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Mr. Kevin Sorenson

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● (1530)

[*English*]

The Chair (Mr. Kevin Sorenson (Crowfoot, CPC)): I call the meeting to order.

Good afternoon, everyone.

This is meeting number 23 of the Standing Committee on Public Safety and National Security on Thursday, February 9, 2012. This afternoon we're beginning our study on an agreed-to topic from our first meeting of this year.

I'll read that motion for members. It was agreed that "the Committee undertake a study, for no less than eight meetings, of the use of electronic monitoring in both a corrections and conditional release setting, as well as an immigration enforcement setting, with a view to determining effectiveness, cost efficiency, and implementation readiness".

In our first hour today, our witness is appearing by video conference from Glasgow in the United Kingdom. Appearing as an individual is Mr. Mike Nellis, emeritus professor of criminal and community justice at the University of Strathclyde School of Law.

I understand, sir, that you have an opening statement in regard to our motion and our topic. We welcome you to make your statement at this time. That will be followed, if it is all right with you, with a couple of rounds of questions from all three political parties represented here.

Welcome, sir. You can begin your opening statement.

Dr. Mike Nellis (Emeritus Professor, Criminal and Community Justice, University of Strathclyde, School of Law, As an Individual): Good afternoon, Mr. Sorenson. Thank you for that welcome.

Although I'm speaking from Glasgow, I am going to talk to you about electronic monitoring in England and Wales rather than in Scotland. As I'm sure you're aware, they are two separate jurisdictions and they use electronic monitoring in slightly different ways. Scotland uses it on a proportionately smaller scale and hasn't used it in as diverse a way as England and Wales has used it.

England and Wales started using electronic monitoring in 1989. It was the first European country to pilot electronic monitoring, the first European country to take up the American practice of electronic monitoring, as it seemed at the time.

I've been interested in it since then, although for the first six years of my interest in it I was actually hostile to it, as were most people with a probation background. I changed my mind in 1996, more for ethical reasons than for empirical ones, because I had come to the conclusion that we ought to experiment with new forms of offender control in the probation service, the better to reduce the use of custody.

Using some statistics from June 2011, I can say that since 1999 nearly three-quarters of a million people have been subject to electronic monitoring in England and Wales, and 760,000 people have been monitored with electronic monitoring. This is largely the conventional and commonest form of electronic monitoring, radio frequency, and it is used to monitor people's presence at home. It's a form of house arrest, a form of home detention. It's the largest scheme in Europe. Other European countries are using electronic monitoring quite regularly now, but no other country uses it quite as extensively as England and Wales has done.

We've used it at all stages of the criminal justice system, from the bail at the pre-trial detention to post-release, and we've used it with both juveniles and adults. On any given day in England and Wales you will find 23,000 people who are subject to electronic monitoring: 34% of them are on bail, 52% are on a court-ordered community sentence, and 14% are released on licence from prison. The vast majority of those are short-sentence prisoners on an early release scheme, but some of the 14% are also much higher-risk offenders who are on parole.

The use of electronic monitoring in England and Wales is increasing. There was a 10% increase in its use between 2010 and 2011. All the signs are that our government in England and Wales is committed to its continued expansion.

What do we do well in England and Wales? We tend, by and large, to use electronic monitoring for just short periods, up to a maximum of 12 months for adults and up to six months for juveniles. We tend to limit the period of time during the day when someone can be subject to electronic monitoring to between two hours and twelve hours, and usually it's nearer twelve hours than two hours. The amount of daily confinement on electronic monitoring can be and often is much higher when you're on bail, meaning on a pre-trial detention scheme.

All the pilot schemes in England and Wales were researched, except for its very small-scale use in parole, which has never been researched. When the pilot schemes were first researched, the studies all found sufficient evidence—not incontestable evidence, but sufficient evidence, in the government's eyes—to say that the measure was cost-effective enough to proceed further with it. By "effectiveness", they by and large meant compliance for the period of time that you were subject to electronic monitoring. The rates of compliance tended to be high; people did stay indoors as they were required to do, because they knew that the monitoring centre was in contact with their presence in the home.

Only one piece of research has ever been undertaken in England and Wales to check whether electronic monitoring has any kind of post-completion effect and whether it affects recidivism over a longer period of time, meaning the standard two-year period that researchers tend to use. Unsurprisingly, it found that electronic monitoring was no different from any other measure in reducing recidivism when the age of the offender and criminal record of the offender were held constant.

● (1535)

That should have been no surprise to anybody, because electronic monitoring as a technology is not by itself something that tries to change behaviour in the way, say, that probation tries to change offenders' behaviour by examining their attitudes and behaviour.

At best, electronic monitoring works by deterrence, and we know from a raft of research that deterrence by itself is a pretty poor way of trying to change one's behaviour. The cost of electronic monitoring is actually a complicated thing to work out when you look at government's expenditure on it. We deal with the private sector to deliver this service in England and Wales, and the price of electronic monitoring has varied over the years, very crudely put, in terms of the amount of bulk buying that the government has done with the companies. I'm not going to talk too much in detail about that, because it takes a long time to talk about it.

What I am clear about is that the governments regard electronic monitoring as value for money. We have a body called the National Audit Office in England and Wales. It did a very thorough study of community penalties and the early release scheme and concluded that both of them, particularly the early release scheme, were undoubtedly measures that saved the criminal justice system significant millions.

Electronic monitoring is embedded in the criminal justice system in England and Wales largely because it is deemed to be a cost-effective measure. Now, one can argue about that. I'm not saying that I necessarily accept that conclusion, but that is the view of the governments, and it cannot be said that they have not looked into the issue. They have produced publicly available documents about the expenditure on electronic monitoring and they're satisfied that the expense is justifiable.

What don't we do so well? Well, in England and Wales the use of electronic monitoring is largely a stand-alone measure. Electronic monitoring by itself is not integrated into other measures, such as probation or other rehabilitative packages that you might use with offenders in the community.

The use of stand-alone electronic monitoring might be a defensible thing for people on bail, who innocent until proven guilty, and there is no justification for trying to change their behaviour at that stage of the criminal justice process. We have had a crisis of remand imprisonments, and using electronic monitoring to address the problem of the excessive use of remands into custody is probably a good thing. In this situation it may defensible to use it as a stand-alone measure for bail.

However, when it comes to using stand-alone electronic monitoring as a community penalty, despite the best intentions of the government 20 years ago to use it as a high-tariff penalty, it has become a low-tariff penalty, and it's not a significant means of reducing the use of prison when you use it low tariff, by itself, on people who might otherwise have got another community penalty or a fine.

Stand-alone measures of electronic monitoring may also be defensible as a means of early release, depending on what you think the purpose of early release is. Is it a way of easing the reintegration of the prisoner back into society, or is it just a quick and cheap way of getting people out of prison to save money? I think, by and large, that we have used it as a quick and cheap way of getting people out of custody slightly earlier than they would otherwise have gotten out.

We have had arguments about early release. If we let people out on early release on electronic monitoring, should we not also be providing some kind of supportive service to them? At the moment, we don't provide that supportive service, and I think people are left to draw the conclusion that what's going on is primarily a very crude use of electronic monitoring to shave a few days, a few months—minimum of 30 days, maximum of 135 days—off a custodial sentence, which undoubtedly saves the government money, saves the prison service money, and enables the throughput of the prison system to be a bit greater than it might otherwise have been.

The use of electronic monitoring for early release has been controversial in the media, because releasing prisoners early is always controversial. Some of the worst media coverage that we have had has been in relation to early release.

We also have some integrated uses of electronic monitoring, and these are the kinds of uses that I prefer.

● (1540)

We have an intensive support and surveillance package available for high-risk young offenders, of which electronic monitoring is one of half a dozen components. In principle, that's a good use of electronic monitoring. Although it adds an element of control that might not otherwise be there, the essential thrust of these packages is towards the rehabilitation and support of high-risk young offenders.

We also use electronic monitoring in an integrated way when we use it with parole. It isn't mandatory on parole; it's a discretionary requirement in a parole licence, but with a number of high-risk offenders, including sex offenders, electronic monitoring can add something to the process of sustaining them in the community when they come out of prison.

What I know about that I tend to know anecdotally, because that's the one aspect of electronic monitoring in England and Wales that has not been subject to a publicly available evaluation.

England and Wales use the private sector to deliver electronic monitoring. That was a political choice in 1996 and 1999. It was a political choice to run the 1989 pilots as well, but when we were thinking about making electronic monitoring into a national scheme, the British government decided it was going to stay with the private sector and not use the probation service to run electronic monitoring.

As a result, electronic monitoring is delivered on five-year contracts to the justice ministry. Every five years we have a retendering exercise to see whether we'll change the private companies, which are currently G4S and Serco. We review every five years to see whether we want to change the companies or change the technology, and a retendering exercise is going on as we speak, at this moment in time. We are in one of those five-year periods now.

The advantage of retendering from the government's point of view is that it can galvanize changes of practice by the private companies and it can generate competition and force them to keep the costs down.

There are undoubtedly some good and decent people working in the private sector, and I have known many of them for a good number of years, but in my view, using the private sector as opposed to the probation service to deliver electronic monitoring has made the integration of electronic monitoring into rehabilitation packages more difficult than it might otherwise have been.

In 2004 we had a very tragic case in England and Wales. A young man who was subject to one of these intensive supervision and support packages murdered someone in the course of a robbery. The resulting inquiry showed quite clearly that poor communication between the statutory agency and the private agency was a factor in why he managed to evade the kind of control that his particular sentence was supposed to subject him to.

A couple of years after that, our probation inspectorate did its very first formal inspection of the arrangements we have for delivering electronic monitoring in England and Wales. It's an excellent report; it's one of the best reports you could read about how we operate electronic monitoring in England and Wales. It didn't have a brief, or a mandate, to question whether using the private sector was the right way to go about it, but in a very gentle civil service sort of way, it did question this arrangement.

We had a brief pilot of GPS tracking—that is, using satellites to track offenders—in 2004 to 2006. The pilot was targeted on sex offenders, as GPS often is, and on the group of people we call “persistent and prolific offenders” in England and Wales. These are high-risk thieves, by and large. They are often drug users who steal on a very regular basis to support their habits. They may be people who are involved in violence on a very regular basis. Consistent and prolific offenders commit high amounts of volume crime, which it is in everybody's interest to see reduced very rapidly, particularly when people come out of prison and are likely to continue doing high-risk volume crime. We also used GPS tracking on young offenders in this 2004 to 2006 period.

For a complicated set of reasons, we didn't continue with GPS. It was not because it was totally ineffective; there were anxieties at the time about the cost of GPS tracking, but the cost of GPS tracking is a lot less now than it was even in 2006.

● (1545)

In any case, we didn't continue with GPS. I think it was the political intention of the government to continue with GPS when they started the pilot in 2004, but in 2006 they had changed their minds.

However, even though that pilot was not continued, there are three small-scale pilot schemes using GPS running in England and Wales at the moment, all with persistent and prolific offenders. There's also a GPS scheme that is used in the National Health Service to monitor the movements of patients from a secure psychiatric unit in South London when they leave the hospital for short periods of time.

The use of electronic monitoring in respect of immigration is not great in England and Wales. I'm not even certain at this moment whether or not it is actually being used. A pilot scheme was run in parallel to the GPS tracking scheme in 2004-2006, and all three available electronic monitoring technologies were used in that pilot —ordinary radio frequency, home detention, GPS, and voice verification—but whatever research was done into that, the research was never made publicly available. I heard that the numbers were very low and that there was nothing significant to say.

What I also heard was that it was being used to give asylum seekers a reason for not travelling very great distances to the reporting centre they would otherwise have to report to pending deportation from the country. It was a way of allowing asylum seekers and their families to stay at home and be monitored electronically, rather than travelling maybe 50 or 60 miles and having to arrange for bus and train fares.

I have to say that I don't personally find that an objectionable use, but it has never become large scale. There was a lot of opposition to the use of it in the immigration sector from asylum seeker support groups, who were outraged that a measure they associated with the management of criminals was suddenly being applied to the management of asylum seekers. There is, in fact, no reason you can't use electronic monitoring in a variety of different contexts; nonetheless, it has an association with the management of criminals, and there is a slight symbolic difficulty in taking it out of that context and using it somewhere else.

I have a lot of contact with European countries that do electronic monitoring and I'm firmly of the view that the country to learn from is Sweden. Sweden has been using electronic monitoring since 1996. It was the first fully national scheme in Europe, as opposed to the first pilot scheme, which was in England and Wales. The crucial difference between the way the Swedes do it compared to England and Wales is that they integrated it into their probation service from the outset and they've only ever used electronic monitoring as part of an integrated rehabilitation package.

They use it very specifically as an alternative to a custodial sentence, and I think they're very clear about that. They use it with offenders who could have been given a custodial sentence but were given the option of serving that sentence in the community. These offenders have to have a job and are usually undergoing some kind of rehabilitation program in the community at the time they are subject to electronic monitoring.

This project has been subject to a very impressive evaluation, with a very clear and robust methodology, and they showed they got very good results in using electronic monitoring. Modestly, they admit that they can't say for certain that electronic monitoring is the crucial ingredient that gives them the successful result of reduced recidivism. They are looking into that further, but any thoughtful reader of this research can't help but be encouraged about the potential of electronic monitoring in the context of an integrated program of work.

In fact, this particular use of electronic monitoring in Sweden is not dissimilar from what Canada's James Bonta suggested might be worthwhile. After the research he did in 2000 on a very small sample, he suggested that electronic monitoring might be usable as a way of stabilizing the lives of offenders subject to a rehabilitation program and be sufficient to help them complete the program and get the benefit from it that they wouldn't get if they didn't complete the program.

● (1550)

That was a very small—

The Chair: Mr. Nellis—

Dr. Mike Nellis: That was a very small-scale piece of research—

The Chair: We're right at about 17 minutes, and usually our opening statements are around 10 minutes. You are referencing right now Mr. James Bonta, who will be with us in half an hour or 45 minutes, so we will hear much from him.

I know I have a number of members of Parliament who are getting very antsy. They want to ask you some questions and have time for that type of interaction as well. If we could have some concluding comments, we'd move to questions.

Dr. Mike Nellis: Okay, you can have some conclusions.

My conclusion from all of this is that electronic monitoring is worth trying as a means of adding value to what the probation service has traditionally tried to do with offenders. Use electronic monitoring in an integrated way, rather than a stand-alone way, except in special circumstances like bail.

Home detention under electronic monitoring can be an onerous measure, and sometimes it's useful to have the support of a social worker or a probation officer to help someone get through the experience of electronic monitoring.

Compliance rates with electronic monitoring can be high. It depends on both the efficacy of the surveillance technology and the swiftness and legitimacy of the response to any violation, and it also depends on the nature of the subsequent punishment. Although there isn't a lot of research worldwide to justify the use of GPS in empirical terms, I think GPS tracking does have a place with high-risk offenders, and I think the experiments that are currently being done with respect to persistent and prolific offenders are just as worthy of our attention as is its use with the more traditional group of offenders—the sex offenders—who are normally put in the frame for GPS tracking.

That was all I wanted to say. Thank you very much.

The Chair: Thank you very much, Mr. Nellis. Yours is our lead-off testimony on this subject. You're the first person we've heard, and I thank you for the thorough, in-depth information you've given to us. You've helped us understand a little bit better the work in not just Scotland and Wales, but also Sweden and Europe.

We're going to move to the government side initially. We'll ask Mr. Rathgeber to go ahead. You have seven minutes, please.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Thank you, Mr. Chair.

Thank you very much, Professor Nellis, for your expertise in this matter. Your expertise is needed, because I don't understand this system at all.

You said that from 2004 to 2006, England and Wales experimented with GPS. In the time since and before then, what technology was employed? Is it simply that if an individual leaves a perimeter, some sort of alarm is signaled, and that alarm is monitored by a police office?

If the technology isn't GPS, what is it?

● (1555)

Dr. Mike Nellis: The technology is radio frequency technology. The offender wears a tag on his ankle, which sends out a signal to a transceiver installed in his home. The transceiver picks up a signal from the tag on the ankle and sends it to a monitoring centre, either by a telephone land line or by the cellphone system.

There is a person in a monitoring centre who is able to know whether that transceiver is picking up a signal from the tag on the ankle or not. If the offender is supposed to be in the house, say, between 7:00 at night and 7:00 in the morning, then the monitoring centre will know whether he's there or not, because the tag on his ankle is sending a signal to the transceiver.

If he leaves the house during the period that he's supposed to be there, or if he tries to remove the tag, the monitoring centre will know that happens.

This technology is tried and proven.

Mr. Brent Rathgeber: Okay, I understand that.

Without GPS technology, this tag system with the radio frequency will allow the authorities to determine whether or not the individual is in his home, but if he's not in his home, absent GPS technology, they won't know where he is.

Is that assumption correct?

Dr. Mike Nellis: That is correct.

RF technology merely pinpoints you in your own home. GPS technology can monitor you wherever you go.

Mr. Brent Rathgeber: Okay.

I take it, obviously, that there's a huge cost differential between the radio frequency technology and the GPS technology. Is that why it was an abandoned experiment in 2006?

Dr. Mike Nellis: That was a minor part of it.

In fact, the cost is not as great as people think. The American figure that's usually given is $5 a day for RF technology and $15 a day for GPS technology. Don't take those figures too seriously, but hold in mind that it's three times more expensive. GPS is usually about three times more expensive than RF, but both of them are cheaper now than they were four or five years ago.

Mr. Brent Rathgeber: With regard to this tag that's applied to the individual, how is that installed and who installs it?

Dr. Mike Nellis: In England and Wales it is installed by the private sector, the private organization that is contracted to deliver the service to the government.

Each day the court sends a fax to the private company to say who an electronic monitoring order has been made on, and the monitoring officer—or in some cases officers, because sometimes they go in twos—goes to the person's house to fit the tag by the end of that day. If it is an early release from prison, the prison plans the release dates and they notify the private company. The private company installs the equipment and fixes the tag on the day the prisoner comes out.

That's in England and Wales. In Sweden, a probation officer would do the installation.

Mr. Brent Rathgeber: What does this tag look like? Is it the size of my wristwatch? Is it the size of an athletic ankle bracelet? How big is it? How invasive is it physically on the individual?

Dr. Mike Nellis: It's about as big as a big wristwatch. They tend to be grey plastic. I wish I had brought one with me. They're not particularly obtrusive any more. Your analogy of the wristwatch is quite accurate.

The monitoring technology can be packaged into something quite small now, but the strap is an important piece of the technology because it's usually got an optical fibre in it. It is the breaking of the optical fibre that tells the monitoring company the tag has been tampered with.

It isn't just the body of the tag; it can also be the strap that is important. Some companies make straps that have steel in them, so they're harder to remove.

● (1600)

The Chair: Mr. Rathgeber, go ahead.

Mr. Brent Rathgeber: Is it generally worn on the wrist or the ankle, or somewhere else on the body? How difficult is it to remove?

Dr. Mike Nellis: It is normally worn on the ankle because it was found that some people can manipulate their thumbs sufficiently to slip it off their wrist. If the tag is used on women offenders when they're pregnant and their ankles are prone to swelling up, there is a wrist version of it.

The electronic tags used in Britain can be cut through with a pair of strong scissors. They can be removed very easily. We do that because of health and safety considerations.

Some people rightly question whether there is sense in that, so the GPS tags that have been used in the current GPS pilots and for the pilot in the National Health Service are a different sort. They're not a plastic strap with an optical fibre, but a leather strap with a steel ring, and it would take a pair of industrial bolt cutters to cut through them. First of all your offender would have to get a pair of industrial bolt cutters, and it would still take him or her 20 minutes to cut through them, which would be a significant delay in breaking free of the tag.

There isn't a simple and single answer to your question on how easily they can be removed because you can make tags and straps in different ways.

Mr. Brent Rathgeber: Would a civilian who saw this apparatus on a person's ankle recognize it as being a tracking device?

Dr. Mike Nellis: In countries that have used them a lot and where there has been reasonable media coverage, it is quite likely they would know what they were. There are always some people who don't know, and if they draw attention to what's on their ankle, people have sometimes said it's a medical device and their doctor has them wearing it. They have made excuses. However, by and large it can be recognized.

The Chair: Thank you very much, Mr. Nellis.

We'll move to the opposition. Mr. Sandhu is next, please, for seven minutes.

Mr. Jasbir Sandhu (Surrey North, NDP): Thank you for joining us today, Professor Nellis.

I want to mention at the beginning that I think the whips of our parties would definitely be interested in the GPS monitoring.

You talked about different offenders and mentioned that electronic monitoring is used for parolees and people on bail. Are there any other instances of its use?

Dr. Mike Nellis: No, I think that England and Wales is a good crucible for all the different uses of it. I think that we have used it across the board on the criminal justice system, meaning that we've used it on a very wide range of offenders, from people who have committed assaults and burglaries right through to people on parole who have committed murder and serious sex offences. They're subject to electronic monitoring at the end of long custodial sentences. If they have been deemed suitable for release, the electronic monitoring simply becomes part of an early release or parole release package. I think we've been fairly thorough and eclectic in our use of electronic monitoring in England and Wales.

Scotland, for example, doesn't use it for bail and Scotland has never experimented with GPS tracking. It only uses electronic monitoring as a stand-alone community penalty. It also uses it as an early release mechanism. Different countries have made different political choices as to how to use electronic monitoring, according to what they perceive their penal problems to be.

Mr. Jasbir Sandhu: Thank you.

Professor Nellis, you talked about integrating electronic monitoring with other programs. Could you elaborate on that a little bit?

Dr. Mike Nellis: Let's take the intensive supervision and surveillance package that has been available for a decade now for young offenders. The surveillance and support is taken fairly literally, because the support consists of educational programs, or work training, and offender management program that address the young person's anger, their impulsivity, their attitudes towards victims, and their attitudes towards offending generally. There may be individual mentoring as well in that program. Those would be the supportive measures.

The surveillance measure is obviously electronic monitoring, but there is also an element of intelligence-led policing with these young people as well. Because they are known to be high risk—perhaps they're involved in drug dealing—the police will also keep an informal eye on them. Periodically, in the course of these sentences, the police and the social workers, and the police and the probation officers, will meet together to discuss this particular young person's progress. The intensity of the program means that the young person is subject to a high degree of practical activities during the day and electronic monitoring at night.

In fact, when we had the satellite tracking pilot in England and Wales in 2004, satellite tracking was used as part of the electronic monitoring. We didn't just use electronic monitoring to keep them in their homes overnight; we also gave them exclusion zones and forbade them from going into certain areas, such as an area where they had done a lot of burglaries, an area where they'd been known to be involved in fighting, or an area where they were known to be involved in drug dealing. One of the things you can do with GPS is create exclusion zones, which you can't do with conventional radio frequency technology, which pinpoints people's presence in their homes.

I think there was a view that this was too onerous a thing to do to juveniles, and in my opinion that aspect of the pilot in 2004-2006 ever stood a chance of being continued into the mainstream.

We're very comfortable, however, in England and Wales with electronic monitoring as a means of controlling the nighttime movements of young offenders whose daytime activities are controlled by the rest of the program.

● (1605)

Mr. Jasbir Sandhu: You're saying that if we're looking at rehabilitating the inmates or prisoners when they come out, in addition to surveillance, it's important to have programs that work together. You talked about how the probation system has to be integrated into surveillance, and that a government agency would work better than a private agency outside of the government.

Dr. Mike Nellis: I firmly believe that. I firmly believe that the Swedish way and the German way of using electronic monitoring in the context of existing probation facilities is the best way to use electronic monitoring. I think a small element of surveillance in the context of a larger rehabilitative program is a perfectly sensible way to go about managing often quite difficult people.

I do not want the probation service to become a complete surveillance agency. I do not want to see electronic monitoring replace or displace perfectly serviceable rehabilitative measures. I think they can be combined well, and to some extent, in principle, we've combined them well in this intensive supervision and surveillance project in England and Wales. The principle of that particular project is a good one.

However, unlike Sweden and Germany, we have a private sector organization working with a public sector organization to make the package work. I ask myself why it is not just given to the statutory service. Why not just give it to the service that is already involved in rehabilitating offenders? Rehabilitation should be the primary aim here, even if you have to have elements of public protection at some points in the process. Electronic monitoring is best used as an aid to rehabilitation, not as something that stands on its own as a means of controlling offenders' behaviour.

Mr. Jasbir Sandhu: Professor Nellis, you talked about monitoring being used at some level for asylum seekers. Is that only in the U.K.? Do you have any idea what they do in Sweden and other countries?

Dr. Mike Nellis: No, I'm afraid I don't know. I don't think it is widely used in Europe, and if it were, I think I would know about it. The networks of people I know who use electronic monitoring don't talk much about immigration uses and uses with asylum seekers. It's much more extensive in the United States of America, but I freely admit that I don't know very much detail about its use in the United States of America. I know that it is widely used. I know that it's seen as a significant part of the market by the private companies and that immigration is a market they have expanded into—they see it as a market—from the criminal justice market they have been involved in for 20 to 30 years, but I don't know enough about it. You would need to find another witness to help you with that one.

● (1610)

The Chair: Thank you, Professor Nellis.

We'll now move back to the government. We'll go to Mr. Norlock, please, for seven minutes.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much, Mr. Chair, and through you, to the witness. Thank you for being here this afternoon.

I have a couple of quick questions. If you could give short responses, I'd appreciate it.

In your opening statement, I think you mentioned that the use of electronic monitoring devices and the studies on them had been peer reviewed, or did you say that they have not been peer reviewed?

Dr. Mike Nellis: I didn't use the phrase “peer review”. Perhaps you misheard me. They were piloted.

Mr. Rick Norlock: Has the practice been peer reviewed?

Dr. Mike Nellis: Yes, the Home Office's own research, the government's own research, was peer reviewed by the internal mechanisms the Home Office uses. It's not the same as an academic peer review system, but it would be fair to say that it was high-quality government research.

My sense of its limitations is that it focused only on the pilot. We've not researched electronic monitoring when it becomes a mainstream measure as much as when it is brand new. I think you're perhaps always more likely to get a better result on a pilot than you are when you study the mainstream use of the same technology. However, I wouldn't want to fault the research.

Mr. Rick Norlock: Thank you.

I gather that you're somewhat confident that it has been reasonably researched, although not peer reviewed in its purest form.

I'll move on to the meat and potatoes of this, then. What would the cost per unit be, and what is the per-person cost, using the British and perhaps the Swedish model? You can talk in terms of pounds, if you're more comfortable, or in Canadian dollars; a pound is roughly $1.50 Canadian.

Dr. Mike Nellis: I actually don't know the answer to that question specifically, because the cost of it has varied over the years depending on the particular financial arrangements that the British government has contracted with the private companies, so there isn't an easy figure to put on that, and I certainly don't know what the figures are for Sweden.

I've heard that the current figure for GPS in England would be £2 a day. These would be the pilot projects that are running at the moment with persistent and prolific offenders. It's £2 a day to run a GPS tracking system on very high-risk offenders. I can say that because the person who is involved in that project gave me this figure quite recently, but other than that I can't give you a hard and fast figure on the daily cost.

Mr. Rick Norlock: Thank you. I know it's difficult to keep these responses short.

You're saying it's £2 a day for a high-risk person.

Dr. Mike Nellis: Yes.

Mr. Rick Norlock: Would I be correct in saying that the alternative would be incarceration? Would you be able to give us your experience of the cost per day vis-à-vis incarceration? I'm thinking that the cost of incarceration would be substantially higher.

Dr. Mike Nellis: To keep it simple and focused, yes, these people might otherwise have been in prison for longer than they actually were in prison, given that GPS is available to supervise them when they come out. If these people were not subjected to GPS, they might well be in prison for a longer period of time.

On the daily cost of imprisonment in England and Wales, I'm sorry, but I can't give you the daily cost. I need to do the sum; it's £35,000 to £40,000 per year, and no—

Mr. Rick Norlock: It's pretty close to ours.

Dr. Mike Nellis: Yes. No electronic monitoring comes close to that.

Mr. Rick Norlock: Thank you.

Of the three areas of remand, parole, and early release, which of these are the most appropriate, in your view, for electronic monitoring, or would you say that they all are? Generally speaking, if you had to make a quick response, which is the best, going from first, second, and third?

● (1615)

Dr. Mike Nellis: The best is bail, because I can accept a stand-alone use of electronic monitoring if you have overcrowded remand prisons. The second best is a community penalty, if you use it with other measures. The third best is early release, preferably if you use it with other measures.

Mr. Rick Norlock: By “other measures”, do you mean other conditions, such as for a sex offender or a pedophile not to associate with people under the age of 18?

Dr. Mike Nellis: No, I mean with support. You can build all sorts of conditions like that into electronic monitoring. In some instances, you can use electronic monitoring to monitor the conditions, but when I'm talking about “other measures”, I'm talking about supportive and rehabilitative measures alongside a surveillance technology.

I'm reluctant to support electronic monitoring as a surveillance technology alone. I prefer to see it used with rehabilitative and supportive measures.

Mr. Rick Norlock: Those measures, then, would include drug treatment, perhaps, or education, perhaps, if the person hasn't completed a minimum of high school education or other education, or perhaps it would include someone working with them to find a job. Is that what you're referring to?

Dr. Mike Nellis: Yes. It could be drug treatment, alcohol treatment, mental health treatment, mentoring, educational work, and employment training. All of that is far more important in reducing recidivism than electronic monitoring by itself, but electronic monitoring can add an element of control to those social work measures that those measures don't have on their own.

Mr. Rick Norlock: Thank you very much.

The Chair: Thank you, Mr. Norlock.

We'll now move to the opposition again.

Go ahead, Mr. Scarpaleggia.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Can you elaborate on that last statement? You said that they can add an element of control to these rehabilitative measures.

I think I understand what you're getting at, but can you give me a real-life example of what it means when you say “adding an element of control to the rehabilitative measures”? Intuitively, I understand that it's going to be more effective if it's used as part of a rehabilitation program, but I'm not quite sure exactly how that plays out in a real case, for example.

Dr. Mike Nellis: The crudest way to give an example is simply to point out that if a person is subject to a probation order that requires them to do an element of community service and attend a drug treatment and testing program, if all that is over and done by five o'clock in the afternoon, what happens at night?

Probation has not traditionally been an agency that works at night. Probation hostels do. There have periodically been probation projects with car thieves, for example, that work at night or in the evening, but by and large, probation has been a daytime activity. There was no way of regulating the presence or location of an offender during the night. The idea of electronically monitored curfews—because it was originally thought of as very much a nighttime measure—was undoubtedly part of its appeal.

Here is a more creative way of adding control. The example comes from Scotland, rather than England and Wales, but it could be used this way in England and Wales as well. There was a person whose crime was to steal cars to order. He was asked by other criminals to steal a particular type of car and drive it to a particular place. I don't know quite why this person wasn't given a custodial sentence for a crime like that, but he was given a community sentence.

His electronic monitoring was used in a very creative way. Instead of being told that he had to stay indoors for 12 hours at night, what the sentence giver did was cut that 12 hours into two-hour blocks. It meant the offender couldn't travel further than he could get from his house in one hour before he had to turn around and go back. It meant he simply couldn't travel the distances that he had previously travelled to steal cars. Alongside his rehabilitation program, he was firmly restricted in the pattern of geographical activity that had enabled him to commit a particular type of crime.

Mr. Francis Scarpaleggia: I can understand how that would prevent a car from being stolen, but how does it reinforce rehabilitation psychologically with the offender? He or she is not going to visit the parole officer more often, presumably. It's just that you'll know if they are going near a car lot.

● (1620)

Dr. Mike Nellis: That's a perfectly fair question. Does electronic monitoring reinforce the thinking of a person who wants to rehabilitate himself and desist from crime? We do have some evidence that electronic monitoring can work in that way. A piece of research we conducted, this time outside the government, suggests that for some offenders, electronic monitoring did act as a kind of break from the lifestyle they were leading. Forcing them to stay at home in closer proximity to caring members of their family and the very fact they had to stay indoors more and be exposed to the views of family members whom they perhaps otherwise took too little notice of helped them to think they had to change their lifestyle and behaviour.

For some offenders, electronic monitoring has created a window of opportunity that has helped them to rethink their involvement in crime. It has been supportive of the rehabilitation programs they might otherwise be going through.

One can't overrate that effect. You can't say that you can create it systematically, but that is how some offenders have experienced electronic monitoring. It has been a check on their behaviour. It has exposed them to beneficial influences within their family. It has made them think twice.

Mr. Francis Scarpaleggia: It's not exactly what you're saying, but in some ways it's about creating new habits, I suppose. Would you put it that way? Is it too Pavlovian?

Dr. Mike Nellis: It's about breaking old habits as much as it's about creating new ones. “Habit-breaking” is a good way of describing it.

Mr. Francis Scarpaleggia: I can't imagine that it would prevent drug use, for example, by someone on parole. Even if the person stays within their defined area, it doesn't mean they can't be consuming drugs. It wouldn't be effective.

Dr. Mike Nellis: That's true. It's the same with alcohol consumption. You can consume alcohol at home to excess. You're right. Electronic monitoring is not a solution to any criminal or unacceptable behaviour that can be done in the home.

Mr. Francis Scarpaleggia: You mentioned that it may be worthwhile for those who are being monitored to have the assistance of a social worker or maybe a psychologist—I'm not sure if you said a psychologist—to help them adapt to this new way of living. Is it stressful for the offender to be wearing a bracelet?

Dr. Mike Nellis: Yes, it is. Particularly for an offender who is not used to staying at home, it can be a very stressful experience, and not just for the offender—

Mr. Francis Scarpaleggia: Who will have a hard time with this—

Dr. Mike Nellis: —but for the technically innocent members of his family. There may well be stresses and strains that arise there.

The offender and the family have a telephone they can use to ring up the monitoring centre and say, “Look, I just can't stand having this person in the house anymore. He has to go. I know he's on his curfew and he's not supposed to, but I just don't want him here. I want him to go away for 24 hours and get out of my sight”.

Well, he can't do that, so I think you need somebody to talk to, even if it's only at the end of a telephone. It may be a bit more intractable than that, and the social worker or probation officer who is helping with other things may well be able to help with that as well.

The Chair: Thank you very much.

We're going to move now to Mr. Chicoine.

[*Translation*]

Mr. Chicoine, you have seven minutes.

[*English*]

To our guest, I hope you have your translation prepared. Does he have his earpiece for translation?

All right, continue, Sylvain.

Dr. Mike Nellis: No, I don't have an earpiece.

The Chair: Oh, I'm told you will get the translation automatically.

Thank you.

[*Translation*]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Thank you, Mr. Chair. I'd also like to thank our witness for answering our questions today.

In your brief, you spoke about Sweden's experience. You also made comparisons to Canada's experience. I'd like you to come back to that and provide more comparisons with Canada's experience.

● (1625)

[*English*]

Dr. Mike Nellis: Thank you very much.

I don't profess to know a great deal about the range of experiences in Canada, but the research that I mentioned by Professor Bonta, whom you're going to be talking to later on, was one of the early pieces of methodologically sound research into electronic monitoring. A lot of early research on electronic monitoring simply wasn't methodologically sound.

James Bonta produced a piece of research with a very small sample. That research, as I said, suggested that electronic monitoring might be able to stabilize the somewhat chaotic lives of difficult offenders who might not otherwise complete a rehabilitation program. Not completing the rehabilitation program meant they wouldn't get the benefit from it, but if you could use electronic monitoring to help people get through this program to the end, it would be a very good way of using electronic monitoring to support a rehabilitative measure.

I don't think that in England and Wales particular attention was paid to that research, and some people found it quite easy to dismiss because the sample was so small. However, in mainland Europe a number of countries were far more committed than England and Wales to using electronic monitoring in an integrated way, and I think they did latch on to that research. It was small-scale research, but it was promising.

Sweden has never ever thought about using electronic monitoring other than as a measure that is integrated in rehabilitation and support services. I don't necessarily want to say that James Bonta's research was the catalyst for the Swedish way of doing it—I think the Swedes were committed to that way of doing it anyway—but they were able to point to James Bonta's research as some initial empirical justification for what they were doing. They went on to produce their own empirical research on the use of electronic monitoring in an integrated program, and they have received even better results than Professor Bonta did.

That would be my way of connecting this initial piece of Canadian research with the Swedish experience of electronic monitoring.

[*Translation*]

Mr. Sylvain Chicoine: Could you please explain to me what the integrated measures are? I didn't quite understand what exactly this involved.

[*English*]

Dr. Mike Nellis: In Sweden, the integrated measures are employment: you have to have a job in order to be subject to their electronic monitoring program as an alternative to custody. Chances are you will have been convicted of a particular type of crime, which may have been related to alcohol, drugs, or your anger and aggression. As well as being employed during the day and subject to an electronically monitored curfew at night, you will also be doing the kind of program that probation services the world over provide to address drug, alcohol, and anger problems, and to address employment and training opportunities. Those would be the integrated measures.

It's actually quite a simple system in Sweden. There isn't a complicated range of activities. The crucial thing is that in Sweden, they basically keep you busy all week, so you don't have a lot of free time, whereas in England and Wales, you could be subject to electronic monitoring but have nothing to do during the day. You can be hanging around doing all sorts of things because you're only subject to a curfew at night. The Swedes don't allow that in their system; if you're on electronic monitoring, you stay at home at night, but you are also busy during the day with other aspects of the penalty.

The Chair: Thank you very much.

We're going to have to conclude there. Our first hour is up.

Professor Nellis, we want to thank you for kicking off this study and for giving us the great wealth of information that you have on this subject. I noted that I did cut you a little short, so perhaps you didn't get all your testimony on record. If there is anything else you want to submit, by email or by whatever means, we would certainly appreciate any further information.

Thank you very much for appearing by video today. We wish you all the best.

● (1630)

Dr. Mike Nellis: Thank you very much. It's been a pleasure.

The Chair: We're going to suspend for two minutes.

We'll ask Mr. Bonta if he would then take the chair. We look forward to his testimony.

● _____ (Pause) _____ ●

The Chair: I call this meeting back to order.

We'll continue our second hour of our study on electronic monitoring.

We are pleased to hear from Mr. James Bonta, director of the corrections research unit in Public Safety Canada. Mr. Bonta is fortunate enough to have sat in on the first hour and heard his work referenced. Certainly we appreciate the work you have done.

I would also say that we do have, I believe, a couple of copies of some of the report referenced earlier on by Professor Nellis. Hopefully we can get that circulated to you, although we don't have a copy for everyone today. We have only one or two copies. We'll see what we can do; if we can find more, anyone who wants one may ask for it.

Mr. Bonta, my understanding is that you have an opening statement. We look forward to hearing from you. Then we'd like you to take a number of questions, as per our format.

Mr. Bonta, welcome to the Standing Committee on Public Safety and National Security.

Dr. James Bonta (Director, Corrections Research Unit, Department of Public Safety): Thank you very much. I'd like to thank the committee for giving me the opportunity to speak on this subject.

What I did bring was a two-page summary of the research we did earlier, in the late 1990s. I only brought three copies of the full report because I thought it would bore everyone, and the summary is much better.

As a preface to what I have to say, my major interest, and the interest of our research unit in public safety, is to look at ways of promoting public safety and to do so in a cost-effective manner. That's the general mandate for what we're trying to do.

In the late 1990s, I was involved with a research team that evaluated three electronic monitoring programs in three provinces in this country. It was the largest evaluation of its type, so I have some hands-on experience as to how electronic monitoring works and what we found out about it.

I thought electronic monitoring went off the radar, so to speak, after that report, but obviously it has come to people's attention again. In the last few years, I became involved with a pilot project by the Correctional Service of Canada in which they decided to test out electronic monitoring. I was an adviser on their evaluation committee, so I will make a few comments on that project.

I'd like to give a very quick summary of the evidence. What do we know about the effectiveness of electronic monitoring?

I'm not sure if many of you are aware of the history of electronic monitoring. It was first proposed in 1967 as a way of monitoring juvenile delinquents and also as a way of monitoring people in psychiatric hospitals and other kinds of settings. However, it never got any traction in corrections until 1983 when, so the story goes—and I'm not making this up—a judge in New Mexico was reading a Spider-Man comic book and noticed that the villain had put a tracking device on Spider-Man. That allowed the villain to go somewhere where Spider-Man wasn't. The good old judge thought, “Let's turn it around and put the bracelet on the bad guys, and the good guys will do the monitoring”, and he did that with five offenders.

Since then, electronic monitoring has grown in leaps and bounds. Probably around the world there are hundreds of thousands of people on some form of electronic monitoring. In Canada, seven provinces have electronic monitoring programs. Some are quite small, with fewer than 35 people on electronic monitoring, and some are relatively large. In Ontario, there could be approximately 230 probationers under electronic monitoring.

Generally, electronic monitoring tries to achieve two goals. One is to have it serve as a cost-effective alternative to imprisonment; a cheaper alternative to sending people to prison is to put them under house arrest with a bracelet around their ankle. The second major goal is obviously to reduce recidivism and increase public safety.

What's the evidence on these two matters? First of all, using it as a cost-effective alternative to incarceration assumes that the people you are putting on electronic monitoring are moderate to high-risk offenders who, under normal circumstances, would end up in prison and consume large amounts of money.

● (1635)

Unfortunately, the evidence shows that by and large, many of the people placed on electronic monitoring are low-risk offenders. These are people who would do relatively well without the additional cost of an ankle bracelet and all the monitoring technology behind it. Researchers refer to this as net-widening. You're doing more intervention unnecessarily, catching people in the corrections net who perhaps don't require it. Because you're doing that, you're going to affect costs of corrections.

As an example, let me give you CSC's evaluation of their pilot project. The evaluation report was done in 2009 and covered a one-year period from 2007 to 2008. In that pilot project, 46 offenders were electronically monitored. The cost, depending on what estimate you use—and it's in the report—was up to $1 million, so electronic monitoring is not cheap.

The other point is that we need to look at what the money is really spent on. In the United States, probation is a big area where electronic monitoring is used. The State of California did a study to look at how a probation officer spends his or her time when he or she has electronically monitored offenders; it turned out that 44% of the time was spent on reviewing the records, the printouts from the monitoring devices, and only 12% of the time was spent actually talking and working with the offenders.

Does it reduce recidivism? That's goal number two. In the study that I distributed to you, we evaluated the programs in British Columbia, Saskatchewan, and Newfoundland. We found no reductions in recidivism that could be due to electronic monitoring. The only reduction we found at all was in Newfoundland, and this is what Professor Nellis was referring to. It was the only province that paired offender rehabilitation with electronic monitoring. These people had to go to a program four mornings a week for eight weeks—anger management, alcohol abuse, all that. The literature is quite clear that it's rehabilitation programming that reduces recidivism. No other kind of intervention does that, including electronic monitoring.

Now, that's one big study. Marc Renzema and his colleague Evan Mayo-Wilson, in a review of the literature, did what's called a meta-analysis, a quantitative review of the literature. Any of you can go and find one study out there that will support your position. You can find an electronic monitoring study that says it's wonderful, better than sliced bread; well, you need to put it against all the other studies. Winston Churchill drank and smoked and lived to a ripe old age, but doctors will still tell you, on average, not to do that. It's based on quantitative reviews of the literature.

Renzema and Mayo-Wilson reviewed the literature, and it was astounding. They looked at over 2,600 reports. They had criteria as to what to include in their review, and to be included, it had to be an evaluation report. That reduced the number to 119. They had some methodological criteria as well: it couldn't just be any old evaluation; it had to have some level of sophistication. That reduced it even further. They ended up with three high-quality studies to look at. The conclusion was that electronic monitoring had no impact on recidivism.

Robert Lilly called electronic monitoring the correctional commercial enterprise. There is a lot written on electronic monitoring, and much of it comes from industrial sponsors.

● (1640)

When you look at the CSC's evaluation of their pilot project, they also found no decrease in recidivism compared to a matched group that didn't have electronic monitoring.

To summarize and say a few things about where we go from here, is it a less costly alternative to imprisonment? The literature suggests no. Does it reduce recidivism? Once again the answer is no.

I also want to bring to your attention that we sometimes think of technology as being perfect. It is not perfect. There are lots of difficulties with this kind of technology. In Arizona, 70% of the alerts were false alarms. Can you imagine calling the police or sending a probation officer, and how much that would drain resources?

The CSC pilot evaluation also found a high number of false alarms. They even had what's called drift. They were using GPS technology, so you think the guy's here, but in one case he was 70 kilometres in another direction. In a city like Toronto, if he goes into a subway, you pray that he's going to turn up in the right location on that subway line.

Is there a use for electronic monitoring? In the mid-1990s I wrote a paper suggesting that electronic monitoring might be useful in situations where you were encouraging moderate- to high-risk offenders—not low-risk offenders—to get into treatment and stay in treatment.

Treatment can reduce recidivism. Some academics in the U.S. are worried that the growth of electronic monitoring programs will threaten treatment interventions. It's almost as though electronic monitoring will look after everything and we don't have to provide rehabilitation programming any more. I think that's a big mistake.

We need to experiment and look at how we can use electronic monitoring with the higher-risk cases. These are the cases that are more problematic for society. How can we engage them in treatment, keep them in treatment, and maybe use electronic monitoring as another way of encouraging that kind of behaviour?

Thank you.

● (1645)

The Chair: Thank you very much.

I found this fascinating on both sides, both the pros and the cons.

We'll move to the first round. Mr. Alexander, welcome to our committee. We look forward to your question.

Mr. Chris Alexander (Ajax—Pickering, CPC): Thank you for having me, Chair.

Thank you for that really stimulating presentation.

Like most of us, I'm a big fan of Spider-Man, but clearly there's much more to this issue than that initial amusing vignette you provided. It reminds us of the need to delve deeply into the impact, statistics, and evaluations of these programs. They have become vast in some countries and seem to exist here on a smaller scale for now.

Dr. Bonta, I want to delve into this question of cost and impact on recidivism just a bit more deeply to make sure I understand your conclusions. I heard both you and Dr. Nellis say that electronic monitoring without treatment basically doesn't have an impact. I heard Dr. Nellis say that electronic monitoring with treatment on a fairly large scale can reduce both cost and recidivism. Your experience in Canada, where the numbers seem to be smaller, was that it might reduce recidivism if it's the right kind of high-quality treatment, but it won't necessarily reduce cost.

Give us your view of the Swedish and English-Welsh experiences, where it's been used on a large scale. Do you find, as in Dr. Nellis's testimony, that with a very large sample there can be cost savings?

Dr. James Bonta: I'll try my best to answer.

First of all, I haven't been tracking the European experience as closely, so I'm not very familiar with it. I don't want to portray myself as knowledgeable. I follow more the American experience, and whatever else is going on in Canada.

I think that Dr. Nellis's point is that you need to add rehabilitation to it, and that without it, electronic monitoring doesn't do anything. My argument would be to add rehabilitation, but you have to select medium- to high-risk clients. Low-risk people are low risk for a reason. They don't need treatment. Don't waste your money on that.

There is a fair amount of evidence that treatment provided to medium- to high-risk offenders can save enormous amounts of money. In one estimate done in the United States, if you could successfully treat one high-risk youth offender over the course of a lifetime, you would save a million dollars in court costs and all that.

My brief answer is that you can save money, but it's not because of electronic monitoring; it's because of the treatment intervention.

● (1650)

Mr. Chris Alexander: Agreed.

You're a clinical psychologist. You have experience with these high-risk offenders, and young offenders in particular. What is the better place for the treatment—electronic monitoring, with the person living at home, or a correctional facility?

Dr. James Bonta: Certainly it would be living at home.

In our own research that we have done, treatment delivered in the community is roughly twice as effective as treatment delivered in institutions. Good programs will work in prisons, but they have a bigger bang in the community.

Mr. Chris Alexander: I have one question that Dr. Nellis did not address. Is there any study or insight into rates of domestic violence among moderate- or high-risk offenders when they are at home under electronic monitoring services?

We heard him talk about how they might want to get out of the house, and they can't, or their family wants them out of the house, and they can't at certain times. Have any adverse side effects like that been studied?

Dr. James Bonta: One thing to keep in mind is that many of the electronic monitoring programs will screen out domestic violence cases. They just won't accept them into the program because, obviously, it could be problematic.

Mr. Chris Alexander: Then we don't really have any data on that aspect.

Could you clarify something for me? Dr. Nellis said at the start of his presentation that a very large number of people have been subject to electronic monitoring in England and Wales. I couldn't get whether he said it was three-quarters of a million or 76,000. Did you get that?

Dr. James Bonta: I missed the beginning, but I would think that it's 76,000. I don't think it would be three-quarters of a million.

Mr. Chris Alexander: I have a final question. Do you think there are enough moderate- to high-risk offenders in Canada, potentially subject to electronic monitoring, to allow for cost savings if monitoring were combined with the right forms of treatment? There are economies of scale, so in other words, is this group large enough to generate the kinds of results that apparently Sweden, England, and Wales have achieved?

Dr. James Bonta: There certainly are a lot of moderate- to high-risk offenders. They could make up 60%, roughly, or even more, of a correctional population. Whether or not we can achieve cost savings by giving them electronic monitoring and treatment is a research question.

I know of no study that has systemically and specifically said that it was going to deliver electronic monitoring to those high-risk groups of offenders and also calculate how much was going to be saved. Maybe you could suggest that idea to my deputy minister.

Some hon. members: Oh, oh!

The Chair: Thank you very much, Mr. Alexander, and Dr. Bonta.

We'll now move to Mr. Garrison, please.

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Thank you very much.

Thank you very much, Mr. Bonta. I found your presentation very interesting.

We heard from Professor Nellis that in Sweden the use of electronic monitoring was always part of an integrated rehabilitation package. You made a brief mention that in Newfoundland that was the case. I'm assuming that it was not the case in Saskatchewan and in British Columbia.

The second part of my question is that you're saying that in all of these things, it doesn't show a positive effect. Is the Newfoundland study consistent with that, or is it, as Professor Nellis said, that when it's paired it is successful?

Dr. James Bonta: To your first question, yes, it was only Newfoundland that stipulated that to go out, one required treatment. That was for early release from prison. That's how it was used. They were saying, "We'll let you out earlier on the condition that you wear the bracelet and attend this intensive program". That's what happened there.

In our analysis of the three provinces, our sample size was over 200, and there was no effect in reduced recidivism, on average, across the three provinces, but when we broke it down and looked just at Newfoundland, we were able to pinpoint why there was reduced recidivism. Was it because they happened to be wearing the bracelet or because they took the treatment? Our answer was that it was because they took the treatment. Just wearing the bracelet didn't have any effect.

Some may argue that maybe these people should have been released without the bracelet; you could have saved some more money and just put them in that program.

● (1655)

Mr. Randall Garrison: However, we did hear Professor Nellis say that perhaps being electronically monitored might increase the probability that they would actually complete treatment.

Dr. James Bonta: It's possible. We don't have good evidence about how electronic monitoring would really motivate people to go into treatment and stay in treatment. For me, it's a test. There is a need for a study to find out how that would improve the outcomes.

Mr. Randall Garrison: In the two-page paper we received from you, in your third policy implication, you indicate that,

> correctional interventions that aim to reduce criminal behaviour are more likely to come from the application of treatment programs than [from] intensive monitoring.

Would that apply to other things that have been suggested to reduce criminal behaviour, such as mandatory minimum sentences or longer sentences?

Dr. James Bonta: Reviews of the literature have looked at what in general are called "sanctions". In those reviews, the sanctions are a range of interventions from electronic monitoring to longer sentences to boot camps and "scared straight" programs. When those sanctions are looked at together, they do not show a reduction in recidivism. If anything, on average they show a slight increase in recidivism of about 3%.

Mr. Randall Garrison: Would that include longer sentences?

Dr. James Bonta: Those would be in there.

Mr. Randall Garrison: Is that material in a form that could be made available to the committee?

Dr. James Bonta: Certainly.

Mr. Randall Garrison: I would certainly appreciate seeing that material, if we could.

The Chair: We'll try to access it.

Mr. Randall Garrison: I have one last question. You said there was a large literature review that started with 2,600 studies and ended up with three. Were those three studies of electronic monitoring with integrated rehabilitation packages or not?

Dr. James Bonta: The three studies that were narrowed down all met high methodological standards. One of them did have a rehabilitation component, and that showed a decrease in recidivism, but of course the other two didn't, so it—

Mr. Randall Garrison: Would you say we were averaging again?

Dr. James Bonta: Yes—

Mr. Randall Garrison: However, in the case of Newfoundland and in that larger study, if you single out those who had an integrated package, it did show success.

Dr. James Bonta: Yes, and in fact the authors of the report that reviewed all those articles also made the recommendation that if you use electronic monitoring, you should consider using it with treatment.

Mr. Randall Garrison: Okay. Thank you.

The Chair: Thank you, Mr. Garrison.

There are another two minutes for the opposition if someone has—

Yes, Madam. Welcome to our committee. You have a couple of minutes.

Ms. Alexandrine Latendresse (Louis-Saint-Laurent, NDP): Thank you.

We heard Mr. Nellis talk about a little bit the use of electric monitoring in immigration situations. What do you think of its use, for example, with asylum seekers?

● (1700)

Dr. James Bonta: I don't know that literature. I've never read a study that looked at its use within immigration, so I think it's best to leave it to somebody who knows more about it.

Ms. Alexandrine Latendresse: That's all for now.

The Chair: On that question, some of the asylum seekers may indeed be very low risk. Would you assume that they may fall into the same category as a very low-risk offender? Do you think there might be a similarity between the two groups?

Dr. James Bonta: I would think so. I don't understand why there would be much of a difference. I'm sure asylum seekers would also vary in respect to the risk to reoffend or escape.

The Chair: Thank you for the question, and for bringing it back to the immigration aspect of it.

We'll go to Mr. Leef.

Mr. Ryan Leef (Yukon, CPC): Thank you, Mr. Chair, and thank you, Mr. Bonta, for your testimony so far.

We heard some talk about privatization. Was there privatization of monitoring services in Canada?

Dr. James Bonta: In Canada, the provincial jurisdiction will buy the equipment from a private commercial agency. That's typically how it is done. They will supply the equipment. They will teach the staff, usually probation officers, how to apply it to the ankles and how to read the monitoring equipment. In certain situations, they may also provide the actual monitoring, and this may be done in the United States. The monitoring centre, the main one, may not be in Canada. It could be in the United States.

Mr. Ryan Leef: Do you mean that the offender in Canada is actually being tracked and reported on by an agency in the U.S. that would call and provide the data after the fact?

Dr. James Bonta: I don't know about the specific ones. There are many different types out there. I hope that this question comes back up to the technical people when they're here to speak to you. However, I do know that there is a monitoring centre in the United States that provides information to the Canadian jurisdiction.

Mr. Ryan Leef: Then if an offender is in the home, let's say on a curfew, and an alarm goes off and gives an alert that the anklet has been cut or that the person has just walked away from the home during the night, it may not immediately get to probation services. They may end up reviewing it the following day. I'm just wondering about staffing in this context.

Dr. James Bonta: I don't think they would wait that long, because these are 24-hour centres, but certainly there may be a gap between the time the probation or parole officer gets the information and the time that he or she decides whether it's a false alarm, an equipment failure, or a situation requiring a call to the police. In that sense, it can't prevent a future crime.

Mr. Ryan Leef: That speaks to what levels of efficiency we're able to work with, I suppose.

We were talking about studies and whether or not recidivism rates are linked to electronic monitoring. Has there been a study done to measure this aspect? Could you comment on whether it would be a better measuring stick to study of the number of breaches that occur with and without electronic monitoring devices in a population of offenders in a given region?

Dr. James Bonta: There may be a few before-and-after studies. I'm not too familiar with them. What's more interesting is having one group with a bracelet and another group without it at the same time, and just tracking their breach records.

The studies seem to be all over the map. Some find a decrease in breaches, because perhaps the offender is afraid and is being a good boy, or sometimes there's an increase in breaches because when there's a false alarm, the police are called, and it's assumed a breach is done. There are many different factors.

● (1705)

Mr. Ryan Leef: That's where I was trying to see the utility of this being measured in the here and now versus somebody's long-term recidivism, which can also face a number of factors, but you're indicating it's all over the map.

Do you think there are some methodology issues in terms of studying that specific issue, or is it truly just going to be an issue that's all over the map regardless of how we focus on it?

Dr. James Bonta: As I pointed out, in the big review by Marc Renzema, he whittled it down to three high-quality studies. What we find is that, yes, there could be evaluations out there, but most of the evaluations are problematic. Is it because the breaches are wrongly or poorly measured? Is it because one study uses one kind of offender—an impaired driving offender, let's say—while another study uses sex offenders? What's it due to?

I've seen no analyses that attempt to figure out whether the differences in breach rates are due to the type of offender or the policies in that jurisdiction for breaching someone.

Mr. Ryan Leef: From your position, would you recommend listing a clear set of guidelines and objectives to tighten that up and then running another study to try to test that out?

Dr. James Bonta: Yes, I would agree with you. That would be one aspect. We need better-run evaluations, and part of a well-run evaluation is having a very clearly defined idea of who your population is and clearly defining the outcomes, which could be breaches. It could be compliance with treatment. It could be getting along at home. You can have many different measures.

Mr. Ryan Leef: Thank you.

The Chair: All right, thank you.

I didn't mean to cut you short, Mr. Bonta, but I was going to make sure Mr. Leef knew that there wasn't going to be another question coming from him.

We're going to go to Mr. Scarpaleggia, please.

Mr. Francis Scarpaleggia: Thank you.

I'm still not used to the order. I'm not quite sure what it is. It's very confusing, the order of speaking.

The Chair: It's what happens when there are 30....

Mr. Francis Scarpaleggia: It's what happens when you're the last questioner.

Just to follow up on a point Mr. Leef was making, am I correct that we're not sure if wearing the bracelet brings recidivism down or not because there are problems with the false alarms, and if there's a false alarm, it may prompt someone to flee? Am I correct in understanding that we don't really know whether someone wearing the bracelet is more or less likely to commit a crime, and we just can't say?

Dr. James Bonta: There are no good evaluations that clearly show it. It seems to me to be a reasonable expectation that at least while it's on your ankle, you're maybe trying to be on your best behaviour, but in looking at the evaluations, it's not clear. It's not as if we can confidently say that crime is reduced while the bracelet is on. However, what's very clear is that once you take the bracelet off, there's no long-term impact.

Mr. Francis Scarpaleggia: When the person is on the bracelet, we would expect it would be a deterrent, logically speaking. If we can't say it's a deterrent, it must raise all kinds of other questions about deterrents, I would think.

● (1710)

Dr. James Bonta: You're getting me onto something else now.

Can I give a two-minute summary of the psychology of punishment?

The Chair: Absolutely.

Dr. James Bonta: I'm trained as a psychologist, so forgive me, please.

The Chair: Yes, go ahead.

Dr. James Bonta: Punishment can deter or suppress behaviour, but only under certain conditions. This is from laboratory studies of humans and animals. It has to be immediate, it has to be the right intensity, it has to be predictable, and it has to be done with the right kind of person. Look at our criminal justice system: is the punishment immediate? Is it predictable? Do you know that you're going to get this kind of punishment?

What's the right kind of person it works for? It works really well for people who think in the future, who have little history of being punished, and who think things through. Is this your typical offender? Offenders tend to be concrete thinkers who think in the here and now. They have a long history of punishment. They were raised in families in which most of them were physically abused. Some were sexually abused. Then we sit back and think, "All right, now we're going to give them a bracelet". Are they suddenly going to be afraid? We've thrown everything at these people, and it hasn't deterred them from a life of crime.

I'd strongly encourage you not to expect deterrence to have a great impact on the behaviour of your moderate- to high-risk offender. You need to put your hope and your money into rehabilitation programs.

Mr. Francis Scarpaleggia: That's a really interesting answer.

You're saying as well that bracelets wouldn't add much value to the tracking of long-term and dangerous offenders who have finished their sentences.

Dr. James Bonta: I can see one use for them as a way to try to monitor geographical restrictions. You could be very quickly alerted that a sex offender was now nearing a playground or that a gang leader had left his house to do who knows what. It could be helpful in perhaps alerting authorities quickly and maybe intervening before something serious happens, but it's not going to change their long-term behaviour. It's not going to make them pro-social citizens.

Mr. Francis Scarpaleggia: No, but will it make our communities safer?

Dr. James Bonta: Overall, if I look at the whole body of evidence, I don't think so.

Mr. Francis Scarpaleggia: Are you saying that even if it told you that a long-term sexual offender was approaching a playground and the community had the opportunity to intervene through the police, it wouldn't necessarily bring added value?

Dr. James Bonta: My comment was in general. Yes, it's very possible that you're going to prevent some individual crimes from happening, but if you find from your monitor that a sex offender is near a playground, will you be able to move quickly enough to intervene and prevent something, or will that offender have already kidnapped a child and be out of sight by the time the police arrive?

Mr. Francis Scarpaleggia: That's a different issue. That's a question of response and the resources available for response.

Dr. James Bonta: It is tied to the public safety issue.

Mr. Francis Scarpaleggia: In your report, you mention that the technology isn't always reliable. Unless I misunderstood Professor Nellis, he seemed to say right off the bat that this technology is foolproof—

Dr. James Bonta: I wasn't here right at the beginning—

Mr. Francis Scarpaleggia: Did you hear him say that?

A voice: It was with a larger sample.

Dr. James Bonta: I don't see why it would matter. In fact, as you get to larger samples, you run a larger risk of making errors, because it's hard to keep on top of everything. When you have a small sample for an evaluation study, you can be more involved and make sure that everything is being delivered the way it is supposed to be delivered.

As I mentioned earlier in my presentation, the study in the state of Arizona found a huge number of false alarms. In the CSC evaluation, we found drifts; you'd think the person was in the east end of Toronto, but he'd be in the west end.

The technological experts and engineers you're going to listen to can also talk about this issue, because there's more than one kind of electronic monitoring device. There are many different ones. They all have their advantages and disadvantages, but none, as far as I know, is foolproof and has 99% accuracy.

● (1715)

The Chair: Thank you very much, Mr. Bonta.

We'll move back to Mr. Sadhu, please, for five minutes in the second round.

Mr. Jasbir Sandhu: It's been very informative. I really enjoyed your explanation of the four things in the psychology of punishment. It's been a learning experience. I know you've had a couple of minutes on that topic, but would you like to take a couple more minutes to talk about it?

Dr. James Bonta: When I first started to train as a psychologist, it was in the good old days of the late 1960s, when we were allowed to do punishment experiments on animals and people. They can't do it today, but we learned so much about how punishment works that I think by the late 1970s psychologists had just stopped doing experiments on it. There was no more to study. We knew when punishment worked and when it didn't work.

If you take psychology at a university today, you won't find a course on the psychology of punishment. The disappointing thing is that the criminal justice sector didn't pay attention to this research. Certainly the Americans in the late 1970s didn't pay attention to it, because if they had asked, any psychologist would have told them that more punishment, in whatever form—"scared straight", boot camp—is not going to deter criminal behaviour. The evidence is just so crystal clear.

Now, after 30 years of experimentation in the United States, we have enough criminal justice studies—hundreds of them—to show that criminal sanctions do not deter crime.

Mr. Jasbir Sandhu: Who would be an ideal candidate for electronic surveillance or monitoring?

Dr. James Bonta: Well, if I was pushed into doing a study, I would focus on selecting some medium- to high-risk offenders who have been having difficulty staying in treatment programs. Let's select those, add the bracelet to them, and also make sure they go to a very good treatment program.

One thing I need to emphasize is that there are many treatment programs out there, but not all are good. Just because it's called treatment doesn't mean it's good treatment. There are some awful treatments out there, but there are some very good ones. One nice characteristic of a good treatment program is that the treatment providers are very good at interpersonally motivating people to come to treatment and stay in treatment.

I think that in combination with a good treatment program with good treatment providers and their skill set in motivating clients, the little fear of the electronic monitoring bracelet might be the pivotal aspect that will get them into treatment and help them change into more pro-social citizens. That's what a good program tries to do.

Mr. Jasbir Sandhu: We can look at a cost-benefit analysis of anything, and Frank touched on the expenses. How does the community benefit from this particular scheme? Does it make our communities safer, or a little more dangerous?

● (1720)

Dr. James Bonta: I think the more medium- and high-risk offenders you can get into treatment and keep in treatment, the safer the communities will be, because sooner or later all these offenders come out of prison. If there's no appropriate treatment given to them, they're going to....

One of my articles talked about prison being like a freezer. They come in, we put them in deep freeze, and then we thaw them out when we release them. There's no change unless you provide very good treatment in prison and unless, as they're being gradually let out under conditional release, you make sure you have that treatment in the community. It's better for the public.

The Chair: Thank you very much.

I have to apologize to you, Dr. Bonta, because we've been referring to you as "Mr. Bonta". There's no "Doctor" in front of your name there, but I will—

Dr. James Bonta: That's okay. It's my wife who insists on that.

Some hon. members: Oh, oh!

The Chair: I apologize for that.

I'll just say, though, that I believe I am one who's definitely benefited over my life from the psychology of punishment. At a very early age my father explained very clearly to me what would happen if I did certain things; I found out that it did happen and I changed my ways, so that's all good.

Dr. James Bonta: That's my point. Punishment works very well for people like us.

Some hon. members: Oh, oh!

The Chair: All right. We won't tell our whips that. They'll use Mr. Garrison's joke from earlier today.

I have a couple of questions. First of all, after listening to you speak, I wonder if this is going to have any effect on the time used up by probation officers or a create a need to increase the number of probation officers. If alarms are coming in, I would hope they would not be answered the next day. Is it going to mean an increase in the resources we need?

Dr. James Bonta: Yes. Earlier, for example, I mentioned a California study that showed a significant percentage of the time is spent on just reviewing the electronic monitoring reports and things like that. There are other studies suggesting that probation officers spend a lot of time on this kind of activity, so yes, you may have to hire more staff, because you need to dedicate them to it. In some situations you may have staff 24 hours a day, 7 days a week, and that staffing is on top of regular services.

The Chair: All right.

Another question I have is on the false alarms. Is there any evidence that false alarms would deter or hinder, if not the rehabilitation, perhaps the reintegration into society? Would a false alarm show up against their record? Would the offender fear a false alarm? Maybe there's nothing on that.

Dr. James Bonta: False alarms create two things. When police or the probation officers show up for a false alarm—which could be because of a low battery that the offender forgot to recharge, or something like that—the offender learns that, holy mackerel, an alarm goes off and this happens: they send out people, but they find out there's nothing wrong, so maybe next time they won't send anybody out.

It's the same thing on the probation-parole side. If they have many false alarms, it becomes very confusing for them to know when to treat the alarms seriously. They wonder why they should use up all their time.

The Chair: I try to be fair in the chair, but I am from a perspective that believes very much in the protection of society. I certainly don't mean that prisons would be a place of punishment, but our rationale for prison is the protection of society.

We aren't necessarily talking about people who would just be out on house arrest or released; we're talking about individuals who could either be in prison or out of prison, but with an electronic monitor. In that respect, it's not about just releasing them onto our streets or into our communities or even to house arrest; it's prison, or perhaps out of prison with an electronic monitor. Which do you think, then, would be the better?

● (1725)

Dr. James Bonta: If you select the right people, what's better is to minimize the time in prison and have them spend more time in the community where they can learn the appropriate pro-social skills.

The Chair: You mean if they were from the right offender group, perhaps.

Dr. James Bonta: Yes.

The Chair: All right. Thank you.

We'll try to get back to Mr. Norlock, but good luck. I did take up your time, Mr. Norlock.

We'll go to Mr. Chicoine for four or five minutes.

[*Translation*]

Mr. Sylvain Chicoine: Okay.

In Canada, the only experiments that took place were, I think, pilot projects. Do you think that it's still worthwhile to do pilot projects, or that it's already been conclusive and it's not worth continuing those types of projects?

Dr. James Bonta: I'm sorry.

[*English*]

I'm listening to the English and your French, but I prefer to speak in English so I don't mix things up too much. I can understand 80% of what you're saying.

In our study, they were not pilot projects. The B.C. project was a large program and had approximately 300 people in it on any given day. In Saskatchewan it was a regular province-wide thing run by the courts, and it was the same with Newfoundland.

These were normal, operational projects. We were approached by the provinces and asked to look at them and evaluate them to see if what they were doing was worthwhile. That's how we got into doing that evaluation.

They were full-fledged programs. They weren't pilots.

[*Translation*]

Mr. Sylvain Chicoine: You said that they weren't pilot projects. Are the electronic surveillance programs ongoing? Are they still currently taking place?

[*English*]

Dr. James Bonta: Okay, I think I better understand the question. You're asking if we still having pilots being run.

As I mentioned earlier, seven provinces have electronic monitoring programs. They are not pilots; they officially decided to introduce these programs.

The only recent pilot program was the one run by the Correctional Service of Canada a couple of years ago. That was the only pilot program. The then Minister Stockwell Day announced they were going to test it out to see if it worked, and they did a pilot project in the Ontario region. It wasn't across the country.

The Chair: Thank you very much, Mr. Chicoine.

I see that our time is just about up, although according to the clock on the wall we have a minute.

Mr. Norlock, do you want to try...?

Mr. Rick Norlock: The questions can't be answered in a minute.

The Chair: All right.

Thank you very much, Mr. Bonta, for attending here today and for your information.

Again, I would welcome any other evidence you may want to provide to our committee. You've referenced a number of different works that they will try to get hold of, and if you could provide other information, we would certainly look forward to it.

Thank you.

The meeting is adjourned.

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