APPENDIX C.

EDUCATIONAL AND VOCATIONAL TRAINING FOR SOLDIERS IN NEW ZEALAND.

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The development of educational and vocational training in New Zealand has not been on the lines originally designed in England, but has been modified to suit local circumstances and the psychology of the returned soldier.

The original educational scheme was laid down in England by a conference of educational experts; and, as was to be expected, its leading features were educational. It was designed for fit men, and not for invalids, and for soldiers among whom discipline could still be enforced. It aimed at raising the soldier's standard of education, and providing vocational training during demobilization, which was then expected to be protracted for a lengthy period.

The conditions under which it was introduced into New Zealand were essentially different. The scheme was not applied to fit men, but to invalids whose minds had ceased to be receptive, and who had become infected with the apathy which is inevitable in cases of illness. Moreover, they were returned soldiers. Discipline had become relaxed—to say the least of it—after a long sea-voyage, and compulsion was to them anathema.

The psychology of the returned soldier is a study too deep to be dealt with in a report of this nature, but it cannot be overlooked, as it is an essential factor in determining the training which it is practicable to introduce.

Our soldiers who have lived through an epic of war experiences return enlightened, but at the same time disabled physically and changed mentally. Their knowledge of other civilizations, of men and women of the old countries, will be a rich heritage to them and their descendants, but for the time being their mental outlook is changed. Had they stayed in New Zealand they would, for the most part, have been steady workers taking their part as citizens; perhaps narrow and parochial, as is to be expected in a distant colony, but presenting no psychological problems and demanding no special treatment or consideration.

Some of our soldiers have come back to us as invalids, and during their convalescence are discontented and disinclined to exert themselves. This unrest must be considered a war disablement—just as if they had lost an arm or a leg—and they require sympathy and firm but considerate treatment accordingly. Most of the returned men are prepared to settle down and take their part as citizens, but some feel that they have done their bit, that the war is over, that the State owes a debt to them which it can never wholly repay, and that, while they are entitled to the most generous treatment which the State can devise they should not be constrained to do anything by means which are not applicable to other citizens. Too little allowance is made by the public, who have been able to pursue their occupations at home in peace because others were fighting for them, for the unrest of soldiers suddenly called on to settle down to a life for which military training and the excitement of war has unfitted them.

It is only in the light of this psychology that a training scheme can be introduced among soldiers. So far as such training is strictly curative it may be and should be made compulsory by Medical Officers. If it can be shown that such training as is received in occupational workrooms and carpenters' shops is for curative purposes it will not be resented by the soldiers. On the other hand, educational training cannot be introduced compulsorily. The soldier in hospital is an invalid; and as invalids in civilian hospitals are not forced, as part of their treatment, to learn the three R.s and the elements of book-keeping, or even economics and civics, the soldier sees no reason why he should be treated differently. Facilities should, however, be given to soldiers to take up educational subjects. Few will avail themselves of such opportunity, but they should receive every encouragement.

With regard to vocational training the position is somewhat different. Compulsion is not recommended, except where necessary to counteract the bad effects of idleness: encouragement should take its place. Most soldiers will only take up subjects which they consider will eventually put money in their pockets, or for which they have a liking: they will select interesting occupations only. The humdrum trades do not appeal to them, and it is useless providing such instruction for them at hospitals. In short, in the matter of vocational training no *priori* methods are of any use. The soldier must be given what training he wants, and must be provided with every facility to get it as conveniently as possible. At the same time he should be placed in direct touch with Vocation Officers, who must be returned soldiers, and whose duty it must be to encourage the soldier to occupy the leisure time of his convalescence in such educational and vocational training as will give him special advantages in taking up work after his discharge.

In comparing the tabulated results of training in the different districts in various hospitals it must be remembered that orthopædic hospitals stand in a different category to sanatoria. Patients who come to hospitals for operative treatment stay a few weeks only, and are discharged to a convalescent home as soon as their health permits. They are really invalids, and fit for light occupational work only. It is useless to expect many of them to take up courses which cover a considerable period of time. The best results are obtained at sanatoria where the patients are nearly recovered, and where they stay for some months instead of a few weeks.

Occupational Classes.

The original classes (established by the Medical Branch) were occupational, and this still continues as the basis, or at any rate the first step, towards bringing the soldier back to active effort. In many cases the exercise for special muscles has a valuable curative effect. Leather-work, basket-work, wood-carving, spinning and weaving, and embroidery (for cot cases) are taught. The classes are well attended and, as a rule, popular. Basket-work is not as popular at present as leather-work. A detailed statement showing numbers in attendance is given (Exhibit A). Workrooms for this purpose have been built at Auckland Annexe, Devonport and Epsom Convalescent Homes, Rotorua, Napier, Wanganui, Trentham, Victoria Ward (since closed), Lowry Bay (since closed), Miramar, Christchurch, Hanmer, Timaru, Dunedin Hospital, Montecillo Convalescent Home, and Invercargill. Instructresses