## Questions submitted on Notice for the Ordinary Meeting of the Council – Thursday, 16 May 2024

uestion No.	Questioner	Respondent	Question
1.	Michael Walker	Councillor Dr. RILEY	'The Community Security Trust (CST), which monitors anti-Jewish abuse and attacks and also provides security for UK Jewish communities, revealed data showing a 589% increase in antisemitic incidents compared with the same period in 2022. I understand that the council has free of charge training days to help the council and local schools to become inclusive for people who identify as LGBT, thus hopefully putting an end to homophobic and transphobic behaviour. Can you tell me if the council runs any such programmes which seek to educate not only children but also adults and members of the council about anti-semitism and what support the council provides for Jewish people who are experiencing an unprecedented level of hatred?'
2.	Nigel BODDY	Councillor HARKER	'I have just visited Stockton Market. There were many stalls. The two hour free parking in Stockton might have had something to do with the success of this market. The stalls cost just £25 and the first four weeks are free as an introductory offer. If Darlington is unable to match these trading conditions I see little prospect of Darlington's market continuing. I note with interest Taylors the butchers of Skinnergate had a mobile shop van on Stockton Market. As I walked back to my car I visited Skinnergate cycles in Stockton, which was once to be found in Skinnergate in Darlington. Can I ask please what approaches (if any) have been made by Darlington's Economic Development Officer to stall holders on Stockton Market and to Skinnergate Cycles to ask about trading conditions in Darlington? Specifically have they been asked, what might induce the stallholders of Stockton Market to trade here? What might induce retailers, who once traded here, to trade here again?'
3.	LeighTAYLOR	Councillor WALLIS	Q1 Last month, local authorities were gifted The Cass Review's Final Report. It examined the NHS Gender Identity Development Service, GIDS. It was published after almost 20 years of staff, parents & ex-patients trying to raise the alarm about the diagnostic and treatment protocol and the 2020 Care Quality Commission inspection which deemed the service unsafe. Many of the now vindicated whistleblowers, journalists and concerned citizens had been told the issues was too sensitive, were

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accused of stoking up hatred and division, and even of "denying the existence of trans people".

The Government, and Labour Party, has accepted all of the recommendations, eg:

- 1. Children are to be diagnosed holistically so co-morbidities of other mental health conditions or neurodiversity (eg anorexia and autism); adverse childhood experiences; or just potentially growing up to be same sex or bisexual attraction [1] etc are routinely assessed and investigated [2] rather than a rigid 'gender affirmation only' approach.
- 2. **Puberty blockers and cross-sex hormones will no longer be routinely prescribed.**Their evidence base has 'shaky foundations'. Neither their clinical effectiveness in alleviating children's distress and the side effects they cause are certain.
- 3. Accurate data collection and diligent following up on the outcomes of all patients will be carried out. Circa 9,000 children passed through its doors in its 35 years. Unfortunately, whether they are happy and healthy, if their feelings of distress have desisted, if they've de-transitioned or are unhappy & unwell is unknown. It is likely that ~60 children from Darlington have been patients of GIDs.

The review is obviously relevant to every service for children and young adults - 'Although the focus of the Review is on support from point of entry to the NHS, no individual journey begins at the front door of the NHS,rather in the child's home, family and school environment. The importance of what happens in school cannot be underestimated; this applies to all aspects of children's health and well being.' 12.6 [3]

It highlighted that a range of public services, not just the NHS, had, on 'hearing' that 'a child was gender-distressed' effectively funnelled them through to GIDS, leading to the rapid growth in numbers [4]; a change to referrals instead being populated predominantly by teenage girls; and lengthy waiting times. An 'unconditional gender affirmation approach' by services meant all the children arriving at GIDS had been socially transitioned. **Moreover**, the report found that, compared with the general population, children referred to gender services had higher rates of neglect;

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physical, sexual or emotional abuse; parental mental illness or substance abuse; exposure to domestic violence; and loss of a parent through death or abandonment - all children who one could anticipate might be under the direct care of local authority services.

Please could ClIr Wallis explain how parents and residents can be confident that the council will not be following the 'social justice model' [5], and detail the lessons Darlington Council has taken from the whole of the Cass Review to put into place (via policies and practices) for all staff, councillors, and contractors to **a**) work in a culture of exercising genuine professional curiosity; **b**) be able to respond holistically in supporting children who appear to be distressed about their 'gender'; and so that **c**) the school and services to clinic pipe-line will be firmly closed?

Notes: [1] One study cited, 89% of girl & 81% of boys would have been same sex or bi sexually attracted - they were gender non-conforming; [2] Only 2.5% of children had 'no other issues'; [3] <a href="https://cass.independent-review.uk/home/publications/final-report/">https://cass.independent-review.uk/home/publications/final-report/</a> [emphasis added]; [4] In 2009, the NHS's gender identity development service (GIDS) saw fewer than 50 children a year. Since then, demand has increased a hundredfold, with more than 5,000 seeking help in 2021-22. [5] Identified as being one of the factors that meant the review was so difficult to conduct -page 20 Cass Final report.