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COORDINATED EFFORT TO PREVENT CRIME*

AUGUST VOLLMER†

Statistics seem to indicate that methods now in vogue for the suppression of crime have little effect upon the crime curve.

In European countries, crime apparently increases in proportion to the population.¹ Similar conditions prevail in the United States according to the report issued by the Bureau of Census.² In the preliminary report of the census of prisoners published in 1923 by the Bureau of Census, a decrease is noted in commitments and in the number of prisoners confined in jails. However, the officials charged with the responsibility of preparing this report comment as follows:

"It must be emphasized that these statistics of sentenced prisoners are not by any means an adequate index of the number of crimes or misdemeanors actually occurring. A large proportion of law-breakers are not apprehended. Of the persons who are arrested, only part are indicted and convicted. Finally, the statistics herein presented do not include the large number of convicted offenders who receive suspended sentences, nor the still larger number who get off with the payment of fines. Thus, the limited number who are committed to prisons or jails under sentence represent in general only a fraction of the full number of offenders."

"Furthermore, the amount of crime in any state or locality is only one of many factors which combine to determine the number of offenders who are sentenced and imprisoned. The local machinery and policies of law enforcement, which also largely influence the number of prisoners, differ widely in various communities. Hence comparison of the commitment figures for States and sections of the country does not reveal the relative prevalence of crime in general, nor of specific offenses."

This constancy of crime is proof that crime has natural causes and the influencing circumstances must be known before we can proceed with an intelligent crime prevention campaign.

*Read at the California Conference of Social Work, Oakland, Calif., May 1-5, 1927.

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¹Aschaffenburg, *Crime and Its Repression*, pp. 108, 109, 111.

²Bureau of Census, 1910, *Prisoners and Juvenile Delinquents in the United States*."

Too much reliance has been placed on punishment as a means to prevent crime. Undoubtedly, swift and certain punishment does act as a crime deterrent for many individuals. It is not illogical therefore, to believe that this country would have less crime if more speed were used in administering justice, more effort given to perfecting our laws and more science used in our penal institutional methods. Society is protected from criminals during the incarceration period but it should be remembered that released prisoners return to their previous environmental conditions with physical and mental make-up unchanged and anti-social attitude sharpened. The latter is the logical sequence of an extended acquaintance with underworld characters during incarceration, and a keener knowledge of the old craft, plus the handicap of having served a term in a penal institution. Jack Black, in his very interesting book, "You Can't Win," gives some excellent illustrations of the criminal's reactions when released from prison.

From the foregoing it is easily seen that effort to reach the problem by law has made no particular change.

Attempts have been made to stem the flow of criminals that regularly pour in and out of jails. Prison methods have undergone considerable change in the past century. Road work, industrial training, recreation and welfare leagues have been introduced for prisoners; reformatories have been established for first offenders. Probation, suspended sentence, the indeterminate sentence and parole are now generally applied. Juvenile courts have been created; probation and parole officers have been appointed. In many communities, playgrounds with trained supervisors have been provided. Housing conditions are improving. National, state and municipal employment bureaus are operating. Medical and nursing facilities are extended so that even the poorest individual may receive intelligent advice and treatment. Scientific distribution of public aid to relieve the poverty stricken is now to be found in many states. School activities have been enlarged; compulsory education has been placed on the statutes; visiting teachers are employed to aid in making social adjustments. These and numerous other innovations have for their purpose the prevention of delinquency, but despite such humane efforts no change is observable in the number of crimes committed.

This inefficiency of our present system in dealing with crime has led some writers to conclude that since crime has always existed it must always be endured, as one of the evils afflicting society. Others believe that a large percentage of criminals are unable to conform

with social requirements, that punishment does not deter this type of offender and there is nothing left for society to do but to remove these anti-social individuals permanently from the group.

Evidence is not wanting that a reasonable number of habitual criminals are unwilling to abide by the laws made to govern our conduct. They are able to live by their wits without expending very much energy. They believe that the world owes them a living and they take what they want without toiling.

A true picture of depredations committed by criminals of all classes has never been exhibited. Commitments and arrests are false indices to crime. The only dependable data upon which safe conclusions might be based are not available for few police departments keep an accurate record of the actual number and kind of complaints received. From the few police reports which contain reliable data we may reasonably assume that the crime curve parallels the population curve, influenced only slightly by industrial or political crises, enforcement activities or legislative innovations.

There may be some objection to this assumption. No person, however, can dispute the fact that there is altogether too much crime in this country and that methods supplementary to the strong arm of the law officer must be utilized to combat this social disease. Commenting on crime, Ferri says: "Penal justice must rely more on measures and methods of prevention than on brutal repression, always powerless to suppress or decrease its effects while leaving the causes untouched."

Criminology, that branch of social science which deals with crime in general, was founded over a century ago. Since its inception, criminologists have been devoting their lives to the study of crime, criminals, criminal procedure, criminal investigation and identification. They have solicited aid from those who are experts in jurisprudence and social research. Contributions have also come from the scientific field—such as anthropology, biology, physiology, psychology, physics, chemistry—and from the specialized medical branches of neurology and psychiatry.

In concrete terms, such basic factors as race, religion, superstition and national customs have been considered in their relation to crime. From the standpoint of the economist, emigration, immigration, season and occupation have also been considered. Objectively, the problems connected with alcohol, gambling and prostitution have been studied intensively.

Concerning the individual, it is not enough to know sex, age, domestic status, parentage and training, or even physical characteristics and measurements. Science directs inquiry as to natural tendencies and to the whole mental and emotional equipment. This includes consideration of reflexes, instincts, habits, attitudes, interests, sentiments, ideals, likes and dislikes. What the individual is volitionally and temperamentally, is important, as well as what are his particular vices and virtues.

As a result of these studies of delinquency, two points have been definitely agreed upon by modern criminologists:

1—An intensive study must be made of the individual delinquent from all angles and points of view.

2—Concentration of attention upon problem children during their formative period is absolutely necessary for the reduction of crime.

Glueck, who studied 608 individuals in Sing Sing, in commenting on prisoners in his article published in the *Mental Hygiene* of April, 1918, says: "Whatever benefit may result for the treatment of the present state prison population from viewing it in the light of individual constitutional make-up, the most tangible advantage will be the clear demonstration that for effectually dealing with the problem, recognition and social control are imperative long before the individual reaches state prison. It is in the early formative period of life, especially during the boy's contact with the school system, that a better public appreciation of these danger signs is needed and a disposition to institute the proper preventive measures."

Healy,³ working with youthful offenders, observed that "practically all confirmed criminals begin their careers in childhood or early youth. The fact of this remarkable early development of a definite tendency towards criminality was soon clear to us, both through observable trends in young offenders and through the life histories of older delinquents. Experienced penologists all verify the fact of extremely early beginnings."

Behavior reactions detrimental to the welfare of individuals have been observed by numerous other investigators, all of whom urge early study and guidance of children to save them from becoming social liabilities.

Thom⁴ says, "We cannot ignore the fact that often the stumbling block is not within the individual himself, but in the environment in which he is reared—that there is a group of cases, how large or

³William Healy, "*The Individual Delinquent*," p. 10.

⁴*Mental Hygiene*, Vol. VI, No. 3, p. 465.

small we cannot say at this time, who become the victims of their environment rather than of their heredity, their economic or social failure having its origin in the mental conflicts of childhood and in the development of unhealthy methods of dealing with mental problems. It is obvious, therefore, that it will be greatly to the advantage of the particular individual concerned and of those with whom he is to come in contact in future years if such conflicts can be unearthed and such unhealthy methods of reaction corrected at the age of five instead of at thirty. Whatever view one may hold regarding the fundamentals of character and personality, we are, I think, all agreed that there are certain instincts, 'innate tendencies,' natural inclinations or propensities—call them what you will—which are lying dormant in the individual from birth ready to be called into service, usually at the necessary time and with the proper force to meet the best needs of the individual. The stimuli that actuate these forces may come either from within the individual or from the environment, and it is for the purpose of attempting to guide, to inhibit, or to stimulate these instinctive forces, which may be underdeveloped or overdeveloped or imperfectly developed, that we study the mental life of the child, utilizing behavior as the medium of interpretation."

Thom's views on this important subject are generally supported by other investigators.

Burnham⁵ and Watson place considerable emphasis on child training during the pre-school period, as evidenced by the following:

"The child, however, when he comes to school, is, as already suggested, a bundle of conditioned reflexes, some healthful and some unfortunate if not pathological, due to training in the home. Watson considers this training so vitally significant that he says: 'I believe I could make or break a youngster in the first four years of its life; that is, without abusing it, starving it, or otherwise being cruel to it, I could twist, thwart, over or under-develop its instinctive and emotional life to such a degree that it would never recover from it.'"

The data thus far accumulated may be safely interpreted to mean that efforts to prevent crime have been of no avail; that there is no single cause nor panacea for this social disease. It cannot be remedied by any one group of experts or any one governmental department. To repeat, in the reduction of crime more attention must be given to the welfare and happiness of children during the formative period of their lives.

⁵Mental Hygiene, Vol. V, No. 4, p. 688.

Ability to concentrate upon problem children during the pliable age is largely, if not entirely, dependent upon the willingness of executives of various agencies to cooperate unselfishly and function as a unit. They must be required to surrender their prerogatives when necessary and accept additional responsibility when demanded. The scope of their activities may need extension for assigned work to be carried to successful conclusion. Also, it will be necessary to centralize information concerning problem children so that these children may benefit by concerted effort and understanding. Slowly and patiently each agency must labor to eliminate factors inimical to the welfare of children. Eagerly and intelligently each agency must try to apply progressive, scientific methods to the problem at hand. Fearlessly, *all* must unite in their demand for desirable legislation and community betterment.

In 1925, Dr. Virgil E. Dickson, Assistant Superintendent of Berkeley Public Schools and Director of Research and Guidance, conceived the idea of calling department executives together to discuss means for closer cooperation. He believed organized and intelligently directed team-work would mean progress in salvaging maladjusted children. Accordingly, invitations were extended to the Health Officer; Superintendent of Social Service, Berkeley Health Center; Executive Secretary, Berkeley Welfare Society; Agent, Berkeley Charity Commission; Visiting Teacher; Director of Elementary and Kindergarten Education; Policewoman and Chief of Police, to meet in his office for conference.

During the preliminary meetings it was agreed that each department would present to the group the names, addresses and types of problem children handled by their respective agencies during the year. When the information was finally submitted and assembled, it was revealed that there was considerable duplication of effort and consequent lack of organized planning. Obviously, such wastefulness of energy and inefficiency should not be tolerated in modern communities.

Guided by the advice and wisdom of Dr. Dickson, a permanent organization was formed for the purpose of ameliorating conditions. This organization has since been termed "The Berkeley Coordinating Council." Director and secretary were elected, arrangements made for weekly meetings and department heads were requested to prepare a tentative outline of the work each would be willing to do in connection with the urgent need to increase effectiveness in child welfare work.

Careful studies are being made, and will continue to be made, of situations responsible for childhood maladjustments. Also considered are those various elements which contribute to the shaping of desirable personalities. These hidden powers for good have frequently been unnoticed and unappreciated. That which makes Willie a good boy is undoubtedly as important as that which makes Jimmie a bad boy.

Research by recognized scientists points unerringly to misconduct contributories. These are receiving prompt attention. There is no need for further delay as it is unnecessary to postpone action in delinquency reduction until all of its causes are discovered. The problem must be attacked in the same manner that disease is combated by physicians; preventive measures must be applied where causes of misconduct are known and research must be conducted in unknown fields.

The outlines submitted by the several agencies follow:

TENTATIVE OUTLINE OF WORK TO BE DONE BY THE HEALTH DEPARTMENT

I. *Health Education Department of Schools.*

A. School Nurses.

1. Communicable Diseases Control.

- a. Examine all pupils referred by teachers as suspected of illnesses or infectious conditions.
- b. Recommend exclusion of those suspected of infectious conditions.
- c. Visit all 3-day absentees to ascertain cause of absence with a view to detecting missed cases of infectious diseases.
- d. Examine those absent less than 3 days upon their return to school with a view to detecting missed cases of infectious disease.
- e. Carefully locate all contacts with those in an infectious condition and place them under careful surveillance for the duration of the incubation period of the disease in question.
- f. Arrange for immunization campaign for smallpox and diphtheria.

2. Detection and Correction of Physical Defects.

- a. Arrange for routine examination by the school physician of all in First, Fifth and Ninth grades.
 - (1) Permission to be obtained from parents.
 - (2) Have parents present if possible.
- b. Arrange for examination by the school physician of all pupils presenting a possible health problem and referred for medical advice by:

- (1) Teacher or Principal.
 - (2) Parents or guardians.
 - (3) Department of physical education.
 - (4) Department of research and guidance.
 - c. Arrange for examination by Health Center specialists or private physicians presenting special problems.
 - d. Keep records in the family folder of all findings, recommendations, treatments, action taken and defects corrected.
 - e. Furnish the teacher with data required for the Stoltz card.
 - f. Furnish and follow up recommendations to teacher, principal, physical education department and department of research and guidance remodifications of regular curriculum.
 - g. Furnish and follow up recommendations made to parents in re correction of defects (written notices and home visits).
 - h. Cooperate with family physician in carrying out his recommendations and furnishing his reports.
3. Health Education.
 - a. Lectures to P. T. A. and teachers.
 - b. Visual education.
 - c. Fostering Health Plays, demonstrations, etc.
 - d. Constant objective individual instruction to pupils and teachers on matters of hygiene.
 4. Dental Hygienists.
 - a. Examinations—routine for First, Fifth and Ninth grades.
 - b. Reports and recommendations to parents.
 - c. Arrangements for correction of dental defects.
 - d. Dental education.
- B. Director's Office.
1. Furnish reports of findings and recommendations to department Research and Guidance, Police, Physical Education and all cooperating agencies.
 2. Call case conferences when necessary to prevent duplication and decide on agencies to carry out various portions of family plan.
 3. Compile records of prevalence and trends of communicable diseases and evidence and correction of physical defects.

II. *Berkeley Health Center.*

A. Therapeutic Services.

1. Render medical, surgical, dental, hospital and nursing care to those unable to employ private physicians.

B. Preventive Services.

1. Health Education by lectures, press notices and visual education and personal conferences.
2. Consultation privileges in all specialties to those needing it, regardless of financial status.

- a. Thorough examination by physicians for nominal fee.
- b. Laboratory examinations including X-ray at cost.
- c. Advise rediagnosis and necessity of further care.
3. Immunization Services.
 - a. Smallpox vaccination free.
 - b. Diphtheria immunization at cost.
 - c. Typhoid, whooping cough, rabies immunization at cost.
4. Child Welfare Conferences (under medical experts).
 - a. 8 weekly conferences with mothers, concerning infants and pre-school children.
 - b. Weighing, measuring, examining, advice in re diet and general hygiene.
5. Pre-natal Conferences (under medical experts).
 - a. 3 weekly conferences with expectant mothers, concerning hygiene of pregnancy.
6. Child Guidance Clinic.

Operated along the lines approved by the National Mental Hygiene Association—See Addendum.
- C. Social Service Department.
 1. Furnish the physicians with a social diagnosis and background on cases applying for free care.
 2. Social investigation for the determination of financial eligibility.
 3. Explain diagnosis and advice in re treatment to all patients.
 4. Follow up to insure carrying out of recommendations and return to clinics.
 5. Acting as a family case work agency for families not coming under the jurisdiction of the Welfare Society, being those who are not financially dependent, but who present problems of family rehabilitation, social maladjustment, poorly planned budgets, and any social condition which may have a definite bearing upon mental or physical health, preventive or curative. See Social Service Bulletin X.
 6. Furnishing reports and recommendations to all cooperating agencies.
 7. To act as a clearing house where all information regarding problem cases may be assembled, and conferences called of cooperating agencies to develop constructive plans and prevent duplication.
 8. Maintaining for the public a Bureau of General Information concerning Public Health and Social Service.
 9. Contact between the Health Center and all outside individuals and agencies.
- D. Field Staff.
 1. Render bedside nursing care to all health center cases.
 2. Render bedside nursing to all requesting it on an hourly basis.
 3. Carry on general Social Service Work under direction of Social Service Department.
 4. Carry out the family plan determined upon for physical and

social rehabilitation, when time and ability permit under direction of health and social service department.

5. Be the sole representative in the home of all agencies, as far as possible within the limit of the nurse's time and ability. The undesirability of more than one welfare worker appearing in the home should be constantly borne in mind and every effort made to avoid violation of domestic sanctity.
6. Make available to the family every agency in the city, which may be needed to render desired assistance.

III. *City Health Department.*

A. Vital Statistics.

1. Record and compile statistical data:
 - a. Births, still births, attendance (medical or midwife, home or hospital).
 - b. Deaths by cause, age distribution, location.
 - c. Infant mortality rates and causes.
 - d. Maternal mortality rates and causes.
 - e. Communicable disease incidence, trends and locations.

B. Communicable and Preventable Diseases.

1. Receive reports of communicable diseases.
2. Epidemiological investigations to determine source, zones of contact, modes of transmission, etc.
3. Supervise quarantine.
4. Supervise contacts and healthy carriers.
5. Application of various control measures as required.
6. Study of and attempts to control all preventable diseases.

C. Tuberculosis.

1. Incidence.
2. Early detection of cases.
 - a. Fostering periodic physical examinations.
 - b. Free consultation clinic service at Health Center.
3. Supervision of cases.
 - a. Community protection.
 - b. Family protection when medical care is inadequate.
 - c. Free consultation clinic service at Health Center.
4. Anti-tuberculosis education.

D. Water, Milk, Food and Sanitation (same throughout city).

E. Laboratory (same throughout city). General Administration.

1. Community health guardianship of:
 - a. Infants.
 - b. Mothers.
 - c. Pre-school children.
 - d. Industrial employees.
 - e. Adults.
2. Community Health education.
3. Promote development of:
 - a. Community centers.

- b. Character building organizations.
 - c. Civic betterment organizations.
 - d. Community betterment.
4. Cooperate with School, Police, Welfare Department by:
- a. Acting as field health agents.
 - b. Obtaining parental support for family plan when required.
 - c. Bring to bear upon problem children the rehabilitation forces of educational, police, welfare and character-building agencies.
 - d. Reciprocal notification of findings and recommendations to all cooperating agencies.

ADDENDUM

The following types of cases are recommended for Child Guidance Clinics by the National Mental Hygiene Association:

Children subject to any of the following disturbances:

1. Maladjustment indicated chiefly in personality traits: sensitiveness, seclusiveness, secretiveness, inattention, apathy, daydreaming, excessive imagination and fanciful lying, "nervousness," tendency to cry easily, frequent unhappiness, moodiness, quarrelsomeness, selfishness, laziness, lack of ambition or interest, timidity, cowardliness, general fearfulness, unpopularity or inability to get along with other children, general restlessness and hyperactivity, wanderlust, etc.
2. Maladjustment indicated chiefly by undesirable habits: thumbsucking, nail-biting, enuresis, masturbation, mannerisms, peculiar food fads, disturbances in sleep, etc.
3. Maladjustment indicated chiefly by undesirable behavior: disobedience, teasing, bullying, temper tantrums, bragging or showing off, defiance of or rebellion against authority, keeping late hours, seeking bad companions, lying, stealing, truancy, destructiveness, cruelty to persons or animals, sex thoughts and activities, etc.

TENTATIVE OUTLINE OF WORK TO BE DONE BY THE BERKELEY WELFARE SOCIETY

Relief in Homes of Clients

1. State Aid.
 - a. Whole Orphans.
 - b. Half Orphans.
 - c. Abandoned children.
 - d. Illegitimate children.
 - e. Children of fathers who are incapacitated for gainful occupation.
2. Blind Pensions.
Needy blind who cannot entirely support themselves or have no relatives who can care for them.
3. Juvenile Court children committed for dependency.
 - a. In own homes.
 - b. In foster homes.

4. Aged Dependents.
5. Dependent Families.
 - Usual causes for dependency:
 - Accident.
 - Acute illness.
 - Chronic illness.
 - Blindness.
 - Tuberculosis.
 - Old Age.
 - Death of breadwinner.
 - Death of mother.
 - Imprisonment.
 - Desertion.
 - Non-support.
 - Unemployment.
 - Poorly paid employment.
 - Death in family.
 - Incompetency.
 - Insanity.
 - Feeble-mindedness.
 - Relief consists of:
 - Groceries.
 - Milk.
 - Rent.
 - Fuel, light and water.
 - Drugs.
 - Clothes, mdse., etc.
 - Board and care.
 - Transportation.
 - Burials.
 - Cash (State Aid and Pensions).
 - Loans.

Emergency Home.

1. New wards of the Society whom we need to study and have thoroughly examined.
2. Children who need minor physical defects corrected before placement in foster homes.
3. Children who need habit correction.
4. Children who need to know what a normal home life is.
5. Children who are not placed easily and who require a long time for proper placement.

Cooperation with Other Agencies.

By group and individual conferences to work out plans with other social and health agencies for rehabilitation of families.

Summary.

Whenever, because of economic conditions, a family appears to fall below normal, the Berkeley Welfare Society makes an effort to re-establish it on a better basis.

TENTATIVE OUTLINE OF WORK TO BE DONE BY BUREAU OF RESEARCH AND
GUIDANCE, BERKELEY PUBLIC SCHOOLS

- I. *Investigate and make recommendation on all problem cases referred to central office by principal or outside of school agencies.*
- II. *Make surveys of:*
 1. Age-grade.
 2. Progress.
 3. Failure.
 4. Other problems as they arise.
- III. *Give tests.*
 1. Mental.
 2. Subject matter.
- IV. *Classification of pupils on basis of needs.*
- V. *Educational and vocational guidance.*
- VI. *Look after school attendance.*
 1. Truancy.
 2. Delinquency.
- VII. *Recommendation for:*
 1. Exclusion on basis of mentality.
 2. Exclusion on basis of behavior.
- VIII. *Promotion of community organizations and clubs.*
 1. Boy Scouts.
 2. Campfire Girls.
 3. Y. M. C. A.—Y. W. C. A.
 4. Recreational Clubs.
 5. Junior Red Cross.
 6. Parent-Teacher Clubs.
 7. Mother's Clubs, etc.

TENTATIVE OUTLINE OF WORK TO BE DONE BY THE POLICE DEPARTMENT

- I. *Investigate complaints received by the Police concerning:*
 - A. Juvenile delinquency.
 - B. Defective home conditions, including:
 1. Immorality in home.
 2. Parental neglect.
 3. Failure to provide for the family.
 4. Insane, feeble-minded or degenerate persons in home.
 5. Alcoholic or drug addicts in home.
 6. Criminals in home.
 7. Inability of parents to control.
 8. Excessive quarreling in the home.
 9. Poverty in the home.
 - C. Defective neighborhood conditions:
 1. Criminal gangs.
 2. Suspected gambling places.
 3. Suspected bootlegging places.
 4. Suspected houses of prostitution.

5. Anarchist societies.
6. Neighborhood racial quarrels.
7. Demoralizing individuals in community.

II. *Supervise public places, such as:*

- A. Public dances.
- B. Recreation parks and playgrounds.
- C. Pool halls.
- D. Motion picture houses.
- E. Other public places of amusement.
- F. Other places where juveniles may congregate.

III. *Supervise the following cases:*

- A. Delinquents.
 1. Unconvicted but known criminals.
 2. Convicted and discharged criminals.
 3. Probationers and paroled prisoners.
 4. Juvenile delinquents.
- B. Potential delinquents.
 1. Problem children referred to the department by:
 - a. School.
 - b. Neighborhood.
 - c. Welfare Agencies.
 2. Handicapped children.
 - a. Physically defective.
 - b. Mentally defective.
 - c. Morally defective.
 - d. Dependent.
 3. Children of degenerate or criminal parents.
 4. Children living in unwholesome environment.

IV. *Promote development of:*

- A. Community centers.
 1. Church.
 2. School.
 3. Fraternal.
 4. Recreational.
- B. Character building organizations.
 1. Boy Scouts.
 2. Camp Fire Girls.
 3. Y. M. C. A.
 4. De Molay and similar juvenile fraternal organizations.
- C. Civic betterment organizations.
 1. Parent-Teacher.
 2. Mothers' Clubs.
 3. Improvement Clubs.
 4. Business Clubs.
 5. Luncheon Clubs.
 6. Manufacturers' Associations.
 7. Musical, Art and Literary Clubs.

8. Scientific Societies.
 9. Church Clubs.
 10. Mobilized Women Clubs.
 11. Red Cross Chapters.
 12. Women's Clubs.
- D. Community betterment.
1. Community planning.
 2. Parks.
 3. Sidewalk area parking.
 4. Playgrounds.
 5. Public bathing places.
 6. Library extension.
 7. Night Schools.
 8. Art galleries.
 9. Health Centers.
 10. Day Nurseries.
 11. Welfare society.
 12. Employment bureau, Public.
 13. Boulevard and public street improvement.
- V. *Cooperate with Health, School and Welfare Departments by:*
- A. Acting as Field Probation Officer and follow-up agent when requested.
 - B. Obtaining support from family when requested by aforementioned departments.
 - C. Prosecuting cases when necessary or when requested by other departments.
 - D. Bring to bear upon problem children the constructive and rehabilitating forces of health, educational and character-building agencies.
 - E. Causing to be deported undesirable aliens.
 - F. Arranging for commitments of defective, dependent or delinquent persons to public institutions.
 - G. Furnishing report to School and Health Departments containing names and addresses of, and offenses committed by juvenile delinquents.
- VI. *Conduct educational campaign dealing with causes and prevention of delinquency by:*
- A. Lectures.
 - B. Newspaper articles.
 - C. Educational films.
 - D. Pageants, etc.