



Ministry
of Defence

Ministry of Defence
Main Building
Whitehall
London
SW1A 2HB

Ref: FOI2018/02208

Reply to: [REDACTED]

13 March 2018

Dear [REDACTED]

Thank you for your email of 12 February 2018 requesting the following information:

- “1. Do the cadets in Scotland have in place an electronic system (database) that records the additional support needs of those in attendance at cadets?”*
- 2. If so, what proportion of cadets in Scotland have a diagnosis of ADHD?*
- 3. If so, what proportion of cadets in Scotland have an identified additional support need?*
- 4. What proportion of cadets in the Dundee and Angus Battalion have a diagnosis of ADHD?*
- 5. What proportion of cadets in the Dundee and Angus Battalion have an identified additional support need?*
- 6. Do cadet staff in Scotland have any communication with staff in the following when supporting/training individuals with additional support needs?*
 - 1. CAMHS*
 - 2. Social Work*
 - 3. Education*
- 7. Are any staff in the cadets in Scotland required to have training in additional support needs? If so, please state their titles.*
- 8. Are any staff in the cadets in Scotland required to have training in ADHD? If so, please state their titles.*
- 9. Is any ADHD-specific training provided to cadet staff in Scotland as a basic requirement of their occupation?*
- 10. Are any protocols in place for additional support needs in the cadets in Scotland?*
- 11. Are any ADHD-specific protocols in place for the cadets in Scotland?*
- 12. What reference documents are available to cadet staff in Scotland to refer to if they are supporting/training an individual with additional support needs? If any, please can we see this?*
- 13. What reference documents are available to cadet staff in Scotland to refer to if they are supporting/training an individual with ADHD? If any, please can we see this?*

14. *Can a person with a diagnosis of ADHD, who is taking medication, join the armed forces? If not, how long after they cease taking medication are they allowed to join the armed forces?*
15. *How many individuals with a diagnosis of ADHD applied to join the armed forces in the last three years?*
16. *How many individuals with a diagnosis of ADHD applied to join the armed forces in the last three years, as a proportion of all applications?*
17. *What proportion of those with a diagnosis of ADHD who applied to join the armed forces in the last three years were successful in their applications?*
18. *What proportion of those without a diagnosis of ADHD who applied to join the armed forces in the last three years were successful in their applications?"*

I am treating your correspondence as a request for information under the Freedom of Information Act 2000 (FOI Act).

I must advise you that the MOD does not hold information within the scope of this FOI request. However, under Section 16 of the FOI Act, I provide the following information which may be of interest.

In relation to Qs 1 - 13

Cadet organisations in Scotland use electronic systems, which contain a variety of information including the ability to record disabilities and medical conditions (through tick boxes) plus a free text area to include any additional information. However, the accuracy of this information is totally dependent on the details given by the parent or guardian and there is no method of verifying it unless a GP or specialist letter is provided.

In many cases, information is not provided and therefore not recorded. Also, any information provided is done so on a voluntary basis, therefore such data will not necessarily be comprehensive. If additional support needs were required, this too would also be reliant on information provided by parents or guardians. Whilst this information may be beneficial for the child and make any adult volunteers aware of any specific conditions, the supplying of such information is optional and cannot be mandated or necessarily verified.

Cadet staff would not have routine communication with organisations such as CAMHS, social workers or education and it is very unlikely that cadet staff would approach such organisations. However, if the organisations were aware that a child was a member of the cadet forces, the unit would assist if approached.

Staff are not required to have training in additional support needs or ADHD but this does not mean that some of them do not have additional training or qualifications. As previously mentioned, the decision on whether a child with any medical condition or learning difficulties lies with the officer in charge of the cadet unit and would be taken in consultation with the parent/guardian, providing the parent/guardian makes them aware of any condition. In some instances, parents may become adult volunteers so they can assist in supervising their child and assisting with any special needs.

There is no ADHD specific training provided to cadet staff but, as a result of their civilian occupation they may undertake such training.

There are no specific protocols or training documents for additional support needs /ADHD but please note the information above.

You may wish to be aware that the eligibility criteria for cadets' membership of the cadet forces (CF) are set out in Joint Service Publication (JSP) 814 which states:

"The CF promote equal opportunities and are open to all young people regardless of disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. Children with disabilities or chronic conditions within the scope of the Disability Discrimination Act 1995 may join within the bounds of safety to themselves and others. CFAV [cadet force adult volunteers] will not be able to provide special supervision of young people requiring constant care, so parents or guardians will be responsible for providing any additional carers needed. A medical certificate from a GP may be required to confirm a cadets' suitability to join the CF."

In relation to Qs 14 - 18

Whilst the MOD holds information in relation to failed applications based on medical grounds, it does not hold data relating to the specific medical reason for rejection. To produce the information based on the data held would require significant data manipulation requiring complex analysis and judgement to the extent that it can be considered 'new' information which is not currently held.

I draw your attention to Joint Service Publication (JSP) 950 which sets out the minimum medical standards for those wishing to join the Armed Forces. The following extract of JSP 950 Leaflet 6-7-7 states the following about Hyperkinetic disorders:

"34. Attention Deficit Hyperactivity Disorder (ADHD) is the commonest diagnosis likely to present in this category. There is a large spectrum of troublesome behaviour in children and adolescents that attracts this diagnosis. Symptoms suggestive of this disorder may also be part of normal adolescent behaviour. They may also be presenting features of anxiety or depressive disorders. For an unambiguous diagnosis there must be an early onset (prior to the age of 7) with impaired attention and overactivity, both of which occur in all kinds of locations (eg home, school, sports centre, doctor's surgery). The standard for judgement is that the impaired attention and hyperactivity is excessive when compared with other children of the same age and IQ. This basic form of the genuine condition frequently resolves with time, so recruitment may be permitted if there has been a period of more than 3 years freedom from symptoms and the patient has been off all treatment for 3 years prior to application. Corroborative evidence should be sought to confirm that the individual has been symptom and treatment-free for 3 years, and functioning normally".

If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you wish to complain about the handling of your request, or the content of this response, you can request an independent internal review by contacting the Information Rights Compliance team, Ground Floor, MOD Main Building, Whitehall, SW1A 2HB (e-mail CIOFOI-IR@mod.gov.uk). Please note that any request for an internal review should be made within 40 working days of the date of this response.

If you remain dissatisfied following an internal review, you may raise your complaint directly to the Information Commissioner under the provisions of Section 50 of the Freedom of Information Act. Please note that the Information Commissioner will not normally investigate your case until the MOD internal review process has been completed. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Further details of the role and

powers of the Information Commissioner can be found on the Commissioner's website at <https://ico.org.uk/>.

Yours sincerely,

Defence People Secretariat FOI