 1,190 children and young people aged between 11 and 18 living in all out of work benefit claimant households (Cumbria Intelligence Observatory, 2014). This shows that some families in Carlisle are in poverty with some young people growing up in households with parents or guardians who do not work but are claiming benefits.

## Health –

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### Accident and Emergency -

During September 2014 approximately 917 of 2,139 Accident and Emergency visits to the Cumberland Infirmary Emergency Department were by individuals aged between 0 and 29; this is an increase from 823 of 1,829 visits in October 2013 (Trauma and Injury Intelligence Group, 2015). The exact reasons for the young people's visits to the Accident & Emergency service are not given however there are a few themes given in the report without the individual's ages. These are sports injury, deliberate self-harm, road traffic collision, assault and other injury. The majority of the injuries seen by the Accident and Emergency service in the Cumberland Infirmary were in the 'other injury' category with 1,696 people seen (Trauma and Injury Intelligence Group, 2015).

Between October 2013 and September 2014 a total of 419 individuals aged between 5 and 29 were attended to by the Accident and Emergency departments from the Cumberland Infirmary this is 61% of a total of 694 (Trauma and Injury Intelligence Group, 2015).

Hospital admissions caused by underage alcohol consumption in Carlisle is higher than the national average. Cumbria Constabulary believe that the typical offender in the Carlisle district is most likely to be male and aged between 18-30 years; with the typical victim being female aged between 18-30 years (Cumbria Constabulary, 2014). The high rate of hospital admissions due to underage alcohol consumption could be due to external circumstances such as the environment which they were brought up in, however these admissions could just be due to the individual's behavioural choices or peer pressure from the people they socialise with.

### Teenage pregnancies -

In Carlisle the under the age of 18 (39.8 per 1000 births) and the under the age of 16 (7.7 per 1000 births) teenage pregnancy rates are above the national average; the average for under the age of 18 teenage pregnancies in the UK is 30.7 per 1,000 births. The under the age of 16 teenage pregnancy average for the UK is 7.7 per 1000 births. In Carlisle, it has been estimated, there are 1,310 live births with around 131 of new mothers with a mental health problem. (Cumbria Intelligence Observatory, 2014). The number of new mothers who have mental health problem could be a reason why there are so many teenage pregnancies in Carlisle. The

high rate of teenage pregnancies in Carlisle could partly be explained by the lack of easily accessible sexual health services within the city centre.

### **Sexual health -**

In 2013, 13,977 children and young people aged between 15-24 years in Cumbria were given Chlamydia screening tests; this was 24.7% of the population. Out of this 8.2% of young people tested positive for Chlamydia; this works out to be 2,036 positive tests per 100,000 tests distributed. The whole of Cumbria has an above average amount of children and young people who tested positive for Chlamydia with only 7.3% of England testing positive; this is 2,090 children and young people per 100,000 tests distributed. The high amount of positive Chlamydia tests could also be due to the lack of easily accessible sexual health services in the town centre, however this could also be due to a lack of effective sexual health educations in schools or colleges.

Vulnerable and deprived young people are more likely to be sexually active at a younger age and are much less likely to access services. These young people are also more likely to smoke and take part in risk-taking behaviours. It has also been suggested that many of the young people who access sexual health services struggle with low self-esteem – particularly young girls – this makes them particularly vulnerable (Cumbria Intelligence Observatory, 2013).

The table below shows the Sexually Transmitted Infections (STIs) by gender between 2010 and 2011. As shown in the table below there is generally a decrease in the amount of individuals who are treated for Sexually Transmitted Infections; however the amount of cases of 'other STIs' has increased by 18% (NHS Cumbria, 2012).

**Table 3 STI rates in Cumbria (NHS Cumbria, 2012)**

STI	2010	2011	Change 2010-2011
Chlamydia	Male - 580	Male - 524	-11%
	Female - 904	Female - 827	-9%
	Persons - 1491	Persons - 1354	-9%
Gonorrhoea	Male - 45	Male - 35	-22%
	Female - 20	Female - 28	8%
	Persons - 71	Persons - 63	-11%
Syphilis	Total - 9	Total - 5	-44%
Herpes	Male - 74	Male - 80	8%
	Female - 76	Female - 88	16%
	Persons - 150	Persons - 168	12%
Genital	Male - 391	Male - 294	-25%

Warts	Female – 309	Female – 330	-26%
	Persons – 700	Persons – 524	-25%
New STIs	Male – 1540	Male – 1247	-19%
	Female – 1395	Female – 1234	-12%
	Persons – 2936	Persons – 2484	-15%
Other STIs	Male – 323	Male – 373	15%
	Female – 190	Female – 231	22%
	Persons – 543	Persons – 604	18%

### **Accessibility of sexual health services –**

Throughout Cumbria sexual health treatment and services can be accessed through sexual health clinics, GP surgeries, community pharmacies and the LGBTHQ. Inspira is unable to offer all sexual health services; there are still two members of staff who are available to discuss sexual health matters with young people. These are Lisa Boyd and Jen Marrs, they can be contacted by phoning 01228 596272.

Jen Marrs is a Risk and Resilience Community Worker who provides an open access drop in service every Tuesday from 3-5pm, during this drop in service young people can access the C card scheme, Chlamydia screening and information regarding positive relationships. Young people are also encouraged to come and retrieve further supplies of condoms within the opening times of the Inspira office.

There is also a sexual health line which individuals can phone to get confidential help; the phone number for this is 0845 371 4037. Sexual health clinics provide sexual health services for those with or without symptoms of a sexually transmitted infection and contraception including emergency contraception. These clinics offer a range of services; these include advice about sexual health, free condoms, contraception, HIV testing, advice about abortion and help for people who have been sexually assaulted. Within the Carlisle district there is a sexual health clinic in Carlisle; the details of which can be found below (Cumbria Partnership NHS, Unknown).

### Sexual Health (GUM/Contraception/HIV) Clinics

#### Carlisle

Solway Clinic  
Centre for Sexual Health  
Hilltop Heights  
London Road  
Carlisle CA1 2NS  
Tel: 01228 608989

Drop in clinics (any age)  
Mon, Tue, Fri: 8.30am-11am  
Wed & Thu: 4pm-7pm  
1<sup>st</sup> Saturday in month 10am-12 midday

Under 20's  
Mon, Tue, Fri 3.30pm-5pm

Appointments all ages  
Mon-Fri please ring for times

**Figure 1 – Carlisle sexual health clinic opening times (Cumbria Partnership NHS, Unknown).**

This sexual health clinic is located at an approximate 25 minute walk from The Lanes Shopping Centre in the middle of Carlisle; however the clinic can also be access via public transport with a bus running every 7 minutes from West Tower Street. However after departing from the bus there is still a two minute walk with the majority being uphill (Google Maps, 2015); therefore this may be unsuitable for any disabled individuals who wish to access these services.

GP surgeries throughout Cumbria offer sexual health treatments, including testing for sexually transmitted infections and contraception advice. Each of the surgeries has a GP or practice nurse who has been specially trained to offer this advice and treatment (Cumbria Partnership NHS, Unknown). The GP surgeries which offer sexual health services in Carlisle are:

St Paul's Medical Centre, St Paul's Square, Carlisle. Tel: 01228 524354 – Only patients from the surgery can receive sexual health services (Cumbria Partnership NHS, Unknown).

Spencer St Surgery, 10 Spencer Street, Carlisle. Tel: 01228 529171 - Only patients from the surgery can receive sexual health services (Cumbria Partnership NHS, Unknown).

Fusehill Medical Practice, Fusehill Street, Carlisle. Tel: 01228 527559 – this surgery does not state whether it is a requirement to be a member of the surgery or not (Cumbria Partnership NHS, Unknown).

Community pharmacies offer advice and guidance on contraception and can also provide emergency contraception; throughout the Carlisle district there are 20 community pharmacies which offer free emergency contraception and Chlamydia screening (Cumbria Partnership NHS, Unknown).

From the 5/6/2015, the Solway Clinic will be holding drop in centres where sexual health advice, STI testing, HIV testing, Chlamydia screening, contraception, pregnancy testing implants, hepatitis B vaccine, emergency contraception condoms and free treatment are offered. This drop in centre runs every Friday between 1 and 2.30 at the LGBTHQ which is located at 6-8 Fisher Street, Carlisle. This is a five minute walk away from The Lanes shopping centre in the centre of Carlisle. More information about this drop in session can be obtained by phoning 01228 267247.

The lack of sexual health services which are easily accessible in the city centre could be a factor in the high rates of teenage pregnancies. Carlisle College offers pregnancy tests, Chlamydia tests, free condoms and advice is given regarding the various methods of contraception. Members of staff all deliver tutorials to students on relationships, contraception and STI's however these are generally delivered to the younger students in the college rather than the older ones. These services are only available to students from Carlisle College.

### **Mental health –**

It is estimated that around 9.6% of children and young people aged between 5 and 16 in Cumbria are likely to have an emotional health and wellbeing problem; of this 3.3% are likely to have anxiety disorder; 0.9% depression, 5.8% conduct disorder and 1.5% a severe hyperkinetic condition (Cumbria Intelligence Observatory, 2014). Between 2012 and 2013, 2380 referrals in the whole of Cumbria were made to Child and Adolescent Mental Health Services (CAMHS) of which 943 patients were diagnosed with a mental health condition (Cumbria Intelligence Observatory, 2014).

24% of 11-15 year olds drinking alcohol at least once a week are more likely to have a mental disorder than those individuals who don't; also children whose parent regularly drink are twice as likely to consume alcohol. From 2008/2009 to 2010/2011 there were 85.3 young people under the age of 18 were admitted to hospital for alcohol specific issues in Carlisle; this is lower than Allerdale (132.2) and Copeland (136.4). However Cumbria's average (96.4) is above the average (55.8) for the rest of England (Cumbria Intelligence Observatory, 2014).

Throughout England the prevalence of drug use by young people aged between 11 and 15 has declined from 29% in 2009 to 17% in 2011. Young people using cannabis by the age of 15 are 3 times more likely to develop serious mental health conditions including schizophrenia.

Of all young people aged between 11 and 15 who use cannabis at least once a month, around 49% are likely to have a mental health condition (Cumbria Intelligence Observatory, 2014).

It is estimated that 1 in 15 young people in the UK have deliberately harmed themselves; with self-harm being most common between the ages of 11 and 25, but occasionally it can occur in children under 10. Hospital admissions for self-harm in children have increased with hospital admissions being much higher for girls than boys. Between 2010/11 219 out of 100,000 under 19's were admitted to hospital; this was expected to decline to 175 out of 100,000 by 2012/13. In 2011/2012, 70% of all hospital admissions caused by self-harm were female; with the most common cause of admission being self-poisoning (Cumbria Intelligence Observatory, 2014).

### **Drug and alcohol services -**

In Carlisle there are services available to support individuals of all ages who have issues with drug and alcohol; these include both national and local organisations. One local organisation is CADAS (Cumbria Alcohol and Drug Advisory Service) which is a charity; however the charity currently does not have any funding which enables them to support young people with drug and alcohol issues, this service can be accessed by telephoning 01228 54440. North Cumbria Addictive Behaviour Service offers counselling to individuals who suffer from an addictive behaviour such as drugs, alcohol or gambling. This service can be accessed by telephoning 01228 603020 (University of Cumbria, Unknown).

Another local organisation is DASH; this organisation provides free information about drugs, alcohol and sexual health to young people under 18 years old. This organisation also supports parents and carers as well as offering awareness to groups on risk taking behaviours. This organisation can be contacted by phoning 01228 5962727 or by visiting the centre on Lowther Street. Unity is another organisation which offers a drug and alcohol recovery service as well as providing treatment and recovery support to individuals over the age of 18. This organisation also supports the family members who are affected by substance misuse (FRANK, 2015).

National organisations which offer support are mainly accessed by either the internet or telephone; Straightline is a telephone service for young people who are experiencing difficulties related to drug and alcohol use, they offer an information service, counselling and consultations. This service can be accessed by telephoning 01228 640977 or 07736 923994. Signpost is a free and confidential 24 hour helpline for family and friends of young substance

users; this service can be accessed by telephoning 0800 776600 (University of Cumbria, Unknown). Frank is another national organisation which can be contacted via Instant messages (between 2pm and 6pm), email, text messages and phone calls (FRANK, 2015).

## Education and work –

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### **Young people not in education, employment or training -**

In Cumbria, it was estimated that between 2012 and 2013 around 5% of 16 to 18 year olds on average were not in education, employment or training (NEETs) (Cumbria Intelligence Observatory, 2014). This is the third highest district in Cumbria; Barrow being the highest with 7.5% of 16 to 18 year olds not in education, employment or training (Cumbria Intelligence Observatory, 2014).

### **GCSEs -**

52.9% of pupils within Carlisle have attained five or more GCSE's at grades A\* to C, including maths and English; this is below both the county (56.3%) and the national levels (58.6%) (Cumbria County Council, 2014). Within the Carlisle area there are six public secondary schools and two private schools. The majority of the public secondary schools in the Carlisle area are rated 'Good' with the other three being either 'inadequate' or 'requires improvement'; this could explain why the Carlisle has a lower percentage of pupils attaining five or more GCSE's at grades A\* to C including maths and English. During 2011, 40% of care leavers achieved five or more GCSE's at grade A\* to C (Department For Education, 2014).

### **Persistent absences -**

In Carlisle from 2011-12, 10.7% of the secondary age pupils have persistent absences from school; the only other district with a higher level of secondary pupils who have persistent absences is Eden with 10.9% (Cumbria Intelligence Observatory, 2014). Also in Carlisle from 2011-12 there were 12% of the secondary school age population who were excluded – either for a fixed period (11.8%) or permanently (0.2%). These factors could also be why Carlisle has a below both county and national levels of pupils attaining five or more GCSE's at grades A\* to C (Cumbria Intelligence Observatory, 2014).

### **Average A/AS level point score per pupil –**

Table 4 shows the average A level point scores per full time equivalent academic student, per academic entry and the percentage of students achieving at least AAB with two facilitating subjects (Telegraph Education, 2015). This table shows that the average point scored per academic entry in all the schools in Carlisle is 198; the average point scored per full time equivalent academic student is 692 points.

Table 4 - Average A level points in Carlisle

School names	Average point per score per full time equivalent academic student	Average point score per academic entry	Percentage of students achieving at least AAB with two facilitating subjects
Austin Friars St Monica's	782.2	225.1	14%
Caldew School	768.2	189.8	14%
Lime House School	370.9	159.3	0%
Richard Rose Central Academy	598.2	187.4	2%
Richard Rose Morton Academy	-	-	-
Trinity School	774.6	214.3	6%
William Howard School	860.4	214.6	19%

### **Unauthorised absence rate –**

In the whole of Cumbria there are 24,975 pupils enrolled in secondary schools; there is a 0.8% unauthorised absence rate within the schools in Cumbria. There were 1,583 pupils who missed 22 or more sessions this is 6.3%; however there were only 248 pupils enrolled were missed 56 or more sessions, this is 1% (Department of Education, 2014).

### **Young people educated to at least NVQ level 3 –**

Between 2006/07 46.6% of young people were educated to at least level 3 by the age of 19 in Cumbria, this decreased to 46.3% in 2014/15 (Department of Education, 2015). This decrease shows that over time young people have become less interested in continuing with their education to a Level 3 standard, this may be because they see it as a waste of time because most jobs do not require them to be trained to this level. During 2013, 52,600 individuals were educated to NVQ level 4 or above, this is of individuals aged between 16 and 64 who live in the area.

### **Young people without an NVQ or equivalent –**

During 2013, 105,100 individuals were educated to NVQ level 2 or below this means there are 52,600 more than the individuals who have are educated to NVQ level 4 or above. There were also 8,500 individuals who had no qualifications. This is 12.3% of individuals aged

between 16 and 63 who live in the Carlisle district; this is above the average percentage for the rest of Great Britain with only 9.4% of individuals aged between 16 and 64 with no qualifications (NOMIS - Official Labour Market Statistics, 2013).

### **Care leavers in education or training (under 25's)**

During 2014 there were 135 young people aged 19,20 and 21 who were looked after for at least 13 weeks after their 14<sup>th</sup> birthday in Cumbria. Out of these 135, 5 were in Higher Education, 20 were in another form of education and 30 were in training or employment; this is a total of 55. There are 65 of the care leavers who are not in employment due to illness/disability, pregnancy or parenting or for other reasons. The local authority did not have any information regarding the remaining 15 individuals (Department for Education, 2015).

## Sport and leisure activities –

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### Sport activities –

In Carlisle there are many activities available for all ages of the community; these activities range from abseiling, cheerleading, dance to yoga. Further information can be found on this website - <http://www.activecumbria.org/developing-sport/physical-activity-search/>

### Youth service centres –

Taking part in social activities, sport and exercise is associated with higher levels of life satisfaction (Cumbria Intelligence Observatory, 2014). Childhood obesity is an issue within the Carlisle district with 31.7% of children being considered as overweight or obese by the time they are in year 6 (Active Cumbria, 2013).

Within the Carlisle district there are many youth service activities/ centres which are available for young people; as well as services for those with disabilities. These youth services also offer sporting activities. The youth services which are available are as follows:

Carlisle Youth Zone, Victoria Place, Carlisle, CA1 1LR.



There are two suitable clubs which can be attended by young people: these are Senior Club and Inclusion club. Both of these clubs have a **£5.00** annual fee with extra money needed for club nights. The prices for club nights vary between **free** and **£1**. Each club night attended also needs a **50p** entrance fee.

Senior Club is for anyone aged between 12 and 21 and runs Tuesday, Friday and Saturday Evenings from 6.30 onwards.

Inclusion club is for individuals aged 8 to 25 who have disabilities, this club aims to support disabled young people to participate regularly in an inclusive sports and creative activities programme alongside their able bodied peers. This club runs on Saturdays between 10 and 1pm.

There are many activities which can be done at Carlisle Youth Zone including football and rock climbing. Further information can be obtained from <http://www.carlisle-youthzone.org/> or by emailing [info@carlisle-youthzone.org](mailto:info@carlisle-youthzone.org)

Brampton Youth Project, Brampton Community Centre. The Irthing Centre, Union Lane, Brampton, CA1 1Bx



There is no obvious information regarding the costs for the young people who attend the meetings or are members of the youth group; however it is assumed that there are some costs involved.

Petteril Bank Youth Project. Petteril Bank Community Centre, Burnett Road, Carlisle, Cumbria, CA1 3BX

This youth centre offers a club for both under and over 12 year olds. The group for 12+ runs on:

Monday: 7pm -8.30pm

Wednesday: 6pm - 7.30pm

Friday: 7.30pm - 9pm

For more information phone 01228 558790.

There is no obvious information regarding the costs for the young people who attend the meetings or are members of the youth group; however it is assumed that there are some costs involved.

## Housing –

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### Care leavers in suitable accommodation –

A care leaver is a young person who was looked after by a local authority for at least 13 weeks after the age of 14 and was still being looked after when they reached 16 (this does not have to be continuous) (Cumbria County Council, 2007). In Cumbria during 2014, there were 135 young people aged 19,20 and 21 who had been looked after for at least 13 weeks which began before they reached the age of 14.

Out of 135, 115 of the young people are in suitable accommodation. Out of these 115, 15 are living with parents or relatives, 10 are in community homes and 5 are in semi-independent transitional accommodation. A further 10 individuals are in support lodgings with another 10 living in ordinary lodgings. Out of the 115, 50 of the young people are living independently. The local authority does not have information regarding the remaining 20 young people (Department for Education, 2015).

### Hostels in Carlisle -

Homelessness in Cumbria was 14% higher nationally in 2011 than in 2010; there is evidence which indicates that many homeless young people suffer from severe mental health problems and behavioural problems have been found to be higher in homeless children living in temporary accommodation. There were 258 statutory homeless households with dependent children or pregnant women in Cumbria in 2011/2012; this is a rate of 1.2 per 1000 households, this is below the average for the whole of England which was 1.7 per 1000 households (Cumbria Intelligence Observatory, 2014).

Carlisle Key and is an independent and impartial drop in service which specialises in housing, financial and other related issues. Carlisle Key is located on Warwick Road and offers the following services: homeless advice, housing advice, money management, welfare benefits advice, support with form filling, tenancy advice, computer access, use of telephone, referrals to other agencies and practical support such as food parcels, toiletries, clothing and small household items (Carlisle Key, Unknown).

# Crime

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To gain the most recent facts from 2014 regarding young people in Carlisle a freedom of information request was submitted to Cumbria Constabulary. For this information a young person is aged between 11 and 21. These facts are for young people, who were either charged, summoned, cautioned, received a cannabis warning or community resolution. These are considered as positive outcomes.

## **Assault**

During 2014 there were 152 young people aged between 11 and 21 who committed assault against another young person. With 75 of these assaults causing injury to the other young person, however there were only 4 incidents where young people have intended to cause serious harm to another young person. There have also been 6 occurrences of racially or religiously aggravated assault without injury, this could be due to the lack of cultural diversity in Carlisle.

## **Burglary and shoplifting**

During 2014 there were 10 offences of burglary, with the majority being burglary of dwellings and the remaining 2 being burglary of buildings other than dwellings. However during 2014 there were 140 reported shoplifting offences. The amount of burglaries and thefts in Carlisle could be due to 13.7% of households in Carlisle having an income of less than £10,000 which means they are living in poverty. However some individuals may not be influenced by external factors and these occurrences could be down to individual's behaviour.

## **Criminal damage and arson**

In 2014 there were 97 positive outcomes regarding criminal damage and arson, this includes criminal damage to buildings other than dwellings, criminal damage to dwellings, criminal damage to vehicles, other criminal damage and arson not endangering life. There were 27 occurrences of criminal damage to dwellings and other criminal damage; there were also 23 occurrences of criminal damage to vehicles. Eighteen of the occurrences of criminal damage were to buildings other than dwellings and the remaining two occurrences of criminal damage were for arson which did not endanger life. The occurrences of criminal damage could be due to external circumstances such as the environment and socio-economic status. However these are most likely due to individual's behaviour.

## **Drug offences**

During 2014, there were 115 young people, aged between 11 and 21, reported for drug offences. The majority of the drug offences were for the possession of the controlled drug cannabis with 76 positive outcomes. The minority of drug offences were for the possession of controlled drugs excluding cannabis with 18 positive outcomes. The remaining 21 drug offences were trafficking of controlled drugs.

The amount of young people trafficking controlled drugs could be due to 13.7% of households in Carlisle having an income of less than £10,000 which means they are living in poverty. However some individuals may not be influenced by external factors and these occurrences could be down to individual's behaviour.

## **Sexual offences**

In 2014, there were a total of 15 young people aged between 11 and 21 who received positive outcomes for sexual offences. These include rape, sexual assault, sexual activity, sexual grooming and exposure and voyeurism. In total three young people received positive outcomes due to rape offences, 6 received positive outcomes due to sexual assault offences. Three young people were given positive outcomes because of sexual activity offences and one young person received a positive outcome because of sexual grooming offences. The remaining two young people were given positive outcomes due to exposure and voyeurism offences.

## **Vehicle related offences.**

During 2014 a total of 15 young people received positive outcomes for vehicle related offences. These offences involved aggravated unlawful taking of motor vehicles, theft of/from motor vehicles and the unlawful taking of motor vehicles. After these facts were received clarification was needed between the theft of vehicles and the unlawful taking of vehicles, this clarification was given by Sergeant Tony Kirkbride from Cumbria Constabulary.

Theft occurs when a person is permanently deprived of the property e.g. if a vehicle was stolen and then burned out, the owner of the vehicle would not be able to use this vehicle again so they are permanently deprived of the property. However unlawful taking is often referred to as 'joy-riding' by the media. This is when an offender takes a car for a ride however the vehicle is recovered so therefore the victim is not permanently deprived of the property.

Aggravated unlawful taking of motor vehicles occurs if the offender is caught doing the following.

Section 12A of the Theft Act 1968 creates the offence of 'aggravated vehicle-taking'.  
12A(1) Subject to subsection (3) below, a person is guilty of aggravated taking of a vehicle if -  
(a) he commits an offence under [section 12\(1\)](#) above (in this section referred to as the "basic offence") in relation to a [mechanically propelled vehicle](#); and  
(b) it is proved that, at any time after the vehicle was unlawfully taken (whether by him or another) and before it was recovered, the vehicle was [driven](#), or injury or damage was caused, in one or more of the circumstances set out in paragraphs (a) to (d) of subsection (2) below.  
12A(2) The circumstances referred to in subsection (1)(b) above are -  
(a) that the vehicle was driven dangerously on a [road](#) or other [public place](#);  
(b) that, owing to the driving of the vehicle, an accident occurred by which injury was caused to any person;  
(c) that, owing to the driving of the vehicle, an accident occurred by which damage was caused to any property, other than the vehicle;  
(d) that damage was caused to the vehicle.

## Transport -

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### Young people killed or seriously injured in road traffic collisions (RTCs) -

Table 4 shows the amount of RTCs between 2011/2012 and 2013/2014 which were attended by emergency services (Critchley & Whitfield, 2015). The table shows that between the ages of 5 and 14, there were a total of 114 RTCs which were attended by emergency services; this level is one of the lowest age group, this is 3% of all RTCs which occurred in Carlisle, this could be explained because people in this age group are not old enough to drive.

Between 15 and 29 there were 687 RTCs which were attended by emergency services this is 44% of all RTCs which occurred in Carlisle. The age range with the highest amount of RTCs is 15-29; this could be because there are more people in this age range who are able to drive or are learning to drive. (Critchley & Whitfield, 2015).

**Table 5- Emergency service attendances in Cumbria (Critchley & Whitfield, 2015)**

Age Group	Female		Male		Total	
	N	%	N	%	N	%
0-4	24	4%	20	2%	44	3%
5-14	42	6%	72	8%	114	7%
15-29	295	45%	392	43%	687	44%
30-59	243	37%	354	39%	597	38%
60+	52	8%	79	9%	131	8%
<b>Total</b>	<b>656</b>	<b>100%</b>	<b>917</b>	<b>100%</b>	<b>1573</b>	<b>100%</b>

### Access to services and facilities -

The Carlisle district has many services and facilities for young people some of these are more difficult to access than others; however many of the services of facilities are accessible by either public transport or walking. A day rider can be purchased on Stagecoach buses to be used in the Carlisle district, costing £2.90 (Stagecoach, 2013).

**Working age people accessing employment by public transport -**

During 2012, a total of 3,236,000 people were working in the North West of England, out of this 4% of people used the railway to get to work and 7% used the bus or coach. The remaining percentage drove, biked or walked to work (Department for Transport, 2012).

**Transport to school -**

From the Cumbria Youth Parliament transport survey 37% of the respondents stated they used the bus to attend education. 26% of the respondents stated that they were late to education due to the buses running late; however 56% of respondents stated that the bus service had no negative impact on their education i.e. they have never been late or missed school due to the bus (Adams, et al., 2014). Although some young people take the bus into school or college – either public transport or a bus for their school or college - some also walk or bike whilst others receive lifts off family members.

## Conclusions -

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In conclusion Carlisle is the second largest authority in England with an area of 1,039.97km<sup>2</sup>, however even though Carlisle has a large area the average household income is higher than the county average at £26,004. There are also 13.7% of households which have an income of less than £10,000; this is higher than the rest of England where only 11.9% of households have an income of less than £10,000. As there are 13.7% of households which have an income of less than £10,000; there are 1,845 children and young people who are eligible for free school meals, however only 60.6% of these are receiving the free school meals. Also due to the amount of households earning less than £10,000; in 2011 there were 1,190 children and young people who were living in households in which all members of the family were out of work and claiming benefits.

### Community

Out of the total population of Carlisle – 107,949 – 11,848 are young people, the majority of the population of Carlisle are white, English/Welsh/Scottish/ northern Irish/ British. With 102,189 individuals in this category, the minority population in Carlisle are Black/African/Caribbean/Black British; Caribbean with 19 people in this ethnic group. So in conclusion Carlisle is not a very culturally diverse area.

### Health

Carlisle's average of hospital admissions of young people for underage drinking is higher than the national average. This could be due to external circumstances such as the environment and peer pressure, however this could also be due to an individual behaviour choice. The environment may have a role in influencing young people's behaviour as most young people believe there is nothing to do so they try and find something to do, this can end up with the young people choosing to drink alcohol or take drugs.

The external environment could also be used to explain the fact that Carlisle has a higher than the national average of teenage pregnancies. However these pregnancies could be due to the young people coming from a background where they are 'looked after', or suffer from mental health issues including low self confidence. Also the high rate of teenage pregnancies in Carlisle could also be due to the lack of easily accessible sexual health services in the city centre, though young people are still encouraged to visit Inspira's office on Lowther

Street; however the majority of the sexual health services are located out of town with Carlisle College offering services to their students. However some of the teenage pregnancies could be down to individual's own choices, with only some influences from external factors.

The lack of easily accessible sexual health services in Carlisle could also explain why the area has a higher than the national average of positive Chlamydia testing with 2,036 per 100,000 testing positive. This number could be higher as this is only the amount of tests which have been returned to be tested but some young people may not have completed or returned the test.

Out of a total of 2380 referrals to CAMHs, 943 children and young people were diagnosed with a mental health condition. The source of these statistics does not state the gender of the children and young people which could explain the high teenage pregnancy rates. It was estimated that 1 in 15 young people in the UK have deliberately harmed themselves. Self harm is most commonly seen in young people aged between 11 and 25 years old. Between 2011 and 2012, 19% of hospital admissions of young people were caused by self harm. Young females are generally admitted to hospital after deliberately harming themselves by self-poisoning.

Within the Carlisle district there are three local organisations which offer support to young people who have an addiction; these organisations are UNITY, DASH and North Cumbria Addictive Behaviour Service. There are also national organisations which offer support to young people who have an addiction; however the majority of these organisations must be contacted by phone. FRANK is a website which offers both online and telephone support to any individual with an addiction.

### Education and work.

The high rate of teenage pregnancies and hospital admissions could be explained by the amount of young people who are NEET's this is 5% of the population of young people in the Carlisle district. The lower amount of young people achieving GCSE grades between A\* and C could be explained by the secondary schools in Carlisle being rated 'good' or below by OFSTED. Also the lower amount of young people with GCSE grades between A\* - C could be explained by the amount of young people who have persistent absences from secondary school. However out of a total of 24,975 young people in the various schools in the Carlisle district there is only a 0.8% unauthorised absence rate.

Less than half of care leavers are in higher education, another form of education or in training or employment. This could be due to there being no jobs or training courses which they feel would suit them; however this could also be due to the young care leavers not wanting to get a job or return to education. The majority of the population of Carlisle are educated to level 2 or below, this has meant there is a decrease in the amount of young people who are achieving qualifications up to NVQ level 3. In the Carlisle district there is also an above average amount of people aged between 16 and 64 who have no qualifications.

### *Sport and leisure activities.*

In the Carlisle district 31.7% of children are considered to be overweight by the time they are in year 6, however there is a wide range of sporting and leisure activities which are available to young people in Carlisle. The youth groups in Carlisle range in prices between £1 or a £5 annual membership. Other youth groups which were found whilst compiling this community profile did not openly advertise the costs of their services. Even though there is a wide range of youth groups and activities available in the Carlisle district, these vary in prices so could be unaffordable by some young people.

### *Housing*

Out of a total of 135 young people who are classed as care leavers 115 are in suitable accommodation. Suitable accommodation includes living with family, community homes, semi-independent transitional accommodation, supported or unsupported lodgings as well as living totally independently. The remaining 20 young people who are classed as care leavers have no information regarding whether they are in suitable accommodation or not. In the Carlisle district there are two hostels however these are for families and adults. There is however a drop in centre which offers their services specifically to young people.

### *Crime*

The crime levels of young people in the Carlisle district could be explained by the amount of families who are living in poverty. Due to these families being in poverty they may not be able to afford to send their children somewhere where they can do something positive with their time, this could mean that these children and young people decide to do something negative as they have nothing else to do.

### *Transport*

The majority of the Road Traffic Collisions attended by the emergency services between 2011/2012 and 2013/2014 were to males aged between 15 and 29. The amount of females in this age range was almost 100 lower than the amount of males. Some services and facilities in the Carlisle district are more accessible than others. However the majority of the services and facilities are accessible by public transport or walking.

Out of a total of 3,326,000 working age people in the whole of the north west of England, 11% travelled to work using the railway, the bus or coaches. The remainder of the working age population drove, walked or biked to work. The Cumbria Youth Parliament distributed a survey to young people across the whole of Cumbria, from this survey they found that 37% of the respondents said they travelled to their place of education by bus; however this could mean both the school bus and public transport. Also this percentage is across the whole of Cumbria so it is hard to find the statistics for the Carlisle district in particular.

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# Mental Health Ballot 2015

## Report and Statistics

A photograph of a ballot form for the Mental Health Ballot 2015. The form is light blue and features the CYO Carlisle Youth Council logo on the top left and the Carlisle City Council logo on the top right. The main heading asks, 'What do you believe is the most important issue for young people regarding Mental Health?'. Below this, there are checkboxes for 'Age: 11-18' and '19+', and 'Gender: Male' and 'Female'. A section titled 'Cross ONE box only' lists several issues with checkboxes: Negative Stereotypes, Body Image, Availability of Services/Treatments, School Pressures (e.g. exams/homework), Bullying, Self Harm, Other (please specify), Mental Health Education/Awareness, Abuse (physical, sexual, domestic, verbal etc.), Social Anxiety (fear of being judged by others), Suicide, Lack of Support from Family and Friends, and Poor Media Coverage. At the bottom, it says 'Please ask if anything is unclear' and 'The most voted for issue will become the focus for our Mental Health Campaign'.

## Introduction

On the 14th-16th August 2015, Carlisle Youth Council held a Mental Health event in The Lanes, Carlisle. The main goal for this event was to carry out our Mental Health ballot.

We wanted to consult with the young people of Carlisle asking them "What do you feel is the most important issue for young people regarding Mental Health?" From the valid ballots cast the most voted for issue in the 11-18 age range would become the focus for our 2015/2016 Mental Health Campaign.

## Contents of the Ballot

To give greater depth of information we asked participants to give us their age range (11-18 or 19+) and gender.

The following 13 issues were available to vote for on the ballot paper, only **ONE** could be chosen:

- Negative Stereotypes
- Body Image
- Availability of Services/Treatments
- School Pressures (e.g. exams/homework)
- Bullying
- Self Harm
- Mental Health Education/Awareness
- Abuse (physical, sexual, domestic, verbal etc.)
- Social Anxiety (fear of being judged by others)
- Suicide
- Lack of Support from Family and Friends
- Poor Media Coverage
- Other (please specify)

# **Results**

## **Returned Ballot Papers**

The overall amount of ballot papers returned was **329**.

**73%** of ballots returned were those from the 11-18 age category.

**25%** of ballots returned were those from the 19+ age category.

**61%** of ballots returned were from female respondents.

**30%** of ballots returned were from male respondents.

**7%** of ballots returned were from an unspecified gender.

**2%** of ballots returned were those from an unknown age and gender.

The percentages of ballots cast within each category are as follows:

### **Age 11-18 Results (Top 3)**

1. Bullying (19.6%)
- =2. Body Image (11.7%)
- =2. Social Anxiety (11.7%)

### **Age 19+ Results (Top 3)**

1. Mental Health Education/Awareness (20.5%)
2. Social Anxiety (18.1%)
- =3. Availability of Services/Treatments (9.6%)
- =3. Bullying (9.6%)
- =3. Abuse (9.6%)

### **Age 11-18 Female Results (Top 3)**

1. Bullying (15.5%)
2. Social Anxiety (14.9%)
3. Body Image (11.5%)

### **Age 11-18 Male Results (Top 3)**

1. Bullying (26.1%)
2. Negative Stereotypes (14.5%)
3. Body Image (11.6%)

### **Age 19+ Female Results (Top 3)**

1. Social Anxiety (21.2%)
2. Education/Awareness (19.2%)
3. Services/Treatments (13.5%)

### **Age 19+ Male Results (Top 3)**

1. Education/Awareness (23.3%)
- =2. Negative Stereotypes (13.3%)
- =2. Social Anxiety (13.3%)

\*Unspecified age/gender results not included\*

\*All percentages have been rounded to the nearest decimal place\*

### **Conclusion**

Bullying received the most votes in the 11-18 age category, meaning this will become the main focus for our Mental Health Campaign. Overall this ballot has been a great success for Carlisle Youth Council. Being able to consult with over 300 people has given us the information we need to campaign on issues that most affect young people in our area.

## Raw Data

ISSUE	11-18 F	11-18 M	11-18 U	TOTAL	19+ F	19+ M	19+ U	TOTAL	UNKNOWN
NEGATIVE STEREOTYPES	7	10	2	19	1	4	0	5	0
BODY IMAGE	17	8	3	28	3	2	0	5	1
SERVICES/TREATMENTS	2	1	0	3	7	1	0	8	1
SCHOOL PRESSURES	13	3	1	17	1	2	0	3	0
BULLYING	23	18	6	47	6	2	0	8	2
SELF HARM	9	4	1	14	5	1	0	6	0
EDUCATION/AWARENESS	14	5	3	22	10	7	0	17	1
ABUSE	15	5	3	23	5	3	0	8	1
SOCIAL ANXIETY	22	5	1	28	11	4	0	15	0
SUICIDE	12	4	0	16	1	2	1	4	0
LACK OF SUPPORT	3	3	0	6	1	1	0	2	0
MEDIA COVERAGE	3	1	0	4	0	1	0	1	0
OTHER	5	1	2	8	1	0	0	1	0
SPOILT	3	1	1	5	0	0	0	0	0
SUM	148	69	23	240	52	30	1	83	6

**TOTAL BALLOTS CAST**                      329

Summary of Make Your Mark 2015

Results of the top 5 issues across districts, county, regionally and nationally for the issues that young people voted for:

	Carlisle and Eden	Barrow and South Lakes	Allerdale and Copeland	County	Regional	National
1	A Living Wage	A Living Wage	A Living Wage	A Living Wage	A Living Wage	A Living Wage
2	Curriculum to prepare us for Life	Curriculum to prepare us for Life	Curriculum to prepare us for Life	Curriculum to prepare us for Life	Curriculum to prepare us for Life	Curriculum to prepare us for Life
3	Mental Health	Transport	Mental Health	Mental Health	Transport	Transport
4	Transport	Mental Health	Transport	Transport	Mental Health	Mental Health
5	Climate Change	Tackling racism and religious discrimination, particularly against people who are Muslim or Jewish	Votes at 16	Votes at 16	Tackling racism and religious discrimination, particularly against people who are Muslim or Jewish	Tackling racism and religious discrimination, particularly against people who are Muslim or Jewish

- Total number of ballots for the North West region - 165,464 with a turnout of 27.20%;
- Total number of ballots for Cumbria - 15,604 with a turnout of 32.48%, which is up 10.77% from 2014;
- Cumbria ranks 6<sup>th</sup> in the North West for turnout;
- Cumbria was 3<sup>rd</sup> highest for the number of ballots received;
- 41 Cumbrian schools participated;
- 3 young people secured more than 1000 votes;
- Full report available <http://www.ukyouthparliament.org.uk/makeyourmark/>
- On 13 November 2015 members of the UK Youth Parliament (UKYP) will come together to debate and decide at the UKYP House of Commons sitting the most important issues to campaign on for the year ahead. Three Members of Youth Parliament from Cumbria will be attending this event.

**Please note the final figures are subject to change from BYC due to late ballots, spoiled ballots etc**

# A SUMMARY OF THE UN CONVENTION ON THE RIGHTS OF THE CHILD

## ARTICLE 1 (definition of the child)

Everyone under the age of 18 has all the rights in the Convention.

## ARTICLE 2 (non-discrimination)

The Convention applies to every child without discrimination, whatever their ethnicity, gender, religion, language, abilities or any other status, whatever they think or say, whatever their family background.

## ARTICLE 3 (best interests of the child)

The best interests of the child must be a top priority in all decisions and actions that affect children.

## ARTICLE 4 (implementation of the Convention)

Governments must do all they can to make sure every child can enjoy their rights by creating systems and passing laws that promote and protect children's rights.

## ARTICLE 5 (parental guidance and a child's evolving capacities)

Governments must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.

## ARTICLE 6 (life, survival and development)

Every child has the right to life. Governments must do all they can to ensure that children survive and develop to their full potential.

## ARTICLE 7 (birth registration, name, nationality, care)

Every child has the right to be registered at birth, to have a name and nationality, and, as far as possible, to know and be cared for by their parents.

## ARTICLE 8 (protection and preservation of identity)

Every child has the right to an identity. Governments must respect and protect that right, and prevent the child's name, nationality or family relationships from being changed unlawfully.

## ARTICLE 9 (separation from parents)

Children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child). Children whose parents have separated have the right to stay in contact with both parents, unless this could cause them harm.

## ARTICLE 10 (family reunification)

Governments must respond quickly and sympathetically if a child or their parents apply to live together in the same country. If a child's parents live apart in different countries, the child has the right to visit and keep in contact with both of them.

## ARTICLE 11 (abduction and non-return of children)

Governments must do everything they can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.

## ARTICLE 12 (respect for the views of the child)

Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This right applies at all times, for example during immigration proceedings, housing decisions or the child's day-to-day home life.

## ARTICLE 13 (freedom of expression)

Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.

## ARTICLE 14 (freedom of thought, belief and religion)

Every child has the right to think and believe what they choose and also to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights and responsibilities of parents to guide their child as they grow up.

## ARTICLE 15 (freedom of association)

Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

## ARTICLE 16 (right to privacy)

Every child has the right to privacy. The law should protect the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.

## ARTICLE 17 (access to information from the media)

Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them.

## ARTICLE 18 (parental responsibilities and state assistance)

Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by creating support services for children and giving parents the help they need to raise their children.

## ARTICLE 19 (protection from violence, abuse and neglect)

Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.

## ARTICLE 20 (children unable to live with their family)

If a child cannot be looked after by their immediate family, the government must give them special protection and assistance. This includes making sure the child is provided with alternative care that is continuous and respects the child's culture, language and religion.

## ARTICLE 21 (adoption)

Governments must oversee the process of adoption to make sure it is safe, lawful and that it prioritises children's best interests. Children should only be adopted outside of their country if they cannot be placed with a family in their own country.

## ARTICLE 22 (refugee children)

If a child is seeking refuge or has refugee status, governments must provide them with appropriate protection and assistance to help them enjoy all the rights in the Convention. Governments must help refugee children who are separated from their parents to be reunited with them.

## ARTICLE 23 (children with a disability)

A child with a disability has the right to live a full and decent life with dignity and, as far as possible, independence and to play an active part in the community. Governments must do all they can to support disabled children and their families.

## ARTICLE 24 (health and health services)

Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

## ARTICLE 25 (review of treatment in care)

If a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way they are cared for and their wider circumstances.

## ARTICLE 26 (social security)

Every child has the right to benefit from social security. Governments must provide social security, including financial support and other benefits, to families in need of assistance.

## ARTICLE 27 (adequate standard of living)

Every child has the right to a standard of living that is good enough to meet their physical and social needs and support their development. Governments must help families who cannot afford to provide this.

## ARTICLE 28 (right to education)

Every child has the right to an education. Primary education must be free and different forms of secondary education must be available to every child. Discipline in schools must respect children's dignity and their rights. Richer countries must help poorer countries achieve this.

## ARTICLE 29 (goals of education)

Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

## ARTICLE 30 (children from minority or indigenous groups)

Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.

## ARTICLE 31 (leisure, play and culture)

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

## ARTICLE 32 (child labour)

Governments must protect children from economic exploitation and work that is dangerous or might harm their health, development or education. Governments must set a minimum age for children to work and ensure that work conditions are safe and appropriate.

## ARTICLE 33 (drug abuse)

Governments must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.

## ARTICLE 34 (sexual exploitation)

Governments must protect children from all forms of sexual abuse and exploitation.

## ARTICLE 35 (abduction, sale and trafficking)

Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.

## ARTICLE 36 (other forms of exploitation)

Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.

## ARTICLE 37 (inhumane treatment and detention)

Children must not be tortured, sentenced to the death penalty or suffer other cruel or degrading treatment or punishment. Children should be arrested, detained or imprisoned only as a last resort and for the shortest time possible. They must be treated with respect and care, and be able to keep in contact with their family. Children must not be put in prison with adults.

## ARTICLE 38 (war and armed conflicts)

Governments must not allow children under the age of 15 to take part in war or join the armed forces. Governments must do everything they can to protect and care for children affected by war and armed conflicts.

## ARTICLE 39 (recovery from trauma and reintegration)

Children who have experienced neglect, abuse, exploitation, torture or who are victims of war must receive special support to help them recover their health, dignity, self-respect and social life.

## ARTICLE 40 (juvenile justice)

A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to legal assistance and a fair trial that takes account of their age. Governments must set a minimum age for children to be tried in a criminal court and manage a justice system that enables children who have been in conflict with the law to reintegrate into society.

## ARTICLE 41 (respect for higher national standards)

If a country has laws and standards that go further than the present Convention, then the country must keep these laws.

## ARTICLE 42 (knowledge of rights)

Governments must actively work to make sure children and adults know about the Convention.

The Convention has 54 articles in total. Articles 43–54 are about how adults and governments must work together to make sure all children can enjoy all their rights, including:

## ARTICLE 45

Unicef can provide expert advice and assistance on children's rights.

### OPTIONAL PROTOCOLS

There are three agreements, called Optional Protocols, that strengthen the Convention and add further unique rights for children. They are optional because governments that ratify the Convention can decide whether or not to sign up to these Optional Protocols. They are: the Optional Protocol on the sale of children, child prostitution and child pornography, the Optional Protocol on the involvement of children in armed conflict and the Optional Protocol on a complaints mechanism for children (called Communications Procedure).

For more information go to [unicef.org/uk/crc/op](https://www.unicef.org/uk/crc/op)