Exploring the Care-Control Nexus Through Police Monitoring of Vulnerable Groups:

A Case Study of Project Lifesaver

by

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Author's Declaration

This thesis consists of material all of which I authored or co-authored: see Statement of Contributions included in the thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Statement of Contributions

I am the sole author of this thesis.

Most of this work has not yet been published. However, some research findings presented here emerge from a 2021 article that was part of a Special Issue of *Critical Criminology*:

Shore, K. (2021). Targeting vulnerability with electronic location monitoring: Paternalistic surveillance and the distortion of risk as a mode of carceral expansion. *Critical Criminology, 29*, 75-92.

Findings presented throughout this thesis that relate to the use of targeted vulnerability and risk in particular (Chapters 3 and 6), as well as some findings pertaining to Project Lifesaver as a carceral device and a form of carceral protectionism (Chapter 6), were first developed for the 2021 article. However, the arguments stemming from these findings have been significant re-worked since their publication in 2021. Nonetheless, the analysis that occurred during the article writing process contributed to the work presented here. Thus, credit is due to Drs. Kathryn Henne, Rita Shah, Avi Brisman, Jennifer Whitson, as well as two anonymous reviewers, who each provided generous and insightful feedback on earlier drafts of the 2021 article.

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Abstract

Contemporary surveillance practices increasingly pursue the dual objectives of 'care' and 'control.' For instance, governments increasingly deploy surveillance to protect the health and welfare of those being monitored, though such practices tend to be coercive and prioritize implicit agendas. Thus, it is important to scrutinize emerging forms of 'protective' surveillance. This dissertation conducts a qualitative case study of 'Project Lifesaver,' a police surveillance program that involves equipping people with cognitive differences who wander (e.g., people who have dementia) with electronic monitoring bracelets so that first responders can track them if they become lost. This work explores how Project Lifesaver is designed, rationalized, and used, and the implications of this surveillance for individuals and society. Using an abductive approach, this study mobilizes Foucauldian theory to illustrate how surveillance logics are (re)shaping social practices. To achieve these aims, this study encompasses content and thematic analyses of a variety of data sources including Project Lifesaver marketing material, observations from international Project Lifesaver events, interviews with caregivers and first responders, and police documents obtained through Freedom of Information requests.

Project Lifesaver is rationalized through constructions of 'risk' as a necessary protective measure for people who wander and, even more so, as a source of 'peace of mind' for their caregivers. Yet, in practice, the program operates primarily as a form of social control, undermining the autonomy and personhood of people with cognitive differences and placing the responsibility of managing their behaviour squarely on their caregivers. Notably, the program seems inherently aligned with police perspectives, treating both wandering behaviour and caregiver program compliance as matters of public security. Moreover, Project Lifesaver appears tailored to suit a distinct policing agenda that is largely unrelated to the protection of vulnerable populations, serving instead as a tool for reducing police operational costs and improving their public legitimacy. These findings prompt reflection on the tensions inherent to how protective state surveillance is framed and how it operates, and the interests prioritized when support for vulnerable groups is entrusted to the police.

The state's expanded use of electronic monitoring, from a punitive security mechanism to a form of population protection, transcends mere repurposing of carceral technology; it signifies the infiltration of carceral logic into the state's provision of support for those in need. In the context of Project Lifesaver, this manifests in a coercive care practice that objectifies people with cognitive

differences and deputizes their caregivers as agents of social control. Simultaneously, it extends the reach of an increasingly militarized and self-serving police apparatus into public health and welfare domains. These outcomes, however, are obscured by the 'caring' elements of the surveillance, which position it as in the best interests of all who engage with it. Thus, this study provides an empirical example of how, through protective police surveillance, population care and control not only coexist but collapse into one another.

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To all my friends and family who have supported me physically and emotionally, including those who stepped in to help with childcare so I could get to this point and those who helped me prepare for my defense, I thank you from the bottom of my heart. This thesis has taken a village. And to those who are no longer with us, I can feel your strength and guidance within me.

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Chapter 1

Background

1.1 Introduction

In today's 'surveillance society' (Lyon, 1994, 2001, 2007), electronic monitoring (EM)—characterized as the use of digital, and often wearable, technology to remotely track people or groups (Nellis, 1991)—is commonly deployed by governments and institutions in response to social problems. Initially used as a carceral measure to ensure individuals on probation or parole comply with community-based sanctions (e.g., state-imposed curfews), state-facilitated EM now extends well beyond the domain of criminal justice to include 'protective' surveillance aimed at mitigating perceived risks to the monitored population. For instance, EM is increasingly used by public health authorities to trace the spread of infectious diseases (e.g., Ebola, tuberculosis, HIV, and COVID-19) and to target treatment interventions toward 'high-risk' people and groups (e.g., McLelland, Guta, & Gagnon, 2020; Milan, 2020). However, research consistently reveals that state-led protective EM tends to rely on coercive and carceral systems and tactics (e.g., the police) (e.g., Musto, 2016; Russell, Phillips, Gaylor, & Trabsky, 2022). Critical scholars have thus directed attention toward the convergence protection and security in state interventions for vulnerable populations, highlighting the deployment of care-based initiatives through coercive means (e.g., Bell, 2006; Musto, 2016). This trend aligns with broader surveillance studies literature, which identifies a contemporary 'blurring' of surveillance used for care and control (e.g., Bennett et al., 2014; Lyon, 2007; Marx & Steeves, 2010; Musto, 2016; Widmer & Albrechtslund, 2021). Further, research shows that assumptions that surveillance can adequately address social issues often rest on false pretenses (French 2014; Marx, 2016) and tend to prioritize implicit agendas, such as political or economic interests, over the welfare of those under surveillance (Corbett & Marx, 1991; Gilmore & Durant, 2021; Siquera Cassiano, Haggerty, & Bernot, 2021). Scholars also articulate the propensity for surveillance mechanisms to reinforce existing structures of power in society, and therefore stress the importance of examining how surveillance practices can contribute to social inequality (Bell, 2006; Corbett & Marx, 1991; French & Monahan, 2020; Marx, 2016; Milan, 2020; Siquera Cassiano et al. 2021). As Gary T. Marx (2016) and others (e.g., French & Monahan, 2020) remind us, there is a pressing need for critical evaluations of emerging forms of surveillance and for questioning the underlying assumptions and ethical implications of ongoing surveillance practices.

Though linked to harmful impacts and discursive state interests, protective state surveillance is increasingly deployed through carceral systems to protect vulnerable segments of the population. One striking example of this occurs in the form of 'Project Lifesaver' (PL), an EM program deployed by police to track people with cognitive differences[1] (e.g., people diagnosed with Autism or dementia) lest they wander from their expected location and become lost and endangered. Individuals who are enrolled in PL programs by their caregivers are outfitted with EM 'bracelets' so that they can be more easily tracked by police and first responders in the event of a wandering incident. Wandering can be dangerous and is a significant concern for caregivers of people with cognitive difference (Kenner, 2008; Vermeer, Higgs, & Charlesworth, 2019). While PL is positioned as a form of wandering protection and support for people who may wander and their families (Project Lifesaver, Inc., 2022f) there remains a dearth of empirical research substantiating its efficacy in this regard (see Canadian Society for Evidence-Based Policing, 2020). Further, literature examining other forms of caregiver-facilitated EM for people with cognitive differences shows that such practices can encroach upon the monitored person's privacy, civil liberty, and general sense of wellbeing (Hall et al., 2019; Kenner, 2008; Wherton et al., 2019). These concerns become even more pressing in the context of PL, given that it is a form of EM deployed through the police. Existing literatures indicates that protective state surveillance interventions directed toward vulnerable populations tend to be coercive and prioritize state interests over ethical concerns regarding how the surveillance is used experienced (Bell, 2006; Musto, 2016; Russell et al., 2022).

This dissertation offers an empirical case study of PL, a form of protective state EM operating at the nexus of state protection and security. This work identifies how PL is designed and rationalized as a protective surveillance mechanism, and how PL operates as such in practical contexts. To do this, I undertake a comprehensive analysis of how PL is designed and marketed by PL International, its perceived value according to various stakeholders involved in the program's implementation, and how it is used in an Ontario context. This study entails content and thematic

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[1] The term 'cognitive differences' refers to neurodiversity of any form and thus encapsulates a vast range of cognitive capacities and conditions. By using this term, I do not wish to imply that all neurodiverse folk are the same (i.e., prone to wandering and requiring caregiver assistance). However, the focus of the current study is PL, which is marketed as 'a program designed to protect, and when necessary, quickly locate individuals with cognitive disorders who are prone to the life threatening behavior of wandering' (projectlifesaver.org); thus, I use 'cognitive differences' as a modified (i.e., less pathologizing) version of PL's terminology to refer to people who may wander and are therefore eligible for enrollment into the PL program (most notably, individuals diagnosed with Alzheimer's disease, dementia, autism, or Down syndrome).

analyses of a variety of data sources, including direct observations of an international PL conference and training program, the content of public-facing PL marketing material, documents obtained through Freedom of Information (FOI) requests sent to Ontario police organizations that have implemented PL programs, and interviews with various first responders, program administrators, and caregivers actively engaged in Ontario PL programs. Through an iterative process of analysis, guided by existing theoretical insights positioning surveillance, policing, and governance practices as techniques of social control, I construct a holistic representation of how PL is rationalized and operationalized. By comparing findings across these diverse data sets, I aim to discern whether the program's purported goals of protection and support align with how it is used, and related impacts thereof. Further, the identification of any disparities between how the program is rationalized and operates serve as important sites of analysis for revealing the implicit assumptions, tangential interests, and broader socio-cultural forces embedded within the PL program. Overall, this work offers important insight into the needs and perspectives served by the program's implementation and the ethical implications of the program's use. These contributions enrich existing literature on protective state surveillance deployed by carceral systems, advancing our understanding of the ways in which care and control operate through these practices—and the material, relational, and societal implications thereof—and contributing to a deeper understanding of the evolving landscape of surveillance in society.

Findings from this study show how PL operates as an intrusive and coercive form of police surveillance that has been rationalized as 'care' for vulnerable populations and caregivers. The program removes the autonomy of those being monitored and renders them as objects to be tracked rather than humans to be engaged with and empowered. Importantly, findings question the protective benefits of PL for people with cognitive differences, showing that the program and technology are not often used by Ontario police to locate individuals during wandering incidents. Moreover, while PL is largely presented as a form of protection for people with who may wander, the value of the program is largely constructed and perceived of in terms of the relief (or 'peace of mind') it offers caregivers in relation to their wandering fears. While this relief may indeed be a tangible program benefit for caregivers, findings show that this benefit comes at a cost, as caregivers are required to shoulder a considerable portion of program responsibilities, financial burdens, and liabilities. Ultimately, findings situate PL as, fundamentally, a program made by police, for police. The organization that designs and markets PL has substantial ties to the police institution and the program itself was borne

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of police experiences, developed within a police department, and tailored to suit a distinct policing agenda that is largely unrelated to the protection of vulnerable people. Indeed, the program appears to offer police a means to increase their organizational funding and efficiency, improve their public image, and reduce their public safety liabilities. Overall, given this pronounced asymmetry of program burdens and benefits that largely favours the police, findings situate PL as an extractive form of state support for people with cognitive differences and their caregivers. At the same time, the coercive and extractive elements of the surveillance program are largely obscured through constructions of 'risk' (i.e., that people with cognitive differences constitute a particularly risky population) and 'care' (i.e., that the protective police surveillance of vulnerable populations is a caring endeavour). Findings conclude that this merging of social control with population care helps to extend the reach of a militarized police apparatus into health and welfare domains as well as the private realm of caregiving.

The remainder of this chapter provides an overview of the literature drawn on to support this study, followed by a more detailed description of the study's objectives and methodology. I first define EM in accordance with existing surveillance literature, describing how EM is constructed in a traditional, carceral sense as well as in the diverse and growing body of literature(s) looking at the use of EM in public health contexts. I then spend time discussing research on the state's use of EM in both carceral and protective (i.e., healthcare) settings, before providing an overview of broader trends in population governance that cojoin notions of care and control, including the adoption of a risk-management approach to social problems. In this overview, I describe Foucauldian concepts like "biopolitics" and "governmentality" that help us to make sense of how governments and institutions mobilize risk logics in ways that synchronize mechanisms of control with individuals' rational self-interests. I then turn my focus to the expanding role of police in society and how this links to ongoing trends in governance and state surveillance. From there, I describe how police are increasingly involved in state efforts to protect vulnerable populations, and how this new 'softer' side of policework is largely incompatible with enduring facets of police culture and logics. I then discuss Jennifer Musto's (2016) notion of 'carceral protectionism,' which refers to the convergence of police protection for vulnerable populations with traditional (i.e., punitive) police tactics. Toward the end of this chapter, I discuss the current study in more detail, including the main object of analysis (Project Lifesaver), the specific aims and questions guiding this research, and the methodological, analytical,

and theoretical approaches used to achieve these aims. The chapter closes with a brief overview of the findings discussed in each subsequent chapter of the thesis.

1.2 Conceptualizing EM

Electronic monitoring (EM) is generally understood as the use of digital surveillance[2] technology to remotely track individuals or groups (Nellis, 1991). The predominant focus of research in this area centers on EM's application as a carceral practice. Specifically, this work pertains to EM as a component of community sentencing, whereby state authorities deploy it to remotely monitor the location of people on probation and parole. This involves outfitting individuals with radio frequency (RF) or global system positioning (GPS) transmitters, typically in the form of 'ankle bracelets' that are difficult to tamper with or remove. These transmitters then send wireless signals to remote receivers housed by state agencies, enabling them to ascertain the geographical location of the transmitter and, by proxy, the device wearer. Nellis (2009) thusly defines EM as a type of 'locational monitoring which uses electronic sensors to secure compliance with a specified routine of temporal and spatial regulations' (p. 43, emphasis in original). Importantly, Nellis (2009) conceives of EM as a socio-technical practice in that it constitutes a technological whose administration and impact 'is indelibly shaped by human agency' (p. 56; see also Paterson, 2007).

While the bulk of carceral EM literature refers to the practice of monitoring a person's location, scholars acknowledge a diversification of the forms of EM used in community sentencing. For example, authorities can deploy EM technologies to remotely track a supervised individual's drug and alcohol usage (Corbett & Marx, 1991). Furthermore, scholars identify a growing array of state EM practices extending beyond the realm of criminal justice. This includes a substantial body of literature examining the use of EM by healthcare professionals (e.g., Pritchard et al., 2015). This body of work tends to conceptualize EM as any technology that enables medical authorities to remotely track a person's health-related symptoms and behaviours. Examples include the use of wearable tracking devices by medical practitioners to remotely monitor the symptoms and behaviours of

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[2] As Gary T. Marx (2016) describes, surveillance encompasses a breadth of contextually dependent definitions. For the purposes of this dissertation, I will borrow from Marx's description of 'new surveillance,' which describes surveillance facilitated by tools made available in the post-industrial society and that reveal information not readily available in the natural world. I will therefore define surveillance as the '*scrutiny of individuals, groups, and contexts through the use of technical means to extract or create information*' (Marx, 2016, p. 20, emphasis in original).

patients with chronic health conditions (like diabetes) (e.g., Sutton, Kinmonth, & Hardeman, 2014), as well as surveillance deployed by public health authorities to remotely track the location or treatment adherence of people living with, or at risk of contracting, infectious diseases (e.g., Arnsten et al., 2001). While much of this healthcare-oriented EM research emerges from medical fields and typically approaches EM as a technology with discernable cause-and-effect, there is increasing interest in healthcare EM as it relates to broader social contexts. Surveillance studies scholars, for instance, have examined EM's application in public health initiatives in parallel with carceral EM research, viewing EM as a socio-technical practice interwoven with broader social dynamics and bearing implications for individuals and society (e.g., French & Monahan, 2020; McLelland et al., 2020; Puutmeister, 2014; Siqueira Cassiano et al., 2021).

EM literature also delves into non-state applications of EM, focusing on various remote monitoring devices available on the consumer market (e.g., Ball, 2021; Baron, 2018; Marx & Steeves, 2010; Thompson & Molnar, 2023; Widmer & Albrechtslund, 2021). This literature base has witnessed a recent surge in investigations of surveillance technologies used by employers to remotely track their employees' actions and behaviours, often through their electronic devices (e.g., email monitoring, keystroke logging, etc.) (see Ball, 2021; Thompson & Molnar, 2023). Scholars have also explored the expanding range of EM devices accessible to caregivers, allowing them to remotely track their dependents (e.g., Baron, 2018; Marx & Steeves, 2010; Widmer & Albrechtslund, 2021), including a subset of literature that has concentrated on parental monitoring devices, which typically involve software applications that caregivers can install on their child's phone or car, with or without the child's knowledge, enabling parents to track their child's activities or whereabouts (e.g., Marx & Steeves, 2010; Widmer & Albrechslund). Additionally, consumers can procure 'spyware' applications for covertly monitoring their partner's location, digital interactions, and various other activities (see Harkin, Molnar, & Vowles, 2019). Finally, consumer EM literature encompasses research on self-tracking technologies, which individuals can purchase to monitor their own somatic health indicators, often in pursuit of pre-defined wellness goals (see Lupton, 2015; 2016; 2017). These technologies generally take the form of mobile health surveillance applications that are downloaded to a person's smartphone or wearable device (like a smartwatch). Overall, this body of literature attending to consumer EM tends to adopt a relational perspective, exploring how these surveillance devices intersect with individuals lives' and broader relational and societal dynamics.

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As surveillance technologies and practices evolve, so too will scholarly conceptualizations and explorations of EM technologies and practices. As Nellis (2023) observes, EM was never intended to remain a static technology, but instead is poised to proliferate and adapt in response to technological advancements and emerging social and political agendas. Currently, scholarly conceptualizations of EM revolve around the use of digital surveillance technologies to remotely monitor a person's location or other physical indicators and activities, and most literature approaches EM as a socio-technical practice in that it operates not in isolation but, rather, shapes and is shaped by various aspects of social life. Adding to this dynamic conceptualization of EM, scholars in fields related to surveillance studies recognize that all monitoring practices are embedded within a broader surveillance system that encompass myriad technologies, practices, actors, and information flows (Haggerty & Ericson, 2000). The current study draws from this work to adopt a broad definition of EM, framing it as digital technology used to remotely track people and groups that connects to a larger ecosystem of surveillance and social practices.

1.3 EM as a Carceral Practice

EM emerged in the 1980s as a popular community sentencing practice, driven by the state's need to more efficiently (i.e., more cost-effectively) manage a rapidly expanding prison population in the wake of the U.S.-led 'war on drugs' (Burrell & Gable, 2008, as cited in Kilgour, 2020). This carceral form of EM, still widely used today, allows state agents (i.e., probation and parole officers) to remotely monitor the whereabouts of people on probation or parole to ensure their compliance with state sanctions (e.g., that they adhere to a curfew). The image below depicts a typical EM 'ankle bracelet' worn by someone as a part of their community sentencing:

Figure 1.1: A typical carceral EM device worn around a person's ankle (from Taylor et al., 2016, p. 5–40, as cited by Kilgour, 2020, p. 134).

Proponents of EM used as a form of community sentencing contend that the practice is less expensive and invasive than formal incarceration, and that it effectively reduces recidivism rates by allowing individuals to reintegrate into their communities and maintain systems of support (e.g., familial support and employment) (e.g., Padgett, Bales, & Blomberg, 2006). However, critics question the empirical validity of such claims and emphasize the numerous adverse impacts of EM for the device wearer. For example, EM can strain the interpersonal relationships of those being monitored, and the device carries a social stigma that can lead wearers to withdraw from public spaces, ultimately limiting their access to support (Nellis, 2009; Shklovski, Troshynski, & Dourish, 2015). Moreover, research on the lived experiences of EM reveals people on probation and parole often perceive the practice as an unsettling and punitive 'regulatory regime' (Nellis, 2009, p. 42). Importantly, while EM does not necessarily entail a complete loss of privacy, as it discloses a person's location and not what the person is doing while there, the experience of EM, including the speed at which one can be tracked, generates a pervasive sense of being constantly observed (Nellis, 2009; see also Henne & Troshynski, 2013). Nellis (2009) describes how the unseen, but omnipresent, nature of EM surveillance resembles a form of panoptic power, transforming the home—typically a place of comfort and solitude—into a 'penal space' (p. 53) with adverse impacts on the monitored individual's thought patterns (Nellis, 2009; see also Richardson, 2002). Similarly, Henne and Troshynski (2013) find EM negatively affects the self-perceptions of individuals on parole, leading them to view themselves as inherently 'risky subjects.' The authors contend that people on parole experience the regulatory effects of EM as 'constant and pressing, a tension that becomes part of who they are' (Henne & Troshynski, 2013 p. 108).

While literature examining the experiences and impacts of carceral EM sheds light on the negative effects (and affects) the practice can have on the monitored person's support systems and self-subjectivities, scholars also highlight how widely held perceptions of EM as a balanced (i.e., supportive though still justice-oriented) practice are influenced by dominant cultural values and implicit state interests. Corbett & Marx (1991) point out that such positive societal views of EM, while misguided (given evidence to the contrary), support implicit state interests by allowing the state to appear to prioritize rehabilitation and community wellbeing while enacting a fiscally conservative carceral agenda. The authors conclude that the value-laden assumptions embedded in EM overlook the individual harms and ethical implications of the practice—EM contributes to the ongoing dehumanization of individuals caught in the criminal justice system, who disproportionately come

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from marginalized communities (see also Nellis, 2009)—and allow the state to prioritize economic interests over the pursuit of more meaningful justice reforms that address the root causes of recidivism.

1.4 EM in Healthcare Settings

Despite concerns regarding EM as a community sentencing practice, the technology is increasingly deployed by the state to address social problems beyond criminal justice including, commonly, public health concerns. Generally promoted as for the protection of those being monitored, public health EM is now ingrained in state efforts to manage the spread of infectious viruses and diseases (e.g., influenza, Ebola, HIV, and COVID-19). This typically involves the amalgamation of populace locational data with known cases of infection, which enables public health authorities to discern patterns of viral mutations and transmissions and to subsequently deploy targeted health interventions. For instance, public health practitioners routinely collect molecular and locational data from individuals with HIV during health appointments and mobilize the data to health authorities so they can identify and interrupt new HIV strains and transmission hot spots 'in near real-time' (McLelland, Guta, & Gagnon, 2020, p. 492). More recently, governments relied on EM throughout the global coronavirus pandemic, promoting 'contact tracing' programs among the citizenry, where dedicated smartphone applications would track the mobile user's location and alert them of potential COVID-19 exposure (Milan, 2020; Siqueira Cassiano et al., 2021). Contract tracing allowed state authorities to remotely track the spread of COVID-19 and to encourage people at risk of contracting the virus to self-isolate.

While EM technologies deployed in public health contexts may offer a form of protection for those being monitored, they are not without concern. For instance, contract tracing programs granted state institutions access to extensive personal information about citizens, drawing criticism for breaches to individual privacy and a lack of government transparency (e.g., Nasereddin et al., 2022). Moreover, these programs were coercive in nature and allowed the state to monitor and, to some degree, restrict a person's mobility (Siquera Cassiano et al., 2021). More generally, scholars emphasize the shared discursive harms stemming from EM in carceral and healthcare settings (Kim, 2007; McLelland et al., 2019; Siquera Cassiano et al., 2021).

The use of EM in public health endeavours is part of a broader trend toward the 'securitization of public health' whereby population health concerns are increasingly treated as

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matters of national security. This conflation of population health and security is often intended to draw public attention and state resources to national healthcare priorities (see DeLaet, 2014), though it has rationalized the incorporation of carceral systems, tactics, and ideologies into public healthcare initiatives (see Bell, 2006; DeLaet, 2014; ; Gagnon, Jacob, & Holmes, 2010; Hanrieder & Kreuder-Sonnen, 2014; Lupton, 1993; Petersen & Lupton, 1996; Russell et al., 2022). From the onset of the AIDS epidemic in the 1980s[3], public health authorities have enlisted police to help facilitate HIV treatment interventions among 'hard to access' segments of the population deemed to be a heightened risk of contracting and spreading the virus (e.g., sex workers and intravenous drug users) (McClelland, Guta, & Gagnon, 2020). Governments similarly turned to police systems throughout the pandemic to enforce public health orders (e.g., lockdowns) and to control population mobility (Albert, Baez, & Rutland, 2021; Russell, Phillips, Gaylor, & Trabsky, 2022). While such practices can produce detrimental outcomes for the individuals they target—ranging from privacy infringements to criminalization and instances of police violence—they also perpetuate and entrench structural inequality. HIV surveillance, for example, contributes to the policing and criminalization[4] of already marginalized communities (e.g., low-income neighbourhoods and sex workers) on account of their health status (McClelland et al., 2020). Likewise, police efforts to enforce pandemic-related public health orders disproportionately targeted marginalized neighbourhoods (e.g., public housing neighbourhoods) with punitive and violent police enforcement tactics (Russell et al., 2022). Further, these securitized health interventions tend to be rooted in reductive, 'one-size-fits-all' approaches to public health that overlook population alterity (Milan, 2020). As a result, these interventions fail to account for the social determinants of health and can exclude already-marginalized groups from

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[3] Though the spread of AIDs has had very real and serious health implications for individuals and communities, the treatment of the virus as a 'securitized' public emergency was largely influenced by moral panic and more implicit social biases toward marginalized communities, especially Black and LGBTQ2IA+ communities. These groups have experienced significant levels of social exclusion, criminalization, and violence as a result (see, for example, Esparza, 2019; Holland, Ramazanoglu, & Scott, 1990; Lupton, 2013; Thompson, 2005).

[4] In addition to the criminalizing effects of policing hard-to-access communities during HIV treatment interventions, scholars show how molecular HIV surveillance—though scientifically unable to prove viral transmission directionality—is being used as circumstantial evidence in HIV transmission cases. McClelland and colleagues (2020) note how this process of HIV criminalization is particularly concerning given that 'HIV surveillance disproportionately targets marginalized people who already experience over-policing and criminalization' (p. 489) and that Canada and the US 'are also leaders in the world for criminalizing HIV exposure, transmission, and non-disclosure' (p.489).

public healthcare strategies, thereby exacerbating existing health disparities for these groups and creating new forms of social exclusion.

1.5 Population Care and Control

Surveillance scholars have explored the multifaceted nature of surveillance within contemporary societies, identifying the dual facets of care and control inherent to surveillance mechanisms (e.g., Bennett et al., 2014; Bell, 2006; Foucault, 1991; Musto, 2016). In the context of state initiatives, surveillance practices can serve two interconnected yet distinct functions. On one hand, surveillance is often employed as a means of population care or protection; this is typically the case in contexts related to population health. In these instances, state surveillance systems are designed to monitor vulnerable persons and protect them from various population risks. For example, surveillance may be used in healthcare settings to monitor patients with chronic health conditions, to manage treatment adherence, or to track the spread of infectious diseases. In such cases, surveillance is framed as a benevolent tool aimed safeguarding monitored individuals from potential harm and enhancing the overall quality of life for the population (see, for example, Bell, 2006; Siqueira Cassiano et al., 2021). On the other hand, surveillance can be used as a tool of control, exercised by various state institutions to monitor, regulate, and discipline deviant individuals and groups. This aspect of surveillance is particularly evident in carceral domains like criminal justice and national security, where surveillance technologies are harnessed to scrutinize the monitored person's behaviour with the goal of maintaining social order (see, for example, Nellis, 1991; 2009). In these contexts, surveillance allows authorities to exert control over surveillance subjects, often with deleterious implications for the wellbeing of those being tracked (e.g., Henne & Troshynski, 2013; Nellis, 2009; Richardson, 2002; Shklovsi et al., 2015). Importantly, though, this care–control dualism implicit to state surveillance is not always neatly separated. Scholars have identified a blurring of 21st century surveillance strategies whereby surveillance in any form 'can be used for care or for control' (Bennett et al., 2014, p. 42; see also Musto, 2016; Widmer & Albrechtslund, 2021). Widmer and Albrechtslund (2021) emphasize the need to view care and control as two interconnected concepts, highlighting that care can sometimes function through control mechanism; they argue that 'motivations for care and control cannot always be easily separated' (p. 82; see also Nelson & Garey, 2009).

1.5.1 Governing Through Population Risk

Scholars have identified how the convergence of state surveillance for care and control is largely facilitated by a risk management approach to the governance of social problems (Bell, 2006; Bennet et al., 2014; Gagnon et al., 2010; Lupton, 1993; see also Foucault, 2009). This approach, initially employed in the insurance industry and now a marked feature of public policy, makes use of aggregate population data to determine the probability of societal 'risks' (e.g., crime or infectious disease transmission) and allocate state resources accordingly (Beck, 1992; Feely & Simon, 1992). Hence, the approach establishes surveillance as an essential element of population risk management. The underlying logic here is that the vigilant monitoring of population risks offers a more efficient response to social problems, aligning with contemporary fiscal constraints and a neoliberal state agenda (Corbett & Marx, 1991; Feely & Simon, 1992; Kilgour, 2020). As a result, the ideology backing state surveillance has shifted from the view that surveillance represents the ideal response to security-based risks like crime to the view that it constitutes an ideal response to social concerns in general—concerns that, while not necessarily realistic, are propagated as serious threats to the public[5] (Bennett et al., 2014).

The adoption of a risk-management approach to governance and the widespread use of surveillance to address societal issues, now framed as population 'threats,' coincides with the embrace of 'techno-solutionism' by governments and institutions. Techno-solutionism describes the misguided belief that innovative technologies represent an objective and ideal response to some problem (Morozov, 2013; see also Marx, 2016). Indeed, literature demonstrates an ongoing proclivity among public institutions to blindly view sophisticated surveillance mechanisms as a panacea for complex social problems (e.g., Lyon, 2007; Marx, 2016; Milan, 2020). Yet, this techno-centric perspective prioritizes the promises of surveillance technology (e.g., that it constitutes an 'innovative,' 'objective,' and 'efficient' solution to some issue) over ethical considerations of how surveillance is deployed and experienced (Howard, 2021; Lyon, 2007). For instance, the promotion of

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[5] There is extensive literature describing the rise of the 'risk society' as it relates to the ways in which threats are socially constructed and promoted in everyday life (e.g., Bennett et al., 2014; Ericson & Haggerty 1997; Ericson & Doyle, 2004). As Ericson and Doyle (2004) describe, there is a collective tendency to 'impose meaning on uncertainty through non-scientific forms of knowledge that are intuitive, emotional, aesthetic, moral, and speculative' (p. 138). Bennett and colleagues (2014) point out how Canadians are preoccupied with risk despite being better off than ever before to show how 'risks, by definition, outrun certainty and control: something bad might happen to us, and, no matter how unlikely it is, we cannot rule it out' (p. 44).

EM as an efficient custodial practice overshadows the invasive and dehumanizing elements related to how the practice is experienced by wearers (see Corbett & Marx, 1991). Similarly, the state's emphasis on contract tracing as an effective pandemic response obscured the intrusive and coercive nature of these programs (see Siqueira Cassiano et al., 2021). Of note, the pandemic, as a moment of global crisis (see Pearson & Clair, 1998), created an especially conducive environment for heightened risk consciousness among the public and the proliferation of state surveillance practices (French & Monahan, 2020). Though, as lessons from 9/11 have taught us, surveillance systems implemented during moments of crisis often become permanent fixtures in society, creating new threats to privacy, wellbeing, and equality (see, for example, Lyon 2003; Marx, 2016; Monahan, 2006).

The pervasive hyperfocus on risk that permeates contemporary society has normalized the use of surveillance across all facets of social life (see Bennett et al., 2014). Of note here, scholars have emphasized the heuristic nature of the link between risk and surveillance, wherein a heightened focus on risk begets a greater demand for surveillance, reinforcing perceptions of risk and perpetuating the need for even more surveillance (Bennett et al., 2014). Bennett and colleagues (2014) point out the irony in that a collective focus on risk brings with it widespread feelings of insecurity and ever 'more strenuous efforts to control it' (p. 42). Relatedly, literature shows that individuals tend to conceive of risk based on subjective impressions and feelings rather than empirically substantiated probabilities, viewing surveillance as a 'symbolic form of reassurance' especially during times of economic or social insecurity (Laurie & Maglione, 2019, p. 11; see also Bennett et al., 2014). Such perceptions underscore the conceptualization of surveillance as 'care' and foster societal acceptance of surveillance by institutions purporting to safeguard the public's health and wellbeing (Bennett et al., 2014; Lyon, 2001; 2003).

1.5.2 Governing Through Population Health

Foucauldian concepts like governmentality and biopolitics (Foucault, 1980, 1991, 2009) offer valuable insights into how governments employ risk logics that synchronize mechanisms of control with the promotion of population health and wellbeing. Foucault (1991, 2009) introduces the concept of 'governmentality' to describe a distinct form of modern power wherein entire populations are governed through incentives that resonate with individual desires for freedom and wellness. In this context, government actors and institutions—including nonstate actors like corporations—can harness aggregate population data acquired through surveillance to propagate population risks and encourage

specific forms of self-regulation. Relatedly, the Foucauldian term 'biopolitics' denotes a political rationality or mode of governance that aims to sustain and maximize the life of the citizenry as a collective through subverted methods of coercion and regulation (Foucault, 1980, 2009). Biopolitical techniques are directed toward shaping the conduct of individuals across various domains related to the sustained life of the population (e.g., population health and reproduction) without 'interdicting their formal freedom to conduct their lives as they see fit' (Rose, 1999, p. 23). For example, Gagnon and colleagues illustrate how public health campaigns that utilize fear-based messaging (in this case, the authors examine 'safe sex' campaigns) serve as a biopolitical technique designed to prompt individuals 'to become calculating, rational, and self-regulating subjects who avoid the perils of human desires and contagion' (p. 251; see also Lupton, 1993; 2016).

Colleen Bell (2006) illuminates how the application of biopolitical rationalities can manifest in the subverted use of coercive state tactics toward the citizenry. Through her Foucauldian analysis of Canada's current national security policy,[6] Bell (2006) identifies a conflation of population 'security' with notions of citizen health and wellbeing. Her analysis deconstructs how the state mobilizes the concept of population security to draw attention to elusive population threats that have been constructed through notions of 'risk.' Importantly, these threats not only encompass traditional security concerns (e.g., terrorism), but also health-oriented threats like potential natural disasters and contagions. As Bell (2006) notes, this merging of state security and population health 'threats' that occurs through Canada's national security policy represents a marked departure from 'the traditional distinction between the state as a military apparatus and the state as a service provider and manager of the citizenry' (p. 147). Further, through the language of 'risk,' population care and protection become inextricably linked to the elimination of these constructed threats. This process unleashes 'an arsenal of surveillance strategies' (Bell, 2006, p. 151) that are framed as population 'care,' but that, in practice, contribute to the expansion of a coercive state apparatus. In other words, through the framing of citizen wellbeing as contingent upon the absence of some constructed threat to population health or security, coercive state tactics—including the use of aggressive population surveillance— are portrayed as the provision of care and thus they go unquestioned.

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[6] The policy document Bell (2006) examines, titled *Securing an Open Society: Canada's National Security Policy* (PCO, 2004), was first introduced in 2004 and, though it has since been updated, still serves as the basis for Canada's current National Security approach (see https://www.publicsafety.gc.ca/cnt/ntnl-scrt/scrng-en.aspx).

Notably, while biopolitical rationalities may justify and obscure the use of coercive state tactics directed at the population as a whole, such rationalities also position these tactics as a compassionate response to 'vulnerable' segments of society (e.g., people who are poor or sick) (Bell, 2006; Bielefeld, 2018; Valverde, 2017). At the same time, while biopolitical techniques of governance may exert a positive influence over life at a population level by promoting the health of the citizenry, they retain the capacity to target and eliminate any sub-populations that threaten the vitality of the populace (Valverde, 2017). Consequently, by pursuing broader population governance objectives, can manifest in the abandonment or even killing of segments of the citizenry perceived as biomedical threats to the nation's survival, as exemplified by historical and ongoing instances of eugenics and genocide (Foucault, 2009; Valverde, 2017).

Overall, then, literature identifies a profound link between the amalgamation of population (health)care and control—often mediated through risk and surveillance—to the expansion of state power (see Bell, 2006). This linkage is frequently tied to Foucault's (1980, 2009) concept of 'biopower,' which pertains to the deployment of biopolitical techniques within society; biopower is the mechanism(s) of power that regulate life and bodies (Foucault, 1980, 2009). To illustrate, Bell (2006) posits that Canada's security policy, which merges notions of population health and security, has resulted in the proliferation of vaguely defined but highly restrictive security policies ostensibly implemented as 'for the people' to 'protect democracy.' In practice, however, these policies deliver coercive regulatory tactics and hinder citizens' ability to question state authority. Similarly, Siqueira Cassiano and colleagues (2021) show how the shaky assumptions underpinning China's contract tracing program during the pandemic—namely, that participation in the program was voluntary and in the public's best interest[7]—allowed Chinese state officials to gain unprecedented access to, and control over, the public's daily movements and interactions. Importantly, the authors locate China's pandemic surveillance interventions within a broader governing strategy that 'articulate[s] personal freedom within a coercive-collective environment' (p. 96). Thus, as Bell (2006) contends, the unchallenged regulation of the public that results from a merged construction of health and security, fosters an inner compatibility between democracy and totalitarianism. Bell (2006) reflects on 'how

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[7] The authors show how China's contract tracing program imposed civil restrictions that made it considerably difficult for members of the public to 'opt out' of the program; at the peak of the pandemic, Chinese citizens were required to obtain a daily QR 'Health Code' (China's version of a contract tracing app) to access certain residential compounds, transit systems, businesses, and various other public spaces (Siqueira Cassiano et al., 2021).

the life of the population can become the criterion for both service-providing and coercive state activity' (p. 156), and how this process serves to extend sovereign power by granting national security (and surveillance) an unquestioned 'totalizing reach' (p. 150) while undermining democratic principles like freedom and equality.

1.6 The Expanding Role of Police

As described thus far, the merging of population care and control is largely facilitated by risk discourse and related surveillance practices, and can manifest in the delivery of population health and protection through coercive systems and tactics. Scholars have also highlighted how such interventions are increasingly targeted toward vulnerable populations and carried out by the police (e.g., Musto, 2016; Rodriguez et al., 2020; Russell et al., 2022). This trend aligns with the broader trend toward the expansion of the police institution in terms of their purview and activities, their institutional makeup, and their expected role in society.

The scope of police work has extended far beyond the domain of law and order and now infiltrates a wide range of public sectors including education, social welfare, and public health. Ericson and Haggerty (1997) contend that the broader emphasis on risk management has led to an increased need for police to regulate population risks beyond the scope of crime. The securitization of public health, for example, has meant that police are increasingly tasked with regulating population health risks (e.g., the spread of communicable disease). Relatedly, Alex Vitale (2016) argues that the expansion of police work is largely attributed to the erosion of social welfare programs and institutions, and the subsequent void in social support that police have been tasked with managing. Vitale (2016) illustrates this phenomenon through the example of inadequate supportive housing options for those in need, and the emergence of massive underhoused populations; here, he describes how we have collectively reconceptualized this problem as the fault of underhoused individuals, who are subsequently labeled 'morally deficient' and 'disorderly' and then turned over to the police to manage. Relatedly, literature recognizes how the neoliberal restructuring of the global economy that has occurred since the latter part of the 19th century has reshaped the political landscape, driving the privatization of security and responsibilizing citizens with regard to their own security and general welfare (see Kitchen & Rygiel, 2014). Indeed, there may be several social forces contributing to the diversification of policework, though regardless of the reason, Jones and Newburn (2006) point out,

'it is nonetheless clear that in most jurisdictions the demands on public policing bodies have increased hugely over the past half century' (p. 6-7).

Policing literature underscores that the expansion of policework dovetails with a diversification of the organizational actors involved in policing activities (e.g., Broduer & Dupont, 2008; Dupont, Manning, & Whelan, 2017; Wood, 2020). Referring to 'plural policing,' Brodeur and Dupont (2008) describe the reality that policing now involves collaboration between multiple organizational actors, both state and non-state in origin. Lippert and Walby (2020) similarly highlight the increasing integration of non-public forces (e.g., Crime Stoppers) within public police organizations. Jones and Newburn (2006) once again summarize this diversification of policing, stating that it is 'generally accepted that, in many countries, 'policing' is now both authorized and delivered by diverse networks of commercial bodies, voluntary and community groups, individual citizens, national and local governmental regulatory agencies, as well as the public police' (p. 1). The reasons for this, the authors surmise, are manifold:

> One [reason for the increased plurality of policing] is simply that there are increasing constraints on public police expenditure and that, as a consequence, other forms of provision have expanded to fill the gap that the police are unable to fill themselves. A second is that there has been some form of deliberate transfer of functions from the public to the private sector… A third is that the changes we are witnessing in policing somehow reflect other structural changes… Finally, there is the related, but broader, possibility that broader shifts in the structure and nature of 'late modern' societies have created a set of circumstances in which plural policing proliferates. (Jones & Newburn, 2006, p. 6)

Nonetheless, police have become 'one element in an institutional and social web of actors' working collaboratively to perform police functions (Dupont et al., 2017, p. 585).

The expansion of policework has not only pluralized the police institution and extended the boundaries of policing into new social spheres, it has also transformed the expected role of police in society. Indeed, contemporary police are increasingly positioned as 'helpers' to vulnerable populations. Such is the case when officers are deployed to assist someone experiencing a mental health crisis. Yet, this role expansion raises concerns about the appropriateness of police involvement in supporting vulnerable groups, and the potential harms that may arise in such scenarios given the militaristic ideology embedded in the institution of policing and, relatedly, enduring police

dependence on the exercise of force to maintain social order (see Kraska, 2007; Musto, 206; Shore, 2021; Vitale, 2016). Relatedly, Dupont and colleagues (2017) ask, if the institution of policing is pluralizing in myriad ways, 'what holds [it] together?' (p. 217). To answer this, the authors point to work by Sheptyki (2017), who suggests pluralized policing is held together by 'a cluster of assumed ideas about 'police work', abstractly described as the 'police métier' (see also Manning, 2010). That is, 'it is held together by a myriad of formal and informal rules, rational and non-rational beliefs' (Sheptycki, 2017, p. 292); here, Sheptycki is essentially describing the enduring facets of police culture that shape police practices.

1.6.1 The Socio-Cultural Phenomena Shaping Contemporary Policing

Scholars agree that police culture exerts significant influence on contemporary policing (see Cockroft, 2020; Kraska, 2007) though there is considerable variability in how police culture is conceptualized in this literature base. Traditionally understood as a shared worldview among officers that encompasses a set of core values or themes (e.g., 'masculinity' and 'loyalty') (see Crank, 1998; Reiner, 2010; Terrill, Paoline III, & Manning, 2003), conceptualizations of police culture have evolved to include a dynamic set of police ideologies and values shaped by social forces both within and beyond the police institution (see Cockroft 2012; 2020). This nuanced understanding of police culture engenders its fluidity and responsiveness to various social phenomena, and can help explain the growing role of police as community 'helpers.'

One of the broader social trends shaping contemporary policing is governance through risk management. This trend is particularly evident in predictive policing, which leverages real-time crime data to deploy resources according to perceived threats to public safety (e.g., to target police resources toward neighbourhoods deemed 'high risk' for criminal activity). The ideology backing the predictive model of policing is that sophisticated surveillance technologies and data analytics enable more objective and efficient policing practices than traditional reactive police models of the past (see Brayne, 2017; Ferguson, 2017). Yet this logic is problematized by literature implicating predictive policing in the perpetuation of police bias and harms. For instance, Ferguson (2017) shows how the process of risk calculation used in predictive policing tends to artificially inflate[8] crime statistics for

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[8] As Ferguson (2017) describes, predictive policing creates somewhat of a self-fulfilling prophecy: 'Predict a hot spot. Send police to arrest people at the hot spot. Input the data memorializing that the area is hot. Use that data for your next prediction. Repeat.' (p. 74).

communities already targeted by aggressive policing (Ferguson, 2017). Indeed, predictive policing exacerbates the disproportionate police targeting, criminalization, and physical harm directed toward Black people in the United States, and Black and Indigenous peoples in Canada (Brayne 2017; Ferguson 2017; Owusu-Bempah, 2017). Additionally, while predictive policing intensifies the surveillance of already over-policed populations, it also allows police to passively track large swaths of individuals 'that would previously have been unknown to law enforcement' (Brayne, 2017, p. 996) thus widening the net of those who enter policing's purview (see also Cohen 1985; Haggerty and Ericson 2000). However, despite these concerns, the presumed of objectivity of sophisticated technologies and data analytics inherent to the predictive policing model diverts attention from the ethical concerns of this intensified police surveillance and harm.

In addition to the interface between risk-based governance and predictive policing ideology, police culture is enmeshed with the ongoing militarization of law enforcement. Extensive literature has documented the 'militarization of police' (e.g., Balko, 2013; Bieler, 2016; Campbell & Campbell, 2010; Kappeler & Kraska, 2015; Kraska, 2001, 2007; Kraska & Kappeler, 1997; Mummolo, 2018; Roziere & Walby, 2018), which denotes how police 'increasingly draw from, and pattern themselves around, the tenets of militarism and the military model' (Kraska, 2007, p. 503). This militarized police ideology fosters the use of highly aggressive police tactics and machinery during routine police functions (e.g., the deployment of Specialized Weapons and Tactics [SWAT] teams and armoured vehicles to monitor peaceful protests) and can foster values like 'control,' 'obedience,' and a 'warrior' mindset among officers, compelling them to exert dominance over any perceived threat through aggressive and violent police tactics. However, militarized policing contributes to hostile police-community relations and instances of excessive and unprovoked police use of force— particularly against segments of the population the police tend to perceive as especially suspicious or threatening (e.g., racialized, underhoused, and disabled communities (e.g., Gamal, 2016; Rodriguez et al., 2020). The militarized ideology (and practice) that now permeates contemporary policing is problematic even for 'traditional' police functions (e.g., crime control); it also problematizes the deployment of police to protect vulnerable populations (e.g., Musto, 2016; Vitale, 2016).

The evolving role of police in society is also influenced by the crisis of legitimacy currently facing the police institution. The increased visibility of police actions, facilitated by the rise of bystander videos, social media platforms, and the use of police body-worn cameras, has brought police misconduct and violence to the forefront of public consciousness, leading to reduced public

perceptions of police legitimacy and widespread calls for police reform (Brucato, 2015; Goldsmith, 2010; Newell, 2014; Sandhu & Haggerty, 2017). In response, police organizations are strategically leveraging their legal and cultural capital to control the policing narrative (Glasbeek, Alam, & Roots, 2020; Newell, 2020; Louis, Saulnier, & Walby, 2019). Indeed, police are seeking to optimize their on-camera experiences by disseminating an 'image' of policework that reinforces a favourable public assessment of the police institution in order to 'manage [their] visibility rather than be managed by it' (Glasbeek et al., 2020, p. 332. One way in which police can attempt to 'soften' their image is through engaging in community initiatives, particularly those geared toward helping vulnerable populations (e.g., Gascón & Roussell, 2019).

Finally, enduring legacies of white supremacy are embedded in contemporary police practices; this systemic racial discrimination that is deeply rooted in society, has shaped policing since its inception when police were tasked with protecting the socio-economic interests of wealthy white people from the perceived threat of non-white and poor communities (Singh, 2014). Its continued influence is reflected in ongoing patterns of police bias and racialized police brutality. However, white supremacist ideology extends police prejudice to other marginalized groups by promoting a hierarchical worldview that devalues anyone outside of the dominant (e.g., white, cis-gendered, able-bodied, and economically advantaged) social class; those with identities outside of this normative world order are more likely to be perceived by police as deviant, suspicious, or threatening and treated accordingly (Chaney & Robertson, 2015; Perry, Whitehead, & Davis, 2019; Rodriguez et al., 2020). Conversely, individuals perceived to have identities aligning with the dominant group are more likely to be deemed 'worthy' of police protection, their safety and wellbeing prioritized within police practices (Rodriguez et al., 2020; Watson, Corrigan, & Ottati, 204). This further problematizes the expanding role of police, signaling that, when policework includes the protection of vulnerable populations, any such protection will be discriminatorily applied.

Importantly, the socio-cultural phenomena influencing contemporary policing, such as those just described, do not operate in isolation; rather, they work in tandem, shaping one another and police practices in complex and multifaceted ways. For example, while predictive policing aligns with a risk-management and techno-solutionist approach to crime and disorder, the social harms stemming from predictive policing practices—augmented by police militarization—are disproportionately aimed toward racialized and marginalized communities and can therefore be viewed as expressions of white supremacy (see Maynard, 2017). These socio-cultural phenomena also work in tandem with

regard to the expanding role of police. To illustrate: the collective societal focus on risk management has spurred the police to act as risk intermediaries outside of criminal justice concerns (Ericson & Haggerty, 1997) and, often, within the realms of public health and welfare (e.g., Russell et al., 2022); a militarized police ethos can translate to an inappropriate (i.e., coercive and violent) police response withing these public 'care' sectors (Hunt, 2021); the police legitimacy crisis has required police to justify their value to society, leading to their increased involvement in 'softer' and more community-oriented public safety initiatives (Gascón & Roussell, 2019; Musto, 2016); and, finally, white supremacist ideologies differentiate who the police offer help or protection to in these instances (Perry et al., 2019). Critical scholars point to these enduring and problematic facets of police ideology and practice to show how re-assigning police to manage social issues and populations beyond their purview of law enforcement is a perversion of their role as 'violence workers' (Vitale, 2016; see also Musto, 2016).

1.6.2 Carceral Protectionism

Jennifer Musto's (2016) study of police-led efforts to protect domestic sex trafficking victims illustrates how protective police interventions become entangled with more traditional and punitive police practices—a process she calls 'carceral protectionism.' Musto's shows how police will frequently deploy the carceral tactics at their disposal, such as covert intelligence gathering (i.e., surveillance) and formal arrest, in their attempts to get vulnerable individuals help. Here, Musto identifies how even well- intentioned protective interventions can merge protection with control for those the state deems to be 'at-risk' victims. Additionally, Musto describes the 'curative harms' that come from routing individuals through the justice system in order to secure their protection, such as the reduced formal social support mechanisms (e.g., employment and housing prospects) available to sex trafficking victims after they have been arrested or detained by police.

Importantly, the carceral protectionism framework reveals some of the subtle social processes behind this carceral police protection of vulnerable populations, including the police designation of sex trafficking victims as both victims and offenders (or, 'victim-offenders'), the repurposing of surveillance technology from offender- to victim-management, and the increasing collaborations between police and victim advocacy groups that 'soften' what are 'otherwise punitive carceral systems' (Musto, 2016, p. 46). Further, Musto underscores how, despite generative harms associated with the police protection of vulnerable groups, the 'protective ends' of these practices are often used

to 'justify the [carceral] means' (p. 22). Ultimately, Musto's (2016) insights on carceral protectionism highlight the coercive power imbued in police interventions, even when such interventions are promoted as for the wellbeing of the vulnerable groups they are targeted toward.

1.6.3 Police EM of People with Cognitive Differences

Critical scholars have identified and critiqued the state's fusion of security-based narratives, systems, and tactics with public protection in various forms, including in the general reframing of population 'risks' to population 'threats,' and the subsequent securitization of public health and the punitive police protection of vulnerable groups (Vitale, 2016; McClelland et al., 2020; Musto, 2016; Russell et al., 2022). However, despite these critiques, police are increasingly relied upon to manage population risks beyond criminal activity—be it risks related to infectious disease, underhoused or socio-economically disadvantaged populations, or even risks related to people with cognitive differences (e.g., people with Alzheimer's or Autism) who have a tendency to wander from their expected location.

Police organizations across Canada and the U.S. are involved in the implementation of PL surveillance programs to manage the safety and wellbeing of people diagnosed with cognitive differences. The PL program is designed and marketed by Project Lifesaver International (PL International), a US-based non-profit organization, and is geared toward helping public safety agencies like the police respond to the issue of wandering—that is, when people with cognitive differences stray from their expected location, potentially becoming lost and endangered (Alzheimer's Society of Canada, 2023b). Police organizations are increasingly partnering with PL International (along with local community organizations, like volunteer search and rescue groups) to implement local PL programs. Caregivers living in jurisdictions where police have implemented PL can voluntarily enroll the individuals with cognitive differences they care for in the surveillance program and have them outfitted with an RF transmitter 'bracelet.' Then, in the event of a wandering incident, police and first responders use specialized RF antenna and search tactics to home in on the transmitter's signal and ostensibly locate the wandering individual. Below is an image of a PL tracking bracelet and the antenna used to track the bracelet's signal:

Figure 1.2: The wearable PL transmitter (PL International website, n.d., 'About Project Lifesaver').

Wandering can be a meaningful and enjoyable activity for people with cognitive differences (Wherton et al., 2019), though it can become dangerous and is a commonly expressed concern for caregivers of the more than 402,000 Canadians aged 65 or older living with dementia (Canadian Institute for Health Information, 2017). Monitoring technologies are considered a promising means for reducing the dangers associated with wandering and can therefore help ease caregiver concerns while allowing people with cognitive differences to live more comfortably (Daly-Lynn et al., 2019; Steggles et al., 2007; Sriram, Jenkinson, & Peters, 2019). However, scholars and advocates emphasize the importance of designing and using such technologies in a way that aligns with the needs of both caregivers and people who may wander (Hall et al., 2019; Vermeer et al., 2019; Wherton et al., 2019). At present, many consumer EM devices marketed to caregivers as a wandering

solution fail to meet these stipulations. For one thing, these devices can be burdensome for caregivers, who often feel pressure and frustration related to the proper functioning of the technology (Gross et al., 2021). Moreover, EM technologies used in this context carry a propensity to erode the personal autonomy, sense of self, and quality of life of the person with cognitive differences being monitored (e.g., Hall et al., 2019; Kenner, 2008; Wherton et al., 2019). Thus, not only do current iterations of these consumer surveillance technologies not align with the needs of those they aim to assist, but they also generate serious concerns related to how the technology is used and experienced (Hall et al., 2019; Kenner, 2008; Wherton et al., 2019).

PL is problematized by literature critiquing the use of consumer EM by caregivers to track their dependents with a propensity to wander, though the deployment of this protective surveillance by the state—and through the police— introduces additional ethical concerns. Consider, for instance, the socio-cultural phenomena known to shape police practice discussed earlier, such as the increasing militarization of police or their current crisis of legitimacy. As described, these facets of contemporary policing are fundamentally incompatible with the care and protection of vulnerable groups (Musto, 2016; Vitale, 2016). Relatedly, protective police interventions are known to rely on conventional (and inherently coercive) law enforcement tactics, and thus carry the capacity to inflict harm upon the targets of the protection (McClelland et al., 2020; Musto, 2016; Russell et al., 2022). Scholars have also extensively documented how state surveillance initiatives in general—even those aimed at preserving the health of the population—can manifest as techniques of social control. While these initiatives can inflict harm at an individual level, they can also reinforce structural inequality (particularly for groups who are deemed 'vulnerable' or 'high risk') and undermine democratic modes of governance (e.g., Bell, 2006; Henne & Troshynski, 2013; Lupton, 1993; Siqueira Cassiano et al., 2021). Collectively, these literatures raise substantial ethical concerns regarding the implementation of a police-led surveillance program to protect individuals with cognitive differences who may wander, prompting questions around how it is justified as a form of protection for vulnerable populations and whether it operates as a form of social control, as well as the harms that may stem from the practice both for those being monitored and society writ large. Such questions and concerns form the basis of this thesis.

1.7 The Current Study

PL is both similar to, and unique from, other forms of state surveillance that merge protection with carceral systems and tactics. The practice aligns with the securitization of public health in that it is a security-based state intervention being used to manage a health-related behaviour and risk (e.g., the risk related to wandering, which is a common behaviour associated with cognitive diagnoses like Alzheimer's disease or Autism). Yet it is unique to other security-based public health interventions studied to date in that it is not housed by public health authorities; instead, the intervention is entirely framed by, and contained within, the criminal justice apparatus (i.e., policing). Conversely, while PL represents a form of carceral protectionism in that it is a police intervention deployed to protect a vulnerable population, it is unique from Musto's (2016) study of the police protection of domestic sex trafficking victims, as people with cognitive differences, while classified as 'vulnerable,' do not represent an already carcerally-involved population (or 'victim-offenders'). In other words, while carceral protectionism reflects carceral interventions 'with a protective bent,' (Musto, 2016, p. 4) and the securitization of public health describes public health interventions that bend toward the carceral, PL neither marks a transformation from protection to security nor the other way around; it operates at the nexus of the two and therefore is a productive site for further research on state interventions that cojoin population protection and security (and, relatedly, the notions of care and control).

1.7.1 Aims and Research Questions

The current project is an empirical case study of PL, a police-led surveillance program operating at the nexus of population protection and security. This research examines how PL is constructed as a protective surveillance mechanism by those who design and deploy it, how the program operates as such in practice in a local (Ontario) context, and related impacts for individuals, communities, and society. This work also identifies the dominant interests and broader socio-cultural phenomena reflected in PL, including how the program relates to enduring facets of policing and broader trends in governance. To achieve these aims, I ask:

- How is PL designed?
    - What is the organizational make-up of PL International?
    - How is PL designed to operate?
- How is PL rationalized?
    - How is it marketed by Project Lifesaver International?

- How is it described by various community stakeholders (e.g., caregivers, program administrators, and police)?
- What are the assumptions embedded in these constructions, and what are the logics and socio-cultural values underpinning them?

- How does PL operate in practice in a local Ontario context?
  - How is the program implemented and maintained in Ontario?
  - What is the nature of PL surveillance (e.g., what information is collected, how is it collected, and who has access to it)?
  - How does the program function as form of protection and/or social control?
- Are there any tensions in how PL is designed, rationalized, and how it operates?
  - Whose perspectives and interests are reflected in these tensions?
  - How is the program shaped by broader social contexts?
    - How is the program influenced by police culture and practice?
    - How is the program influenced by ongoing trends in surveillance and the governance of vulnerable groups?
- What are the impacts of PL?
  - What are the material benefits of the program and whose interests do they serve?
  - What are the material costs of the program and who carries them?
  - What are the relational and societal implications of the program's design and use?
  - What ethical concerns does PL raise?

1.7.2 Methodology

The current research is a qualitative case study[9] of PL discourse and practice. Throughout this study, I engaged in an iterative process of data collection and analysis to cultivate novel theoretical insights regarding the EM of vulnerable populations by police, proffered as for their health and protection. See section 1.7.3, below, for a detailed description of the analytical and theoretical processes involved in this study. Data collection occurred across two overlapping phases:

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[9] This study was approved by the University of Waterloo Research Ethics Board (ORE #41349). See Appendix A for a copy of the ethics clearance certificate.

1.7.2.1 Phase One

The first phase of the study focused on how PL is framed by PL International and how it operates in its idealized form (i.e., how it is intended to operate). Data collection for this stage began with attending and observing PL International's Electronic Search Specialist (ESS) Basic Operating Course and three-day Annual Conference in 2019. These events were held consecutively over five days in August 2019 at the Hilton Orlando Buena Vista Palace in Lake Buena Vista, Florida. Prior to data collection, I contacted PL International directly and informed them of my intention to focus my dissertation research on PL and to attend the conference and training as a graduate student researcher. I was quickly granted open access to all events listed previously; in fact, PL International waved all registration fees for me (totaling $945 USD). Attending these events resulted in 44 hours of observations. Observations were supplemented with 18 pages of handwritten field notes, 12 pages of handwritten memos, 136 digital photographs, 12 hours of audio recordings, and various other documents supplied to me by PL International (i.e., printouts of the 256-slide training presentation, copies of official PL International policies and form templates, and the conference program and other promotional materials received during the conference). This data provided insight into how PL International presents their program to police.[10]

Phase one data also included PL International's public-facing marketing material, available through:

- PL International's organizational website (projectlifesaver.org), which describes PL International and PL in detail. For instance, the website outlines PL International's organizational structure (e.g., the individuals and groups involved in the organization, including key decision makers and representatives), guiding principles (e.g., their mission, vision, and goals), and reach (e.g., the names and locations of all partnered public safety agencies, the names of affiliated advocacy groups, information about recent search and rescues involving people enrolled in PL programs, and descriptions of events hosted by PL International). The website also provides considerable information on how PL operates as a program and technology (e.g., the 'key components' of the public safety program and PL

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[10] While the conference was open to the public, the vast majority of attendees were affiliated with the program in some capacity. Most conference and training attendees were police officers involved in their local PL program; other attendees included local PL program administrators, official 'PL Ambassadors,' and PL International employees.

International's official 'tech statement,' which details how PL's RF technology operates compared to other, similar technologies). The website also offers additional insight into how PL International frames PL (beyond the sections mentioned previously), including in website sections like 'media' (which includes various press releases and the organization's blog, described in more detail below) and 'resources' (which includes answers to frequently asked questions and general information regarding wandering prevention).

- PL International's online 'Chief's Blog' (projectlifesaver.org/news-events/chiefs-blog/), which contains 26 posts written by PL International's Founder and CEO, Gene Saunders (as well as a few 'guest posts') between 2010 and 2022. Posts reflect Saunders' thoughts and opinions on a variety of PL-related topics, including PL technology updates, advice for caregivers of people with cognitive differences, U.S. state legislation related to people who may wander, and his interactions with caregivers and people with cognitive differences.

- Saunders' 190-page authorized biography of PL International's Founder and CEO, Gene Saunders, titled 'Deploying High: The Man, the Mission, and the Story Behind Project Lifesaver International' and written in 2019 by journalist Nora Firestone (see Köehler Books, 2023). As the book synopsis reads:

> Deploying High conveys the life, leadership and lessons learned by Chief Gene Saunders in his mission to save lives and bring loved ones home through Project Lifesaver International. Using the same SWAT team commander's strategies and tactics he developed for local law enforcement, Saunders worked through adversity and successfully developed the right solution of technology and feet on the ground... (Firestone, 2019, cover).

The book provides a comprehensive history of Saunders and PL International, and sheds light on Saunders' influence over PL and how the program is marketed to the public. In fact, the biography appears to be part of PL International's marketing strategy given that the book's author is a self-proclaimed expert in 'effective media relations,' 'brand development' and 'writing for business messaging' (see Firestone, 2021). Thus, the book provides tremendous insight into PL International's organizational culture and values and how PL is framed by its creator (in addition to the historical genesis of the program).

The marketing data listed above provided insight into PL International as an organization and how they have designed their program to operate and how they promote their program in a general sense.

Phase One material provided me with a strong sense of how PL is constructed by PL International and how it is designed to operate. In addition, the data enabled a comparison of how PL International frames PL to police and other 'insiders' (i.e., through events and documents geared specifically toward public safety organizations) versus how it is promoted more generally to the public (i.e., through public facing marketing material like their website). Overall, this data helped to reveal the socio-cultural dynamics[11] stemming from PL International that are embedded in the PL program, as well as the needs and perspectives built into the program's design.

The second phase of data collection focused on how PL is framed and operates in a local sense; that is, within PL programs offered through Ontario police organizations that have formal partnerships with PL International. Data collection for this phase began with Freedom of Information requests (FOIs)[12] sent to the 11 Ontario police organizations identified as having PL partnerships at the time of data collection (according to open-source information like PL International's website, which documents all their 'local' PL partnerships). FOIs requests were sent out on November 7, 2019, and requested information pertaining to how each Ontario PL program operates including the date of the local program's inception, the number of officers at the service that received specialized training from PL International, an itemized list of all equipment purchased from PL International, the number of individuals enrolled in the program, the number of calls for service involving PL technology since the program's inception, and all internal service policies, memos, procedures, and correspondence pertaining to their PL program, including an itemized list of the type of information collected when an individual is enrolled. The FOI response timeline varied considerably; most organizations responded to the request within 30 days.[13] The level of information provided by each

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[11] The current study draws on Stuart Hall's (1997) description of culture as a social process of meaning-making (or, as a socio-cultural process that influences discourse and practice); in other words, according to Hall, culture is the discursive site where shared meanings and values—contextualized by broader socio-cultural dynamics—are produced and renegotiated.

[12] FOI requests are a well-established research methodology, allowing researchers to systematically investigate government conduct (see Brownlee & Walby, 2015; Crosby & Monaghan, 2018; Walby & Yaremko, 2020)

[13] According to the Municipal Freedom of Information and Protection of Privacy Act in Ontario (1990) and the Freedom of Information and Protection of Privacy Act (1988), organization heads (e.g., the Chief of Police) must provide a formal written response to an FOI request within 30 days of receipt; responses can either provide the information requested, request a fee in order for information to be released, or request a 'reasonable' extension for their formal response. Of the 11 organizations I sent FOI requests to, 3 provided information or fee requests within 30 days, 5 requested a formal time extension (one requested a 60 day extension; one requested a 90 day extension; and 3 did not list a timeframe for their extension—these 3 (all OPP) ended up taking over 6 months to provide information, though contacted me in the meantime to explain

police service in response to the FOIs also varied considerably; out of the 11 FOIs made, 3 services provided full access to the requested documentation at no cost, 2 services provided full access to the requested documentation as well as considerable additional information about other Ontario PL programs in operation (also at no cost), 1 service provided partial access to the requested information at no cost, 4 services requested large fees for access to the requested information (fee requests ranged from $180 to $1296 CAD; subsequently, these FOIs were not pursued), and 1 service advised that it did not have a PL program in operation. In total, FOIs resulted in the accruement of 99 pages of FOI data pertaining to 8 Ontario PL programs. Of note, one FOI request resulted in the creation of a formal research partnership between myself and an Ontario police organization with an in-house PL program, however this partnership did not result in the generation of any data, as it was formally in effect from February 2020 until May 2020, during which time data collection was stalled due to the onset of the global coronavirus pandemic in March of 2020. FOI data was supplemented with informational and marketing data publicly available on Ontario police and local PL program websites. Overall, FOI and website data provided insight into how PL is framed and perceived of by police and how it operates in a local Ontario context.

Phase 2 data collection also included 7 in-depth, semi-structured interviews with individuals directly involved in their local PL programs, either as caregivers of individuals enrolled in the program, as search and rescue (SAR) volunteers, or as program administrators.[14] Interview questions were informed by phase 1 findings. Interviewees were recruited by contacting local community associations that promote PL (e.g., the Alzheimer's Society) and subsequent snowball sampling. The interviews were conducted by phone or held virtually and lasted approximately one hour. Interview recordings were transcribed and coded to reveal how PL is framed and understood by those who are involved in local programs. To protect interview participants, all identifying information (name, organization, etc.) has been changed or removed from this dissertation.

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they were waiting for the end of a 'formal consultation'), and 3 organizations did not provide a written response within thirty days but, instead, provided a verbal response over the phone.

[14] One of the SAR volunteers interviewed was also responsible for overseeing the administration of their local PL program (in addition to assisting with SAR operations involving people enrolled in PL). Due to ethics board & time restraints, the direct perspectives of people with cognitive differences enrolled in PL were not included; this is noted as an important area for further study in Chapter 6 of the dissertation. Notably, interviews with caregivers, SAR volunteers, and PL program administrators shed some light on how people with cognitive differences respond to the PL program, as described in Chapter 3.

Of note, while standards in qualitative research generally stipulate a required interview sample size of at least 12 to ensure validity (e.g., Glaser, 1965), some scholars proffer that general themes can emerge from as little as 6 interviews (e.g., Guest, Bunce, & Johnson, 2006; Hennink & Kaiser, 2022). Thus, while the sample size of 6 interviews in the current study was smaller than intended,[15] thematic analysis of this data still offered insight into how PL is rationalized and used according to various Ontario stakeholders. In addition, findings from interview data reported in this research were robust in that they were consistent across all interviews and triangulated with other data sources. To illustrate, interview data added contextual depth to FOI data by providing first-hand accounts of how Ontario PL programs operate, including how they are perceived of and rationalized by various stakeholders involved in the program's deployment. Interview data also helped elucidate any discrepancies in how PL is framed across stakeholders (e.g., how PL is marketed by PL International versus how it is rationalized by those who deploy the program on the ground) and highlighted some of the impacts (e.g., costs and benefits) of the practice that were not readily apparent from more 'official' accounts of PL.

1.7.3 Theoretical and Analytical Approach

The current study adopted an abductive analytic approach, which involves a continuous and iterative process of data collection and analysis that is rooted in extant theoretical knowledge (Brandt & Timmermans, 2021; Timmermans & Tavory, 2012; 2022; Vila-Henninger et al., 2022). This approach seeks to 'puzzle out' phenomena by situating empirical findings within existing scholarly literature; findings that do not align with current understandings of the topic offer opportunities for researchers to generate novel theoretical insights[16] (Timmermans & Tavory, 2012; 2022). In abductive analysis, there is no single theoretical framework that drives a study (Timmermans & Tavory, 2012, 2014). Instead, researchers enter the field with a strong theoretical foundation and continuously develop their theoretical repertoires throughout the research process. I therefore relied on a broad range of literature

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[15] Interviews took place from December 2019 to February 2020. Additional interviews were scheduled with caregivers and police officers that use PL technology but were cancelled due to the onset of the global COVID-19 pandemic in March 2020.

[16] Timmermans and Tavory (2012) clarify what they mean by theory generation, positing 'the theories developed in abductive analysis denote an attempt to generalize causal links and descriptions of the world out of particular empirical instances… such theories depend on the fit with observations and their plausibility in light of alternative accounts. Pragmatically speaking, better theories allow for understanding of more and a broader variety of phenomena' (p. 174).

in my analysis, remaining particularly attuned to work theorizing how surveillance, policing, and governance practices operate as mechanisms of social control. Of note, two theoretical frameworks proved especially relevant to this study. The first was Musto's (2016) work on 'carceral protectionism,' which provides a 'conceptual blueprint to account for collaborative state and nonstate initiatives where the lines between protection and punishment are less than clear' (p. 4). More specifically, carceral protectionism identifies and unpacks how state interventions can deliver protection for 'at-risk' populations through carceral systems and tactics, and how this expansion of the state's 'carceral enforcement apparatus'[17] (Musto, 2016, p. 20; see also Bernstein, 2007; Gottschalk, 2015; Foucault, 1980), and the harms produced in the process, can go unquestioned or even unnoticed.

At a more foundational level, classical Foucauldian understandings of governance techniques as they relate to risk and surveillance guided how I conceived of governance and power as manifest in PL. Foucault's concept of biopolitics in particular aided in my analysis of PL, helping to reveal how 'risk' and 'care' logics inherent to the program appeal to individual desires for wellbeing while acting as techniques of control. Relatedly, Rose's (1999) interpretation of governance served as a theoretical 'starting point' for the analysis at hand. Drawing on Foucauldian theory, Rose advocates for a shift in traditional state-centric approaches to the analysis of political power to a focus on the assemblage of actors, objects, discourses, strategies, and practices involved in the governing of human conduct. In this context, the role of the state is redefined as just one element in multiple circuits of power held together by aspirations of shaping behaviour in accordance with specific objectives. These insights shaped the current analysis by focusing it toward the range of organizational actors and surveillance practices involved in PL and, importantly, how these actors and practices relate to one another and to population control. Additionally, with Rose's conceptualization of governance in mind, the current empirical study homed in on how the 'problem' (or 'risk') of wandering is constructed through PL and the implicit objectives and dominant interests such constructions may serve. As Rose (1999)

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[17] The term carceral state refers to the 'practices within government which are deployed [in violent and discriminatory ways] around specifically punitive and carceral focused aims' (Lamble, 2013, p. 231). Marie Gottschalk (2015) describes the extension of the carceral state as the 'vast archipelago of jails and prisons' and 'growing range of penal punishments and controls… [that] reach far beyond the prison gate… [and that have] altered how key governing institutions and public services and benefits operate' (p. 31-32). Of note, Foucault first traced the genealogy and growth of the carceral state (or, carceral archipelago) in his 1977 book *Discipline and Punish: The Birth of the Prison*.

argues, the starting point of any modern analysis of power is not to ask, 'what happened and why?' (p. 20) but, rather, to begin by asking who and what came together, 'in relation to problems defined how, in pursuit of what objectives, through what strategies and techniques' (p. 20). These questions served as touchstones for this empirical analysis.

The above-mentioned theories and literatures served as explanations 'ready-to-hand' (Heidegger 1996, as cited by Timmermans & Tavory, 2012) to utilize with unanticipated findings throughout this abductive approach to analysis. However, there are many relevant literatures not mentioned here that can offer valuable insights on the protective police surveillance of vulnerable groups; these literatures were consulted but were ultimately not included in the analysis out of a necessity to focus the empirical and theoretical scope of this thesis. Future work on the topic could, for instance, incorporate critical disability studies (CDS), which considers the systemic impacts of cultural institutions and societies on discussions and experiences of disability, engineering ethics literature which explores the ethical dilemmas of technical design and the moral obligations of designers to technology users and society; or science and technology studies (STS), which focuses on the evolving and inextricable link between material elements of technology, social structures, and practices. Political economic theory in particular offers a valuable framework for examining the intricate relationship between initiatives like Project Lifesaver and the political actors involved in its deployment. This could include future analyses of how the program's structure and use is shaped by specific political agendas (i.e., market interests and policy objectives). Specifically, the ongoing dominance of a neo-liberal agenda, characterized by fiscal restraint in political arenas, has culminated in a massive hollowing out of public support infrastructure, leading to a transfer in responsibility for public welfare and security from the state to individuals, private entities, and the police. This transfer could help explain how programs like Project Lifesaver— a joint initiative between private organizations (i.e., PL International), the police, and caregivers — have emerged as the technological fix to wandering crises.

Pragmatically, abductive analysis involves making creative theoretical inferences both grounded in data and predicated on existing literature. It therefore requires approaching data with a curated set of methodological techniques that foster a heuristic process of analysis and draw new insights out of empirical data (Timmermans & Tavory, 2012). To do this, Timmermans and Tavory

(2012) suggest borrowing strategies from grounded theory methods,[18] and advocate for researchers to not only consider their data through diverse 'theoretical vantage points' (p. 176) but also to continuously problematize seemingly mundane material (see also Marion, 2002; Ragin and Becker, 1992). As Timmermans and Tavory (2012) surmise:

> Where theories allow us initially to see the phenomenon in sociologically interesting ways, methods are designed to compel us to revisit the same observation again and again, defamiliarize the known world, and apply alternative casings to our observations. (p. 176)

These techniques, according to the authors, can draw out unexpected findings that produce fresh theoretical insights that challenge pre-conceived notions of social phenomena.

Drawing on existing literature, I engaged in a continuous process of data interrogation that unfolded in two distinct, though overlapping, stages of analysis. The first stage involved a content analysis of all datasets as they were collected in order to better understand PL International as an organization (e.g., their vision, affiliations, and reach) and PL as a protective surveillance mechanism (how the program is designed to operate, who and what it is targeted toward, and how it is being implemented and used in Ontario). Findings from this exploratory stage of the analysis provided a general overview of how PL is designed to operate as a protective police surveillance mechanism and how it operates as such in practice, including the material costs and benefits associated with the program. While these initial findings were informative in their own right, they also laid the foundation for a more comprehensive thematic analysis of the date; more specifically, the content analysis facilitated 'data immersion'[19] (see Braun & Clarke, 2006) and highlighted some preliminary data patterns—namely that PL operates as a coercive form of EM that relies on notions of

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[18] Grounded theory is a form of qualitative analysis focused on developing theories that emerge directly from empirical data. It emphasizes the inductive generation of concepts and hypotheses to explain social phenomena (see Charmaz, 2006).

[19] As Braun and Clarke (2006) emphasize in their demarcation of thematic analysis, 'it is vital that you immerse yourself in the data to the extent that you are familiar with the depth and breadth of the content' (p. 87), and that this immersion should take place before any other step in the analysis. As the authors discuss, 'immersion usually involves "repeated reading" of the data, and reading the data in an *active* way – searching for meanings, patterns and so on' (p. 87, emphasis in original). Thus, the content analysis in the current study served as an 'active reading' of the data – one that identified initial data patterns.

'vulnerability' and 'risk' (see Shore, 2021). The subsequent thematic data analysis sought to explore these patterns more deeply.

Guided by insights from the content analysis and existing scholarly knowledge, the thematic analysis became increasingly focused on how PL is rationalized and how the program operates as a mechanism of care and control. Thus, the analysis homed in on PL discourse—broadly defined here as any instantiations of textual[20] communication regarding PL, including the linguistic devices involved, the context in which it takes place, and the meanings and actions that result (see Matus, 2018). Importantly, this did not entail a formal 'discourse analysis,' which involves a strict methodological approach to studying the power relations embedded in discourse and how discourse shapes knowledges and social realities (e.g., Foucault, 1980; Fairclough, 2013). Rather, this phase of the current study involved a thematic analysis of PL discourse, with a particular focus on how PL is rationalized (i.e., legitimated) by different stakeholders and in different social contexts, and the implications thereof.

It is important to acknowledge at this point that, by conducting a thematic analysis of discourse (and not a formal discourse analysis) in a study deeply rooted in Foucauldian theory, I introduce some epistemological and analytical tensions in my study. Foucault views power as largely decentralized, subject positions as fluid, and realties as multiple and socially constructed (Foucault, 1980). Thus, a Foucauldian approach to discourse would not be concerned with practical outcomes or material impacts of discourse and related structures of power; rather, it would focus on how power comes to be established through knowledges that have been discursively constructed over time (Foucault, 1980; see also Anderson & Holloway, 2020; Fairclough, 2013). Conversely, the current study assumes power is identifiable and somewhat concentrated within relatively stable social relations, and that realities are shaped in part by discourse but retain material dimensions. Thus, while the current study is interested in the meanings and power relations embedded in discursive representations of PL, it seeks to elucidate the social contexts in which these meanings and power dynamics emerge as well as their material and structural impacts. Despite the epistemological and analytical tension introduced, this approach deepens the current analysis of PL by capturing the multi-dimensional nature of discourse and power in the context of PL as well as related material

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[20] Here, text can refer to spoken or written words, symbols, and imagery (see Anderson & Halloway, 2020; Matus, 2018, among others)

consequences. Thus, a rigid adherence to epistemological and analytical alignment would have been limiting in this case.[21] Recognizing the (relatively) stable characteristics and material impacts of power does not negate the importance of understanding the socially constructed nature of discourse; it offers a more comprehensive lens through which to interpret the complexities of contemporary surveillance while still drawing on enduring insights from Foucauldian theory (see Manokha, 2018).

The themes emerging from this analysis of PL discourse revealed how PL is framed (marketed, perceived of, and rationalized) by various stakeholders, as well as the assumptions embedded in PL discourse and the meanings produced. This helped identify how PL is constructed as a protective police surveillance mechanism, including how PL discourse makes use of 'risk,' and how it engages with notions of 'care' and 'control.' This analysis was also productive for interrogating the dominant perspectives and interests reflected in the program, and the broader social context within which it operates. Specifically, findings regarding how PL is framed through discourse were compared and contrasted to determine their consistency across organizational actors and situational contexts, as well as whether these framings align with how PL is structured by design and how it operates in practice. Patterns (i.e., consistencies and tensions) identified through this comparative process then became important sites for interrogating the perspectives and socio-cultural values informing PL and the dominant interests being served (see Marx, 2016).

Altogether, study findings generated a nuanced understanding of how PL is designed, including the assumptions and perspectives built-in to the program, and how it operates in a local, Ontario context, including the material costs and benefits associated with its use. These findings shed light on the coercive and carceral features of this surveillance program, including how these features are legitimated through risk- and care-based program components. Overall, this work highlights the material, relational, and societal impacts of the program, including whether the program responds to the needs of people with cognitive differences and their caregivers or whether it reflects other, discursive state interests, and how implicated in structures of inequality. This study also generates novel theoretical insights regarding how coercive biopolitical techniques of governance can operate vis-à-vis population care and control, including how caregivers can serve as intermediaries when

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[21] Foucault himself underwent shifts in his epistemological beliefs and, moreover, rejected the idea of rigid analytical 'rules' and formal methodologies (see, for example. Cooke, 1994).

these techniques are targeted toward vulnerable groups, and how these techniques can simultaneously extend and obscure the state's carceral enforcement apparatus.

Of note, while the majority of findings shared throughout this thesis are presented in a style typical of qualitative studies (i.e., use of interview quotes or images accompanied by detailed explanations), chapter four begins with the presentation of a 'composite narrative' (or, 'vignette'). Willis (2018) uses the term 'composite narrative' to describe a fictionalized story that presents findings from several interviews through one situated first-person narrative. Borrowing from Orbach (2000), Willis (2018) argues that such narratives can capture the emotional essence of research participants' lived experiences 'in a way that acknowledges the complexities of individual motivations and outlooks, whilst drawing out more generalized learning and understanding' (Willis, 2018, p. 476). Langer (2016) similarly posits that data-driven vignettes can provide readers with a more reflexive account of the researcher's interpretation of complex research findings. Both Langer (2016) and Willis (2018) concede that using vignettes to convey research findings can present challenges in terms of validity and offer suggestions for pre-empting such critiques, some of which include offering readers transparency regarding precisely how the story is connected to study data and how it is influenced by researcher interpretation. This information is therefore provided toward the start of chapter four, before presentation of the composite narrative itself.

1.8 Chapter Overview

In the following chapter, I provide a detailed description of PL International and PL. First, I describe how PL International functions as an organization, including how it is governed and the extent of its reach. In this description, I show how PL International as inextricably tied to the police institution. Next, I give a detailed overview of how PL—the surveillance program and technology—is designed to operate. This overview includes the nature of partnerships between police and PL International as well as police and caregivers of people with cognitive differences. I then illustrate how PL operates in an Ontario context, including the known characteristics of the 8 Ontario PL programs that were focused on in this study. Toward the end of the chapter, I provide a more in-depth description of how PL operates as a form of surveillance, including the extent of the information that is gathered through the program and who has access to it. In this description, I refer to the unequal distribution of resources involved in PL and how this distribution favours both the police and PL International.

Chapter 3 examines how PL is framed as a form of protection for people with cognitive differences and how it operates as such in practice. Findings show that, while PL is externally promoted as a safeguard for individuals who may wander, and indeed a form of empowerment for those enrolled in the program, in practice the program constitutes an invasive form of police surveillance that restricts the autonomy of people with cognitive differences. The program functions by limiting the movements of people with cognitive differences while rendering a considerable amount of their personal information visible to the police. At the same time, the invasive elements of the program are rationalized through the designation of people with cognitive differences as a particularly vulnerable population. Further, this designation of vulnerability is applied in such a way that people with cognitive differences are simultaneously characterized as at-risk of danger and inherently risky and dangerous. This mobilization of risk reinforces the necessity of a coercive police intervention to manage this population's behaviour. Further, the way people with cognitive differences are managed through PL contributes to their active disempowerment and dehumanization. The chapter concludes by framing PL as an expression of biopower whereby the protection of population health is tied to the abjection of those deemed pathologically risky.

Chapter 4 considers how PL is marketed as a form of support for caregivers and how it operates as such in practice. Findings discussed in this chapter reveal the value of PL is primarily framed and perceived by stakeholders in terms of the 'peace of mind' it brings caregivers regarding their wandering concerns. As such, the value of PL is largely unrelated to any acute wandering risks and the pragmatic utility of PL surveillance in helping first responders locate an individual that has become lost. In fact, as indicated here and in other chapters, findings suggest that PL technology is not often used to locate individuals enrolled in Ontario PL programs. Yet, despite questions regarding the pragmatic utility of PL during police search and rescues, PL marketing constructs PL as a proactive safety mechanism that aligns with 'good' caregiving practices. At the same time, PL program obligations require caregivers to shoulder a considerable portion of the program's maintenance and costs. Overall, while PL may alleviate caregiver wandering fears, PL discourse and practices serve to responsibilize caregivers of people with cognitive differences, reinforcing the notion that it is primarily their responsibility to manage the behavior and safety of those they care for.

Chapter 5 considers how PL relates to the police institution by exploring the network involved in this protective intervention and whether, and how, it aligns with existing police cultural values and priorities. Findings described in this chapter situates PL as fundamentally a police program

that offers police departments considerable benefits unrelated to public health and safety. More specifically, I show how PL affords police organizations opportunities to reduce their operational costs and liabilities while simultaneously improving their public image and legitimacy. Ultimately, this chapter shows how PL not only reinforces the expanding role of police into healthcare domains, but also represents the expansion of police militarization. Indeed, PL International perpetuates a militarized ideology and culture that shapes the PL program in significant ways (e.g., the program is modeled after police SWAT units). Importantly though, PL is unique from other militarized police practices in that it is fused with the care of vulnerable populations. As I discuss in this chapter, the militarized components of PL facilitate a highly coercive police response to vulnerability while the caring components obscure (both 'soften' and legitimize) this coercion, thus producing a coercive care practice that upholds a carceral state apparatus.

Chapter 6 summarizes findings presented throughout the thesis while also highlighting the contributions the study makes to understanding the surveillance care-control nexus. The first contribution is that the study identifies the needs and perspectives prioritized (and those that are actively de-prioritized) when surveillance is deployed by police to address the health-related needs of vulnerable populations. Next, and relatedly, I discuss how PL constitutes an extractive form of support for people with cognitive differences and their caregivers; here, I reiterate the pronounced asymmetry regarding PL burdens and benefits. Finally, I relate study findings to broader theories of governance. Here, I discuss how the similarities between PL and carceral forms of EM position the program as a form of carceral protectionism. Additionally, I show how constructions of risk embedded in PL operate as a biopolitical technique, targeting people with cognitive differences as biomedical dangers in relation to established norms regarding what constitutes a healthy cognitive state. However, a notable characteristic of the risk discourse inherent to PL is that it shifts the impetus for self-regulation from the surveillance targets to their caregivers. Indeed, PL incentivizes caregivers to regulate their own behaviour while also becoming active agents in the regulation of people with cognitive differences. As I summarize toward the end of the chapter, the expanded use of EM, from a justice-oriented security mechanism to a health-oriented form of protection, represents more than the adaptation of a carceral technology to address population health; it represents the flow of carceral ideology—bolstered by militarized techniques of care *and* control—into the state's protection of vulnerable populations.

Chapter 2
Describing Project Lifesaver

2.1 Chapter Introduction

This chapter provides a detailed empirical (i.e., data-driven) overview of both PL International (the organization) and PL (the program). To do this, I draw on findings from a content analysis performed on Phase 1 and Phase 2 data. Phase 1 data generates a description of PL International, the organization that designs and markets PL to public safety agencies, and a description of how PL operates in its idealized form—that is, how PL International designs and structures the program. More specifically, I detail how the organization is structured (e.g., key decision makers) and the extent of their reach (e.g., their annual revenue and their partnerships with other agencies), drawing from information gleaned from PL International's public-facing marketing material (i.e., the organization's website and blog, and the biography of the organization's Founder and CEO) and official policies and documents obtained from attending the organization's training course and conference, and from public repositories like the US Internal Revenue Service [IRS]. I then use this same data to provide an overview of both the PL program, including how public safety organizations can become 'Membered Agencies' and the RF technology the program relies on.

Findings from the content analysis of Phase 2 data generates a description of how 8 PL programs operate in Ontario. This description, which emerges primarily from FOI data (i.e., official and unofficial police documents pertaining to their PL programs), offers an overview of how each program is structured and operates, including the organizations involved and their responsibilities, how the program is funded, the enrollment process, and the number of participants enrolled in the program, and, in some cases, the frequency with which PL technology is deployed during wandering emergencies. FOI data is also supplemented by other forms of publicly available information (e.g., program information available on government and police websites) to provide a rich understanding of how PL operates in Ontario.

Toward the end of the Chapter, I spend time situating PL as a surveillance mechanism — or, more specifically, a surveillant assemblage. Here, I detail the types of information collected through PL, how it is collected, and who has access to it. Figure 2.9 (below) charts how this information flows

between various organizational actors involved in the surveillance program and who exerts control over it; Figure 2.9 also charts how resources and control flow through PL programs.

The findings presented throughout this chapter emerged from content analyses of the data and provide a holistic, data-driven account of the material facets of PL (i.e., the institutions, technologies, and practices involved, and the organizational actors and procedures that govern them). While these findings are important in their own right, they also highlight some patterns in the data with regard to the relational and socio-cultural facets of PL. These initial data patterns have been explored more thoroughly through thematic data analyses, and they are described in more detail throughout the remaining chapters of this thesis; however, this chapter will signal to the reader some of the broader themes identified in the study, including the values, perspectives, and interests reflected in the program's design and use.

2.2 PL International

2.2.1 The Organization

PL International is a US-based non-profit organization that designs and markets a police surveillance program[22] for locating people who have wandered from their expected location. The organization has charitable status (501 [C][3]) and describes themselves as:

> ... a community based, public safety, non-profit organization that
> provides law enforcement, fire/rescue, and caregivers with a program
> designed to protect, and when necessary, quickly locate individuals
> with cognitive disorders who are prone to the life-threatening
> behaviour of wandering. (Project Lifesaver, Inc., 2022a, para. 1)

The organization's website also states that they are 'the only non-profit organization actively educating and equipping public safety agencies in the protection, search, and safe recovery of wanderers' (Project Lifesaver, Inc., 2022f, para. 6). In this organizational description (and elsewhere), PL International emphasizes how they offer public safety agencies and caregivers a wandering protection *program*—and not just a technology—that includes both training and equipping police and

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[22] PL International markets a range of technologies including consumer EM for caregivers of people who may wander; however, PL International suggests its consumer EM should only be used when caregivers live outside of jurisdictions where police PL program operates (and even then, it is quite bulky, complex, and expensive). Primarily, PL International markets its RF technology as part of a search and rescue program for police and other first responders, which is the focus of this dissertation.

other first responders to 'electronically' respond to wandering incidents (i.e., through use of their radio frequency [RF] EM technology, described later in this chapter).

PL International was founded in 1999 and is currently headquartered in St. Lucie, Florida, with their Equipment, Operations, and Training division located in Chesapeake, Virginia. Currently, the organization has considerable reach. According to their blog, as of October 2021, PL International has partnered with (i.e., the PL program has been implemented by) more than 1,600 public safety agencies across 50 US states and 6 Canadian provinces, as well as one organization in Tasmania, AU (Project Lifesaver, Inc., 2022d). At present, the organization boasts that partnered agencies have successfully completed 4, 145 rescues involving people who have wandered (PL International, n.d., Homepage), though it is unclear how this number is tallied and there is some indication that PL International includes in this number rescues of people enrolled in PL that did not involve PL technology (i.e., the individual was located by conventional means). Below is a map available on PL International's website that indicates the locations of 'partnered' public safety agencies—the vast majority of which are police—that have collectively performed these rescues:
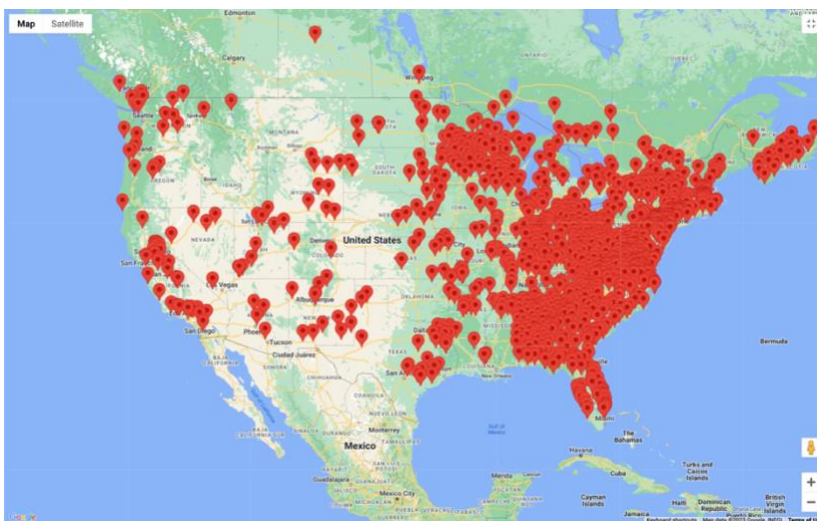
Figure 2.1: A map of PL International's 1,600 partnered public safety agencies (Project Lifesaver, Inc., 2022d).

In addition to considerable partnerships with North American public safety agencies that have implemented PL programs, PL International has official partnerships with a range of national and international government and community organizations:

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Figure 2.2: The logos of government and community organizations partnered with PL International (Project Lifesaver, Inc., 2022h).

The nature of these partnerships is not clear, though findings suggest that at least some of these partners are organizations that PL International works with directly to develop their wandering program (e.g., Vitals Aware Services); others are organizations that have publicly endorsed PL (e.g., the International Society of Crime Prevention Practitioners [ISCPP] and the Alzheimer's Foundation of America [AFA]). As shown in Figure 2.2, some of these partnerships are with organizations specifically geared toward the police (e.g., the ISCPP and the U.S. Department of Justice) while others are community organizations that provide support for people with cognitive differences and their caregivers (e.g., the AFA and Autism Speaks). These diverse partnerships indicate that PL International seeks organizational relationships that will offer their organization and program legitimacy with both police and caregiver audiences. These partnerships also align with literature describing the steady increase in partnerships between police and private entities (e.g., Brodeur & Dupont, 2008; Crawford, 2006; Jones & Newburn, 2006; Dupont et al., 2017; Manning, 2010; Wood, 2020; Wood & Griffin, 2021). As Jones and Newburn (2006) point out, 'it is generally accepted that, in many countries, "policing" is now both authorized and delivered by diverse networks of commercial bodies, voluntary and community groups, individual citizens, national and local governmental regulatory agencies, as well as the public police' (p. 1). Likewise, Dupont and colleagues (2017) posit that police are now 'one element in an institutional and social web of actors [that work collaboratively in] the delivery of services generally associated with security provision' (p. 585). Musto (2016) links these insights to state protective efforts, arguing that collaborations between state and non-state actors are a key driver in the merging of state protection and control, and that such

collaborations can be mobilized to 'soften' the delivery of protective police interventions. The implications of PL as a joint endeavor between police and non-police entities, including the impacts of PL endorsements from healthcare support organizations like Autism Speaks, are discussed in later chapters of the dissertation.

As described, the vast majority of PL International's partnered public safety agencies are police. This, in conjunction with the fact that the organization is publicly endorsed by national and international organizations geared toward policing, is indicative of how closely tied PL International is to the police institution. This point is further illustrated by the fact that several high-ranking members of PL International are individuals with police and military backgrounds:
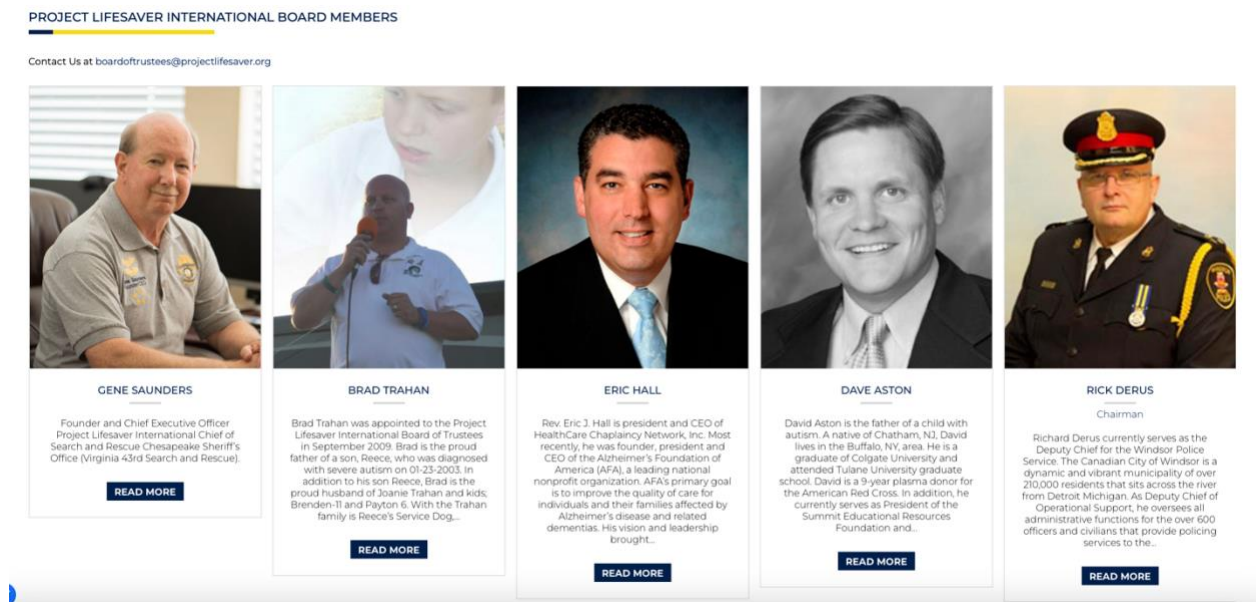
Figure 2.3: PL International Board Members (Project Lifesaver, Inc., 2022g).

As shown in Figure 2.3, both PL International's CEO (Gene Saunders) and the Chairman of their Board of Trustees (Rick Derus)—arguably two of the most influential positions in the organization—have extensive police backgrounds. Additionally, PL International's Chief of Logistics once served as the Chief Deputy Sheriff with his Lynchburg County, Virgina, Sheriff's Office and the Chief Council to the CEO served 24 years as a US Naval Officer. Several current PL International 'Ambassadors' also have police or military backgrounds, including Ron Yeaw Jr., who works for the US Army in a civilian capacity, Jason Redman, a retired member of the US Navy SEALs, and Jack Jacobs, a decorated US Army Lieutenant. Other Ambassadors have informal police and military ties including

Max Gail, who played a detective on a TV sitcom for 8 years, Noah Wyle, who played a military leader on a TV sitcom for 5 years, and musician 'David Bray USA,' who dedicates his career to active duty and retired members of the military, police, and other first responder organizations (Project Lifesaver, Inc., 2022b). That PL International is governed and represented by individuals with heavy police and military ties suggests the organization and their program may be co-constitutively shaped by a para-military culture and related ideologies and values. Indeed, the fact that PL is primarily designed by police, for police is a major finding in this thesis and is explored in depth in Chapter 5. Of note, much of the para-militarized ethos cultivated by the organization can be traced to PL International's Founder and CEO, Gene Saunders, who has considerable police and military experience and who exerts significant influence over the organization and PL program (described further in the next section of this chapter).

PL International consistently reports a gross yearly revenue of over $1,000, 000 USD; their net revenue fluctuates, averaging $177, 423 USD from 2018-2020 (Internal Revenue Agency [IRA], n.d., Tax Exempt Organization Search section). However, publicly available documents obtained from the Office of the Inspector General (Office of the Inspector General) suggest that PL International does not properly track and record their organizational income and expenditures (Office of the Inspector General, 2015). In 2015, PL International was audited in relation to a $1, 828, 605 USD grant the organization received from the US Bureau of Justice Assistance to fund their wandering prevention program (US Department of Justice, 2015). The federal audit concluded that PL International 'did not properly track or record program income generated by the grant' (p. 3) and ultimately questioned (and required PL International to remedy) $208, 036 USD of grant expenditures, $188, 233 USD of which went to 'unsupported personnel costs' (p. 3). In addition, though PL International is a 'non-profit' organization, the audit found the organization was generating (though not properly tracking) income related to their PL training program. PL International did not dispute these audit results, though it is unclear how the results were subsequently 'remedied' (e.g., whether PL International returned the funds in question). These audit results suggest that PL International is drawing from pools of government funding earmarked for the support of people with cognitive differences and their caregivers while representing a set of interests unrelated to these populations. The vested interests embedded in PL are discussed in detail in Chapters 5 and 6 of the dissertation. Specifically, Chapter 5 shows how PL represents a distinct set of police priorities that are largely divorced from the needs and experiences of people with cognitive differences and their

caregivers. Chapter 6 discusses the broader societal implications of structuring a government intervention that is geared toward supporting the health-related needs of the population around police culture and interests, including the segments of the population deprioritized by such interventions and those whose needs and perspectives are excluded altogether.

2.2.2 The Founder and CEO

Gene Saunders' formulation of PL was borne of his experience as a police captain with the Chesapeake Police Department (Chesapeake PD) in Chesapeake, VA. Saunders, frustrated by his failures in searching for people with cognitive differences during his time with Chesapeake PD, was struck by inspiration in 1998 when he realized, 'If wildlife could be tracked, why not people?'[23] (Firestone, 2019, p. 53). From there, Saunders developed and implemented the first PL program within his police department, repurposing technology originally manufactured to track animals. In 1998, Saunders received a $150,000 grant from the Chesapeake General Hospital's charitable foundation which he used to formally launch PL International[24] (he retired from the Chesapeake PD shortly after). Since then, Saunders has served as PL International's Founder and CEO; he also sits on the organization's Board of Trustees. Saunders has therefore played an instrumental role in shaping both PL International and the PL program since their inception. He continues to exert considerable influence over all aspects of the organization and program, as evinced by his prominent status within PL International. To illustrate, Saunders is listed as the organization's 'Principal Officer' on all PL International tax filings[25] (Internal Revenue Agency [IRA], n.d., Tax Exempt Organization Search section) and is referred to within the organization as 'Chief Saunders.' He is featured prominently throughout the organization's website, including on a page titled 'About the Chief' which lists his extensive law enforcement and military background, and related memberships and achievements:

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[23] This sentiment makes up the 'core theory' (PL Basic Operator Course slide 30, 2019) of PL and, as discussed in Chapter 3, contributes to the dehumanization of people with cognitive differences that are enrolled in PL programs.

[24] Originally, the organization was founded as 'Project Lifesaver.' From 1999 to 2005, PL programs were implemented across the United States. In 2005, the PL program was first implemented in Ontario (by the OPP and the Windsor Police Service) and the organization was subsequently renamed PL International.

[25] According to PL International tax filings, Saunders' 2020 PL International income was $134, 737 USD; his average income from 2018-2020 was $119, 111 USD (https://apps.irs.gov/app/eos/details/).

Figure 2.4: 'Chief' Gene Saunders and his organizational biography (Project Lifesaver, Inc., 2022e).

Saunders is also the author of PL International's online blog that, up until April 2022,[26] featured his opinion on various topics related to PL. He is currently the host of PL International's podcast,[27] 'Deploying High,' where he 'sits down with a wide range of guests to discuss history, advocacy, personal experiences, and… the people and experience behind [Project Lifesaver]' (Saunders, 2021-2022). These secondary roles show how, in addition to his authority over pragmatic PL International and PL operations, Saunders exerts influence over both the organization and program through the expression of his personal opinions. This influence is also underscored Saunders' 2019 authorized biography which describes 'the man, the mission, and the story behind Project Lifesaver International':

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[26] There have been no blog posts since April 2022.

[27] The podcast commenced in late 2021 after which time the bulk of my dissertation data collection was complete; the podcast is therefore not included as data in this study.

Figure 2.5: The cover and purchase details of 'Deploying High' (see Köehler Books, 2023).

As the name suggests, the biography chronicles the genesis and trajectory of PL International through the eyes of Saunders, the organization's leader and visionary (Firestone, 2019).

Saunders' stature within PL International was evident to me from the moment I first contacted the organization to inform them of my interest in their program; in response to my initial email, PL International's PR and Media coordinator informed me they had 'spoke to [the] organization's founder and CEO, Chief Gene Saunders, and he said you are welcome to attend any of the training classes we offer…' (Personal Communication, July 24, 2019). It was clear through this email correspondence that any requests made to PL International would require 'Chief' Saunders' approval. Saunders' influential role within PL International became even more obvious to me when I attended the organization's Annual Conference later that year. Saunders was heavily involved in conference proceedings. For instance, all attendees received a 'welcome letter' written by Saunders and he led the opening ceremonies each day of the conference. He also had priority seating during all

conference sessions and events (along with other PL International Board Members and C-Suite executives) and invited speakers consistently acknowledged 'The Chief' during their presentations, using a tone that conveyed the respect and admiration they felt toward him (research memo, 2019).

While I immediately noted Saunders' position of authority within PL International, the particulars of his influence over the organization became clearer to me as my data collection and analysis progressed. Notably, he seemed to be a cornerstone through which themes of police sociocultural values and priorities embedded in PL emerged in my data, discussed further in Chapter 5 of this dissertation.

2.3 PL

2.3.1 The Technology

EM technology is an essential part of PL, as the program requires individuals with cognitive differences to wear PL International's patented tracking 'bracelets' (transmitters) so that police can locate them using PL antenna in the event of a wandering incident. In fact, PL International lists their patented radio frequency [RF] technology as one of 'three key components' of their search and rescue program (Project Lifesaver, Inc., 2022f, para. 2-3); they also self-describe as 'the only current [public safety] organization that is officially organized to _electronically_ locate lost people' (PL Basic Operator Course slide 35, 2019, emphasis in original). PL International has used several different technology manufacturers since the organization was founded in 1999. Their longest-standing manufacturer has been Communication Specialists, Inc.—a California-based company that primarily manufactures pet and wildlife tracking technology—until January 2023, when the manufacturer announced its permanent closure. At present, PL International is transitioning the production of PL technology to a 'new Project Lifesaver manufacturing division, ESS Technology' (Project Lifesaver, Inc., 2023, para. 5). The core PL technologies[28] used to locate wandering individuals—that is, the RF

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[28] It appears PL International also offers public safety agencies the option to purchase PL drones to assist with their SAR operations, though this was not discussed during the PL Basic Operator Course I attended in 2019 and Ontario PL programs did not report using drones in in FOI data; as such, PL drones are not discussed in this dissertation, though (as noted in Chapter 6) future research should explore the expanding forms of technology used by police to locate people who wander.

transmitters, receivers, and antenna (and their components) used by police during SAR events involving people enrolled in PL programs—will now be described.

Individuals with cognitive differences are outfitted with a PL transmitter 'bracelet' that emits a constant RF signal (i.e., 216 MHz, once per second). The device can transmit across a 1.6- to 4.8-kilometer range depending on the model and can transmit through up to 5.5. meters of water, though the signal can be impeded by metal objects and buildings, humid weather, and related atmospheric conditions (PL Basic Operator Course slide 114, 2019). Transmitters are attached to the wearer's wrist or ankle with a .5 to 1" silicone band which, together, somewhat resemble a large wristwatch:

Figure 2.6: Various PL transmitter attached to a person's wrist or ankle (Project Lifesaver International, 2020).

The silicone strap is designed so that, once it is attached to the wearer, can only be removed by cutting it off. The transmitter itself requires a new 3V lithium battery every 30 or 60 days, depending on the model and battery used. To change the battery, the silicon bracelet strap is cut off, the battery is replaced, and the wearer is then re-outfitted with the tracking bracelet (with a new silicone strap). Caregivers of wearers are contractually obligated to test transmitter batteries daily using a PL transmitter testing device (see the 'Program Contract' in Appendix B). There are multiple transmitter models available, with minimal differences between them (fieldnotes, 2019). Transmitter models include the 'PLI Longranger,' 'CS Transmitter,' and 'DTM Transmitter,' each of which can be paired with the receivers and antennas described below.

Public safety agencies (or their delegates) house PL receivers and antenna that receive transmitter signals and comport them into locational data. Receiver models use are typically either the 'PLI-3000 Receiver' or 'PLI-5000 Receiver' with minimal differences between them (older receiver models include the 'LSI G2 Receiver' and 'Osprey HR 2600 Receiver') (PL Basic Operator Course slides 129-131, 2019). In the event of a wandering incident, first responders use one or more handheld (Yagi) or vehicle-mounted (Omni) antennas, set to the same frequency as a particular transmitter, to track the transmitter's RF signal and locate wearers:
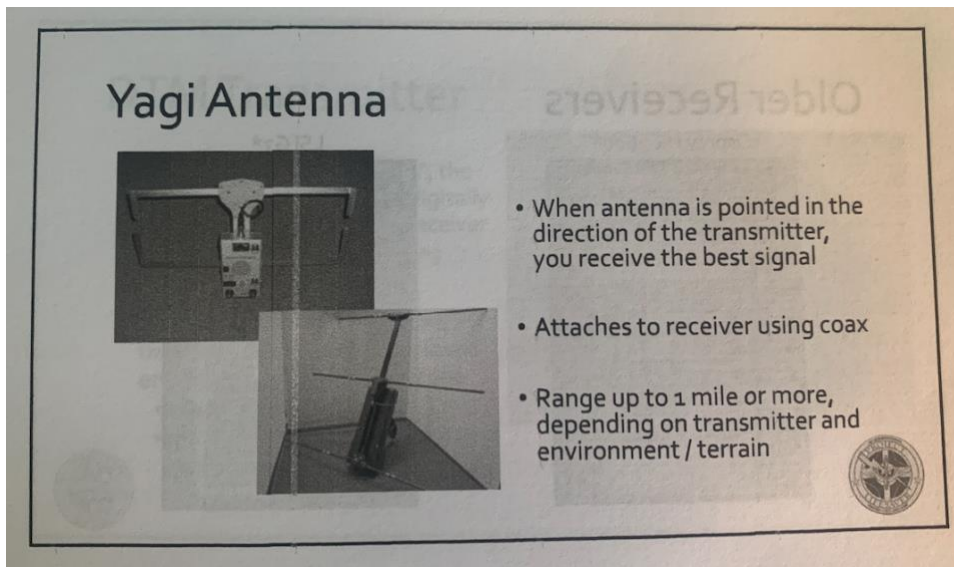
Figure 2.7: The two versions of the handheld PL Yagi antenna (PL Basic Operator Course slide 133, 2019).

If a programmed antenna is within range of the transmitter (within 1.6+ kilometers for handheld antennas and .4 kilometers for vehicle-mounted antennas) it will emit a 'chirping' noise. First responders use specialized PL SAR tactics, which typically entail going to the wandering individual's last known whereabouts and conducting a '360° sweep' with the antenna to attempt to pick up the transmitter's signal; if they are unsuccessful in picking up a signal, they may move on to other SAR tactics such as performing additional 360° sweeps in .4-kilometer increments or conducting a grid search (fieldnotes, 2019). Once they are in range of the wearer (that is, once they hear a chirp), they move in the direction where the signal is strongest (the closer the antenna is to the transmitter, the louder the 'chirp' will be), adjusting the 'gain' along the way, until they either locate the wearer or give up the search.

2.3.2 The Program[2930]

While PL International promotes their 'cutting edge' technology as a core feature of PL (Project Lifesaver, Inc., 2022f), they also emphasize how PL is 'a program, not a product' (Project Lifesaver, Inc., 2021b). In other words, PL is marketed to public safety agencies as a search and rescue program that involves EM technology and specialized SAR tactics, along with training for first responders and access to a shared PL program management database (Project Lifesaver, Inc., 2022a). To implement their own local PL program, public safety agencies must formally partner with PL International through purchasing a PL membership. To become a 'Member Agency', public safety organizations are required to pay PL International a start-up fee, sign an operational agreement, and have their personnel complete the PL Basic Operator Course to become certified 'Electronic Search Specialists' (fieldnotes, 2019). Most commonly, 'Member Agencies' are police organizations, but they can also be other emergency first responders (e.g., SAR, paramedic, and fire rescue organizations). Assisted living facilities (e.g., hospitals and LTC homes) can become 'Associate Member Agencies,' though their membership must be 'sponsored' by a fully membered public safety organization like police (fieldnotes, 2019).

Start-up fees for full memberships[31] range from $4,300-$5,120 USD, which covers the cost of a 'start-up PL equipment package' that includes 2 transmitters, 2 receivers, and 4 antennas, along with 12 transmitter batteries, 12 silicone straps, and 2 battery testers—enough for 2 individual PL program enrollments. Public safety agencies can (and often do) purchase additional equipment at the

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[29] PL International also offers a consumer version of their technology. Through the organization's website, caregivers can purchase RF transmitter bracelets and receivers to use as they wish. However, the consumer options are downplayed by PL International across all marketing platforms; when consumer options are mentioned, they are framed as a 'last resort' (e.g., Firestone, 2019; Project Lifesaver Inc., 2022c) for caregivers who cannot access local police-facilitated PL programs and caregivers must 'ask permission' from PL International before pursuing this option (fieldnotes, 2019). This, and the fact that the consumer technology is complex (see 'The Technology' section below) and expensive (ranging from $870-$1560 USD plus the cost of replacement parts; see pliproduct.com), suggests the consumer EM is not a significant facet of the PL program and is therefore not a focus of the current study.

[30] In addition to the program listed below, PL International offers 'The Project Lifesaver Orlando Theme Park Sensory Protection Program'; it operates similar to the PL program described in text but it is specifically run by the Osceola and Orange County Sheriff's Department and is a temporary program offered to families without access to a local PL program who are visiting an Orlando, FL, theme park (e.g., Walt Disney World) (Project Lifesaver, Inc., 2021c). The program did not take effect until October 2021 and is therefore not a part of this dissertation.

[31] The enrollment fee for Associate Member agencies (e.g., assisted living facilities) is $1,000 USD.

start of their membership or anytime thereafter. The start-up fee also covers the cost of PL International's mandatory training program for up to 7 public safety personnel. Training involves attending PL International's 2-day PL Basic Operator Course, typically held in Lake Buena Vista, FL; travel and accommodation costs associated with personnel attending the training program are not included in the start-up fee and must be covered by the membered agency. The PL Basic Operator Course covers background information about PL International (e.g., the organization's history, goals, and mandates), implementing the PL program (e.g., best practices and program benefits), various cognitive diagnoses Alzheimer's and Down Syndrome (e.g., causes and typical behaviours), and how to utilize PL equipment and specialized SAR tactics during searches for people who have wandered. At the end of the 2-day course, trainees must complete a written and practical test (the written test covers all course material; the practical test requires trainees to successfully locate a hidden RF transmitter using an antenna) to receive their 'Electronic Search Specialist' designation and become certified to use PL equipment. Training can also include a 1-day instructor course which, once completed, allows public safety personnel to deliver in-house training to other individuals in their agency.

By signing PL International's 'Operational Agreement', Member Agencies agree to a host of terms set out by Project Lifesaver, Including (but not limited to): that all personnel who will use PL equipment will first be certified as Electronic Search Specialists by a recognized PL Instructor and that all Electronic Search Specialists and in-house instructors will obtain re-certification every 2 years; that the Member Agency will use the title 'Project Lifesaver' along with certified PL logos in all official documentation pertaining to the local PL program, and that they will submit any documentation using the PL logo (e.g., brochures) to PL International for screening prior to distribution; that the Member Agency will only purchase PL equipment and components directly from PL International; and that the Member Agency will submit 'After Action Reports' (i.e., incident reports) to the online PL International 'Member's Portal' database within 48 hours of any SAR operation involving someone enrolled in the local PL program.

Once their membership paperwork is complete, their fees are paid, their equipment is received, and their personnel are trained, membered agencies can implement their own PL program.

In local programs, PL transmitter bracelets are leased[32] to caregivers and placed on the individuals with cognitive differences caregivers have chosen to enroll in the program. Then, in the event of a wandering incident, caregivers are required to alert the membered agency who then performs a SAR operation to locate the wandering individual. In all PL programs, membered public safety agencies are responsible for overseeing SAR operations involving people enrolled in the program. Under no circumstances do caregivers have access to tracking equipment; instead, they must rely on the public safety agency to track their dependents.

The structure of each local PL program can vary according to 3 administrative options provided to membered agencies by PL International. In all options, membered agencies are responsible for any SAR operations involving people enrolled in the program. In the first option ('Option 1'), membered agencies retain responsibility for managing all administrative elements of their program—which then may or may not be delegated to other community organizations. If a membered agency chooses this option they (or other local organizations involved in the program) are responsible for enrolling program participants through their caregivers (i.e., having caregivers complete and submit required paperwork and fees, outfitting participants with transmitter bracelets, and collecting their personal information to create a participant profile), performing regular equipment maintenance (i.e., completing 60- or 90-day transmitter battery replacements and ordering additional equipment from PL International as needed), and managing any additional financial transactions and administrative records, policies, or correspondence related to the program's operations. In the second option ('Option 2'), membered agencies are responsible for purchasing and maintaining PL receivers and antenna, though families enroll in the program directly through PL International: caregivers complete all enrollment paperwork and submit required information (e.g., 'client profiles') and enrollment fees to PL International. PL International then shares the collected information with the membered agencies and holds collected fees in trust for the agency, to be used for additional equipment purchases. In this option, caregivers are responsible for ordering PL equipment (e.g., transmitters, batteries, and bracelet straps) from PL International, who then sends the ordered equipment to the local membered agency for deployment; local agencies are then responsible for outfitting enrolled individuals with the transmitter device and for completing regular transmitter

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[32] As per PL International stipulations, public safety agencies can charge caregivers up to $25 USD per month for equipment maintenance in addition to a one-time or yearly enrollment fee. For the specific caregiver fees required by Ontario PL programs, see Appendix C.

battery changes. The third option ('Option 3') is identical to Option 2 other than, in this option, PL International sends all equipment ordered by caregivers directly to their homes (rather than to the membered agency). Caregivers are then responsible for placing the transmitter on the individual enrolled in the program and for competing regular transmitter battery changes; local agencies are not involved in transmitter maintenance. For information regarding the administrative options selected by Ontario PL programs, see Appendix C.

2.4 Ontario PL Programs

Publicly available information indicated that 11 Ontario police organizations had memberships with PL International at the start of data collection in mid-2019 (PL International, n.d., Find an Agency section). Through FOI requests sent to each of these 11 police agencies, it was revealed that one of the agencies did not have an active membership[33] and that an additional 4 police agencies also had memberships with PL International. FOI data also showed that the 14 agencies with active memberships represented a total of 8 individual Ontario PL programs (some programs include collaborations between multiple police organizations). Appendix C lists information about each of these 8 Ontario PL programs, including the police and non-police agencies involved in each, the structure of the program, and any known information about how many individuals were enrolled in the program at the time of data collection and how many times PL equipment had been used during SAR events since the program's inception. As shown in the Appendix C, the amount of information supplied by police in responses to FOI requests was not equivalent across services. Though some organizations provided considerable information about their programs (i.e., Barrie Police Service, Stratford Police Service, Wellington OPP, Windsor Police Service, and York Regional Police Service), others provided very minimal information or no information at all (i.e., Guelph Police Service, Halton Regional Police Service, and Niagara Regional Police Service). Informational gaps were filled as best as possible by cross-referencing FOI data (York Regional Police Service provided additional information about other Ontario PL programs beyond their own) and by using other public information sources (e.g., government and organizational websites), though questions about certain elements of Ontario PL programs remain. For example, it is unclear which specific administrative

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[33] The Oxford County Detachment of the OPP responded to the FOI request stating that access to records regarding their PL program 'cannot be granted, as the information does not exist' and that 'Project Lifesaver is not in operation at Oxford County detachment' (Ministry of the Solicitor General, 2020, FOI data).

'option' some programs have implemented, though it seems most programs have chosen Option 1 and only one program (York Regional Police PL) has implemented Option 3 (whereby PL International manages most administrative elements of the program and the police organization is completely removed from transmitter equipment maintenance). FOI data reveals that Ontario PL programs also vary according to whether the program is housed solely by police organizations or whether the program is part of a joint initiative between multiple organizations. In other words, the 8 Ontario programs that were the focus of this study appear to follow one of two unofficial program 'models' that differentiate based on whether the program is housed solely within one police organization or whether the program is collaboratively managed either by multiple police organizations or multiple police and non-police organizations.

Model A represents Ontario PL programs that are operated exclusively by one police organization, sometimes through their internal Victim Services division, without the formal involvement of external (police or non-police) agencies. Here, the police organization houses all PL equipment, oversees all SAR operations involving people enrolled in the program, and is solely responsible for all program costs, administrative duties, and day-to-day operations—that is, unless they have elected to have PL International manage administrative elements of their program (i.e., Option 2 or 3 described above). In this PL program model, it may or may not be readily apparent that the program is a police intervention. For instance, York Regional Police Service makes clear from their PL program name ('York Regional Police Project Lifesaver') and webpage (which is located within the Service's website) that the program is run by police. Other times, the police organization operating the program may implement it in such a way that it appears disconnected from the police (e.g., the 'Project Lifesaver Halton' webpage is attached to the Region of Halton website which does not clearly indicate that the program is a police-led initiative).

In 'Model B,' the Ontario PL program is made up of formal collaborations between police organizations or between police and non-police organizations (e.g., between police and a local branch of the Alzheimer's Society)—though there is always at least one (if not more) police affiliate. In this Model, organizations involved share locational proximity (i.e., operate in the same geographical region) as well as responsibility for program oversight, administration, and cost. These collaborative PL 'Chapters' operate externally from any one partnered organization and often have independent staff members hired explicitly to run the program administration. These chapters are also typically governed by a board of directors, though police always remain the lead on all SAR operations

involving people enrolled in the program (though they may enlist the help of other non-police first responders). In cases where the collaborations involve non-police organizations, police also tend to retain control over program operations and often usually have at least one high-ranking member of their service sitting on the chapter's board of directors. Finally, regardless of whether the PL program is a collaborative initiative, volunteers are often recruited to assist with administrative program tasks (e.g., client battery checks). Refer to Appendix C for more information on how Ontario PL programs are structured including whether they follow a collaborative program model.

According to FOI data, there is also considerable variation among more specific elements of Ontario PL program operations. For example, there is not a standardized enrollment process. For instance, all programs enroll individuals with cognitive differences through their caregivers (i.e., caregivers serve as proxy for the enrolled individual's consent) though program eligibility criteria differentiate from program to program. Most programs also require the enrolled individual to have some form of a cognitive difference, though it is not clear whether all programs require this cognitive difference to be verified by a physician. Further, some programs (i.e., PL Halton and PL Niagara) require the individual to have either a physician's diagnoses *or* a history of wandering behaviour and others (like PL Bruce Grey Perth) require the enrolled individual to have both a physician's diagnosis *and* a history of wandering. Lastly, it is not clear which programs require caregivers to have legal guardianship or decision-making power over the enrolled individual—other than PL Halton and Windsor-Essex PL, who make this legal requirement clear in their client enrollment application. The implications related to caregivers serving as proxies for the enrolled individual's consent are explored in Chapter 3.

The cost of enrolling someone in an Ontario PL program also varies. Caregiver fees range from $340 CAD (York Regional Police PL) to $500 (PL Simcoe) for the first year of enrollment. Some programs have the same fee for each year thereafter, while others have reduced fees beginning in the second year of program enrollment. Most, though not all, programs have subsidies available for low-income families. Of note, Ontario PL programs also receive additional community and government funding beyond these caregiver fees. As shown in Appendix C, local programs have received funding from community service organizations (e.g., Kiwanis or Lions Clubs), charities (e.g., 100 Women Who Care), small businesses, municipal funding pots (e.g., funds provided by the local Region), and large-scale government grants (e.g., the Ontario Government's 'Proceeds of Crime Frontline Policing Grant'; the Government of Canada's pan-Canadian stream of the 'New Horizons

for Seniors Program [NHSP]'). Additionally, most programs offset their costs by delegating at least a portion of the administrative work (e.g., client enrollment or battery checks) to local volunteers or volunteer organizations. The implications of Ontario PL program costs being offset by caregivers and their communities are discussed further in Chapters 4, 5, and 6.

FOI data shows variation in the number of people enrolled in Ontario PL programs and the number of SAR operations involving these individuals. As Appendix C illustrates, known program enrollments at the time of data collection ranged from 7 (PL Bruce Grey Perth) to 27 (Windsor-Essex PL) individuals with cognitive differences. Notably, FOI data indicates that the number of calls for service involving PL program participants (i.e., the number of times police were called to locate a wandering participant using PL technology and search tactics) is relatively low for most programs. York Regional Police PL, for example, had a total of 3 calls for service involving PL participants between 2005 (when the program was first implemented) and 2018, despite having at least 27 program participants as of 2018.[34] Further, it is unclear whether these 3 calls for service were for administrative purposes or—if they were indeed in response to a person who had wandered—whether PL equipment was needed to locate the wandering person. FOI data more explicitly reveals that some Ontario PL programs have never deployed PL equipment to locate a wandering person. For instance, the Perth County detachment of the OPP—one of the two police organizations that make up Project Lifesaver (Bruce Grey Perth)—indicated that their 2 calls for service involving PL participants since the program's inception in 2014 both resulted in the participant being located 'prior to activation of [PL] technology' (Ministry of the Solicitor General, 2020, p. 2, FOI data). Barrie Police Service—one of the three police organizations that make up Project Lifesaver Simcoe—disclosed that between 2018 and 2020 they 'had 1 call for service involving a Project Lifesaver client [but] this client was located by conventional means and the Project Lifesaver equipment was not utilized' (Barrie Police Service, 2020, p. 2, FOI data). FOI documents obtained from York Regional Police Service reveal that the Windsor-Essex Project Lifesaver—the first Canadian PL program that, at one point, had as many as 42 enrollments—deployed their PL technology a total of 3 times between 2005 and 2018 but, in each case, the wandering person was located 'without having to use the equipment' (York Regional

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[34] FOI data shows the York Regional Police PL program had 27 participants as of 2018 though it is likely that the total number of participants since the program's inception in 2005 is much higher; enrollments can cease for a variety of reasons, including the enrolled individual moved to another region or into an LTC facility, or they passed away. It is unclear how many participants the program had at the time of data collection (in 2020).

Police Service, 2018, FOI data). Further, the Windsor Police Service indicated in their FOI response that there were 2 additional calls for service involving clients enrolled in the Windsor Essex PL between 2018 and 2020 and that these calls resulted in 'either the client *or* their equipment [being] located' (Windsor Police Service, 2020, p. 2, emphasis added, FOI data). The wording of this response suggests that at least one of these additional two calls for service resulted in police locating a PL transmitter but not the enrolled individual; here, it is likely that the enrolled individual removed their transmitter bracelet (either while wandering or while at home) and this is what police located with their PL antenna. Finally, FOI data also shows that the Oxford detachment of the OPP, which was in operation from 2012 to at least 2018 (but which was no longer in operation as of 2020), 'never had a search, never had anyone go missing' (York Regional Police Service, 2018, p. 19, FOI data). Conversely, FOI data shows that at least one Ontario PL program has used PL equipment to locate wandering participants: PL Wellington (a joint initiative between the Guelph Police Service, the Wellington County Detachment of the OPP, and Victim Services Wellington) has, using PL equipment, 'had 14 searches in under 26 minutes' as of 2018 (York Regional Police Service, 2018, FOI data). However, this is the only Ontario PL program that FOI data shows to have ever used PL equipment to locate a program participant. Overall, FOI data indicates that PL technology is not necessarily (and, often *not*) required when it comes to the issue of wandering in Ontario; this point is further supported by other data sources (e.g., interview transcripts) and discussed more throughout the dissertation.

2.5 Situating PL as Surveillance

Haggerty and Ericson (2000) put forth that surveillance is not a single, monolithic practice, but rather part of a complex and multifaceted surveillance system, or what they term a 'surveillant assemblage.' Likewise, PL surveillance encompasses multiple forms of data that comprise an interdependent network of informational flows, both governed and accessed by a range of institutional actors (see Figure 2.9, below). Of note, PL can also be considered as panoptic surveillance given that it targets the physical body, and that control is somewhat stable and centralized within PL's network of actors and informational flows (as described in more detail, below). This once again introduces an analytical tension in the study given that control within the assemblage is typically viewed as non-hierarchical, decentralized, and in constant flux (see Haggerty & Ericson, 2000; Deleuze & Guattari, 1987). While many scholars feel panoptic- and assemblage- based conceptualizations of surveillance are

fundamentally incompatible (e.g., Lianos, 2003), others recognize the value of blending these concepts to capture the complexity of modern surveillance practices[35] (e.g., Manokha, 2018). The present study falls into the latter category, recognizing the inherently panoptic elements of PL— namely its oppressive nature, that it operates through coercive mechanisms of (self)restraint, and that control within PL is largely stable and centralized (i.e., it is retained by police and PL International)— and the utility of Foucauldian theory in helping to explain the surveillance and its implications. Yet this study also recognizes that surveillance in this context is not a singular, neatly hierarchical structure, but rather a complex, multi-nodal system with multiple actors, power dynamics, and information flows; and though it targets the physical body with restraint, it is also capable of unforeseen and emergent purposes that extend beyond the monitored individual. With this in mind, the present study will continue to conceptualize PL as an assemblage — albeit one with panoptic elements and that can be better understood through the application of Foucauldian theories, particularly those related to notions of self-restraint.

There are two primary types of information collected by the PL assemblage, both of which directly pertain to the person with cognitive differences enrolled in their local PL program. The first type of information relates to the personal characteristics of the enrolled individual and is collected during the enrollment process (and updated regularly thereafter). This usually includes a dearth of information about the monitored individual's personal history, appearance, characteristics, cognitive condition, preferences, and behavioural patterns. For example, caregivers are required to provide information regarding the enrolled individual's contact information (e.g., their address and phone number), physical descriptors[36] (e.g., their hair colour and hairstyle, and whether they have any 'distinguishing marks' like scars and tattoos), information about their health status and medical history (e.g., any medical diagnoses they have been given or medications they take, and whether they experience delusions or strong reactions to certain sensory stimuli), known safety considerations (e.g., whether they have a history of violent behaviour, access to weapons, or are considered to be a risk to

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[35] For instance, Manokha (2018) highlights 'the continued (and even increased) relevance of the metaphor of the Panopticon' in modern surveillance, while acknowledging that scholars need not employ the concept 'in each and every study of surveillance' (p. 221). Manokha argues that Foucauldian insights can complement more contemporary surveillance theories 'by identifying an important dimension of power [i.e., self-restraint], the analysis of which, in many cases, may actually be pursued within the existing non-Foucauldian or post-Foucauldian theoretical frameworks' (p. 221).

[36] Enrollment profiles also include a recent photograph of the individual enrolled in the program.

themselves or others), their wandering history (e.g., whether they have been lost before and, if so, where they were found, and any measures taken to prevent their wandering), and their regular activities and hobbies (e.g., any community programming they attend regularly, whether they use public transport, and their recreational preferences and hobbies). For a sample PL enrollment form, see Appendix D. Of note, the information collected here is permanently entered into police RMS databases and, often, police create a 'flag' for the vulnerable individual that alerts officers of their vulnerable or 'high risk' status. The information is also shared with PL International (and possibly with other membered agencies) via their online member's portal. The following is a snapshot of York Regional Police's 2018 PL Program Review that details the organization's registration process, including the types of information collected during registration and where it is stored:

Upon registering for Project Lifesaver

Community Services creates a flag record in Versadex, a notification on E-parade and the PLS international site that will alert officers of the Project Lifesaver participants. The flag record will contain information about the behaviour of that individual to assist in assessing risk factors.

Overall, client's application details will be available to view, which will contain information on the participant's interest (such as favourite places or items to visit including bodies of water, roadways, trains, heavy equipment), how likely the participant may reacts to searchers, if the participant is verbal or non verbal, if they are likely to respond when their name is called (e.g. preferred names they may answer to), if life-sustaining medication is required, contact details of caregivers, history of wandering and location etc.

Figure 2.8: Snapshot of York Regional Police's PL registration process (York Regional Police, 2018, p. 5, FOI data).

The second type of information gathered through PL programs is the enrolled individual's precise locational data, collected via RF technology (i.e., RF signals sent from the worn PL transmitter to PL antenna/receivers). However, unlike most security-based EM practices, PL programs do not collect the monitored individual's locational data continuously. Instead, the information is gathered only during a wandering incident (i.e., when caregivers call authorities to invoke a SAR using PL tracking technology).

These two forms of information collected by PL surveillance are charted in Figure 2.9, which depicts the PL assemblage. Specifically, Figure 2.9 illustrates the organizational actors this information flows through and the direction of these informational flows (indicated by red arrows):
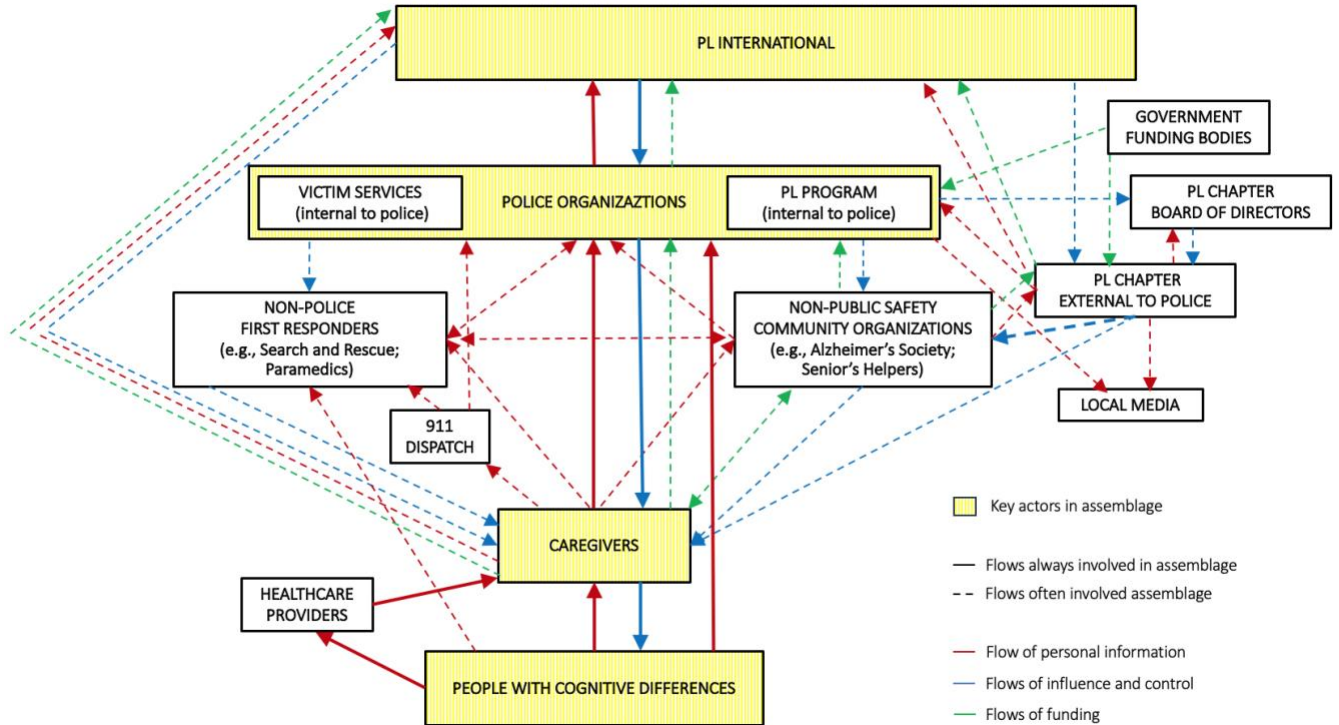
Figure 2.9: A visual representation of the PL network including actors involved and information, funding, and decision-making flows.

As depicted in the figure above, the interconnected informational flows gathered and mobilized by PL programs take on a rhizomatic quality (see Deleuze & Guattari, 1987; Haggerty & Ericson, 2000), moving in different directions—through and around various institutional nodes. Notably, while the red informational flows in Figure 2.9 move somewhat enigmatically, they generally follow an upward pattern. Indeed, the information collected through PL surveillance moves away from the individuals enrolled in the program, their caregivers, and their healthcare providers, and toward police and PL International where it becomes concentrated and permanently stored. This highlights the unequal informational access among the actors and institutions involved in the PL assemblage. The information is extracted from people with cognitive differences, moved away from their caregivers and healthcare providers, and delivered to police and PL international. The funding involved in the program follows a similar pattern, moving from caregivers upward toward the same institutions that are provided the most information (see the green arrows in Figure 2.9). However, power and influence over the PL program, and the information it generates, flows in the opposite direction (represented by the blue arrows in Figure 2.9). The governance of the assemblage starts with PL

International and moves downward through police. People with cognitive differences, their caregivers, and their healthcare providers have the least control over how the surveillance program operates, including how the information and funding extracted from them is mobilized, used, and stored.

Overall, Figure 2.9 signals the asymmetrical distribution of power and benefits within the PL program. Despite being a protective intervention geared toward a person's health-related behaviour (wandering as a result of their cognitive difference), the 'protected' individual is located at the bottom of the surveillance hierarchy. Further, the information and funding that is generated through the program—ostensibly for the support of this vulnerable population—is not administered to their primary caregivers and healthcare providers but, rather, is routed toward public safety. This imbalanced distribution of information, funding, and control, skewed heavily in favour of police and PL International, is more closely examined throughout the remaining chapters of this dissertation.

Chapter 3

Protecting People Who Wander

3.1 Chapter Introduction

The provision of care for people with cognitive differences increasingly relies upon the use of digital monitoring technologies (Wherton et al., 2019).[37] However, literature examining caregiver-facilitated EM casts doubt on whether such technology-based care interventions respond to the needs of this vulnerable population (see Vermeer et al., 2019). In their recent scoping review of studies examining the use of surveillance technology as support for people with dementia and their caregivers, Vermeer and colleagues (2019) found that most research in this area adopts a caregiver lens, leading to claims about the impact of surveillance technologies and practices that are disconnected from the perspectives of those subjected to the monitoring. Wherton and colleagues' (2019) ethnographic research underscores this point as it shows how EM used to track people who wander reflects caregivers' safety concerns, at times to the detriment of the monitored person's autonomy and wellbeing. Their findings highlight how wandering can help people with dementia cope with their everyday uncertainties while maintaining a sense of identity and belonging, and that caregivers' attempts to control wandering would curtail these benefits and were often met with resistance by the wanderer. The authors conclude that promoting the agency and freedom of movement for people with cognitive differences should be considered an ethical imperative when it comes to their planning their care (Wherton et al., 2019). Current iterations of caregiving EM, by contrast, supplant the vulnerable person's autonomy with caregiver priorities and ultimately serve as a technique of social control (Kenner, 2008; Wherton et al., 2019). Kenner (2008), in reviewing multiple forms of EM used as a wandering safety mechanism, similarly argues that such practices tend to dismiss the contextually specific needs of people with cognitive differences and blur the boundaries between care and control. The author reminds us that location-tracking devices deployed in response to wandering concerns 'must be understood as technologies of control that are predisposed to reproduce existing inequalities in social relations' (Kenner, 2008, p. 266). Such concerns become even more critical alongside research that shows people with cognitive differences are at a heightened risk of experiencing abuse

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[37] Indeed, all forms of caregiving are increasingly reliant on digital monitoring (e.g., Lindeman et al., 2012; Marx & Steeves, 2010; Widmer & Albrechtslund, 2021)

compared to neurotypical folk, and that this abuse tends to come from their caregivers (Gill, 2010; see also Alzheimer's Society of Canada, 2023a; Autism Alliance of Canada, 2021).

Overall, while these surveillance interventions might provide some degree of wandering protection, they run counter to advocacy claims that facilitating the autonomy of vulnerable populations is the most appropriate response to any threat they may face (see Mackenzie, 2014). Such practices also contradict disability scholarship that advocates for the active involvement of vulnerable populations in their care planning process to prevent top-down approaches to caregiving that neglect the needs and desires of the person being cared for (see Charlton, 1998; see also Iezzoni & Long-Bellil, 2012 and others).

Scholars also show how state efforts to protect vulnerable groups often bear a striking resemblance to techniques of state control, particularly if such efforts involve police or surveillance mechanisms (e.g., Bennet et al., 2018; McClelland et al., 2020; Musto, 2016; Russell et al., 2022). For example, research shows that public health surveillance strategies are often deployed through punitive measures, such as when public health authorities rely on police to monitor medical treatment compliance among 'hard to access' segments of the population (McClelland et al., 2020) or when police are called upon to monitor and enforce community public health orders (e.g., pandemic-related lockdowns) (Russell et al., 2022). Likewise, protective police initiatives are often implemented through traditional police strategies and tactics, such as when police arrest a sex trafficking victim to remove them from what is perceived as a dangerous situation (Musto, 2016). Further, research shows the outcomes of such interventions tend to be shaped by police perceptions and biases. When police are called to assist those whom they perceive as unpredictable or threatening—including people with cognitive differences or individuals experiencing mental health crises—they are more likely to respond to the situation by using coercive tactics to 'secure' the individual, including arrest and physical violence (Hawkins, 2023; Laniyonu & Goff, 2021; Pugliese, 2017). Such problematic outcomes are even more likely if the person in need is Black or Indigenous (Rodriguez et al., 2020; Watson & El-Sabawi, 2023). Altogether, this research questions the delegation of police as protectors of vulnerable populations and the use of surveillance to manage them.

The current chapter considers how PL is presented as a form of protection and safety for people who wander and the implications of the monitoring practice. More specifically, I seek to identify the rationalizations supporting the practice and any normative assumptions embedded

therewithin. I also question how PL is designed to operate and how it is used in a local (Ontario) context. Here, I explore any tensions between how PL is both rationalized and operates as a form of protection for vulnerable populations, as well as any implications of the program for the population it seeks to protect. In doing so, I flesh out any harmful impacts of PL for the people with cognitive differences enrolled in the program. Such work allows for commentary on whether the program represents the needs and perspectives of people with cognitive differences or whether it reflects ongoing concerns regarding the use of EM as a form protection for vulnerable populations, including whether such tactics represent the cojoining of care and control, leading to punitive outcomes for those targeted by the protection.

To do this work, I draw on multiple data sources. First, I scrutinize how PL is framed in both public-facing marketing material (e.g., the content of PL International and Ontario PL program websites) and internal PL communications (e.g., communication between PL International and police organizations) to identify the justifications behind PL's design and use, and the assumptions and interests underpinning them. Using observational and textual data obtained while attending PL International's training program and annual conference, I then examine how PL is designed to operate as a protective surveillance mechanism for people who may wander. Finally, using Ontario police FOI data and interviews with local PL program administrators, I assess how PL programs operate in Ontario. Triangulation of these data sources and findings then allowed for a more comprehensive understanding of the discourses produced by PL and the implications of the program for those it seeks to protect. Of note, I did not have access to the direct perspectives of people with cognitive differences enrolled in PL programs. However, the perspectives shared by the Ontario PL program administrators I spoke with offered considerable insight into how it is experienced by program participants. These insights, along with findings pertaining to how PL is designed and operates, allow me to draw conclusions regarding the discursive effects of PL and the harms it can introduce.

In what follows, I describe how PL is positioned as a protective state initiative through the reinterpretation of wandering behaviour as a critical safety issue. However, despite any potential protective benefits the program may offer, PL manifests as an invasive and coercive surveillance program that strips people with cognitive differences of their autonomy and personhood. Yet these problematic elements of the program are overshadowed by the presentation of PL as a form of care and empowerment for vulnerable populations. The suggestion that PL operates as care and empowerment, however, sits in tension with PL International's portrayal of people with cognitive

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differences as inherently vulnerable, risky, and dangerous, and the suggestion that this population requires behavioural correction through police-led surveillance. Ultimately, findings in this chapter demonstrate that PL does not cater to the needs of people with cognitive differences. Though implemented as a safety measure, the program functions as a social control mechanism. Through discourse and practice, PL transforms those in need of care into manageable subjects to be 'regulated at a distance' (Kenner, 2008, p. 253) through protective police surveillance.

3.2 The Protection of People with Cognitive Differences

3.2.1 PL as Protection and Safety

PL International presents the PL program as a protective safety mechanism for people with cognitive differences who may wander. Take, for example, the message that greets visitors to their organization's website:
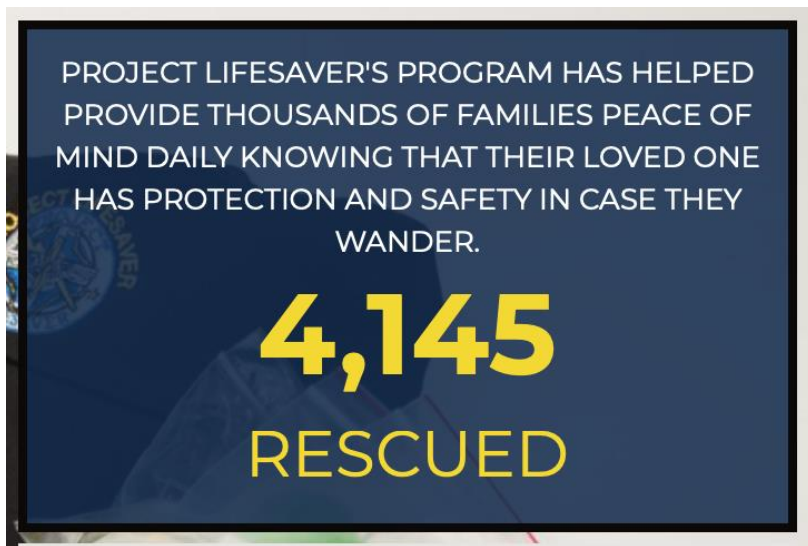
Figure 3.1: Snapshot from PL International's homepage advertising the organization's involvement in 4, 145 wandering rescues (Project Lifesaver, Inc., 2022f).

The message describes PL as a program that brings 'protection' and 'safety' to people who may wander[38] and is repeated throughout PL International's public-facing marketing material. This

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[38] Incidentally, the PL International promotes the *value* of this protection and safety that PL brings people who may wander in terms of the peace of mind it brings to their caregivers and families. In addition, by positioning PL as a *protective* surveillance mechanism, the program is framed as preventative and the utility of PL as

description of PL is also shared with first responders during their mandatory PL training, where trainees are told PL is defined as 'a program of proactive involvement and specialized operations that respond[s] to incidents [where people with cognitive differences] have wandered from a safe location…' (PL Basic Operator Course slide 12, 2019). Ontario PL programs also appear to promote this notion and suggest that caregivers can protect their loved ones from danger by enrolling them in the program. For example, the Windsor-Essex PL program mandate is 'helping people with dementia lead safer, more secure lives' (Windsor-Essex Project Lifesaver, n.d.). Similar messaging can be found across all other Ontario PL program websites which, at times, repeat PL International's language verbatim.[39]

There are several faulty assumptions embedded in this presentation of PL as a form of wandering prevention and safety, the first of which is that wandering jeopardizes the safety of people with cognitive differences. Research indicates that the prevalence of wandering is not well known and that the proportion of wandering incidents that result in physical harm for the person engaging in wandering behaviour is relatively low (see Petonito et al., 2012). Further, literature that explores wandering from the perspective of people with cognitive differences shows that the behaviour can be a productive and enjoyable activity (Agrawal et al., 2021; Wherton et al., 2019). Nonetheless, PL International consistently presents wandering as a behaviour that is both certain and dangerous:

response to wandering behaviour is disconnected from the actual propensity of a person with cognitive differences to wander and becoming endangered. These points are discussed later in the chapter as well as more thoroughly in Chapter 4.

[39] For example, the webpage for PL Halton states that 'Project Lifesaver has helped provide families peace of mind daily knowing their loved one has protection and safety in case they wander' (Halton Regional Police, 2023)—this is the exact message provided on PL International's homepage (Project Lifesaver Inc, 2022f).
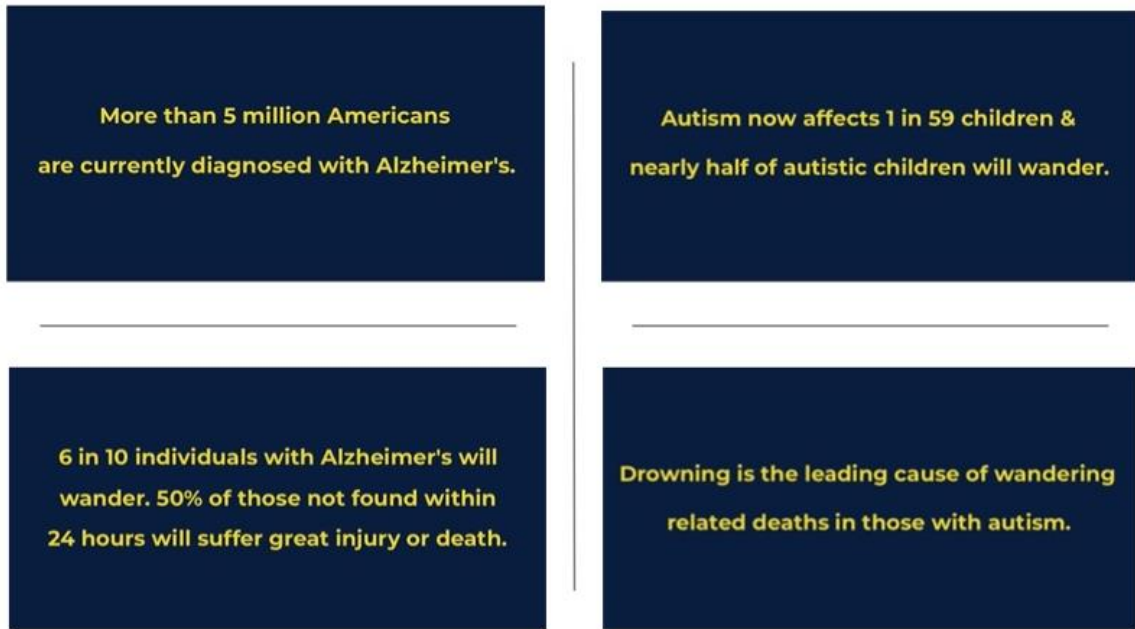
Figure 3.2: Snapshots from PL International's websites containing claims about the prevalence and dangers of wandering (PL International, Inc., 2022j).
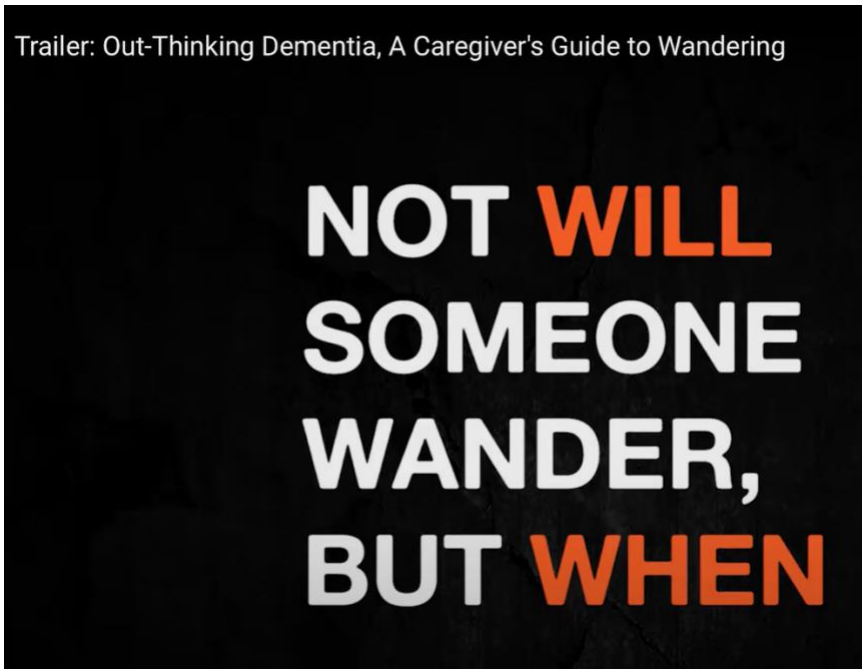
Figure 3.3: Screen grab from PL International's wandering prevention video for caregivers (PL International, Inc., 2022j).

On their website, PL International provides caregivers with various 'wandering prevention resources' including wandering 'facts' and informational videos. As depicted in Figure 3.3 above, these facts (that are not accompanied by information sources) promote the notion that wandering is certain and deadly. A related assumption here is that wandering support is a critical public safety issue and should therefore be managed by public safety agencies. While perhaps this is true of wandering incidents that result in a person becoming lost and endangered, not all wandering requires a public safety response (as just described; see Wherton et al, 2019). However, by presenting wandering as unilaterally dangerous, PL International effectively transforms a health-related behaviour into a matter of safety and security. This, in turn, rationalizes the need for a police surveillance program that will protect people with cognitive differences from what has been established as imminent and severe wandering risks. These rationalizations counter much empirical wandering literature (e.g., Agrawal et al., 2021; Petonito, et al., 2012; Wherton et al., 2019) and conflicts with FOI data indicating that PL technology is not often used in a search capacity (refer to Appendix C). Moreover, as literature shows, the transformation of health concerns into matters of national security tends to invoke a coercive and securitized response—one that does not necessarily address the issue at hand nor represent the best interests of those it targets (e.g., Bell, 2006; Gagnon et al., 2010; Russell et al., 2022).

3.2.2 Protection Through Invasive Police Surveillance

While PL may, in some instances, protect people with cognitive differences by helping first responders to more easily locate them during a dangerous wandering incident, findings show how this protection is offered through an invasive form of police surveillance. First, while the program is 'voluntary,' caregivers who elect to enroll someone in PL serve as proxies for the individual's consent[40] and, as a result, the enrolled individual has a digital EM transmitter affixed to their body without their expressed permission. The worn PL transmitter device, which cannot easily be removed,

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[40] PL International takes the official position that caregivers enrolling someone in PL must have legal authority to do so (i.e., through Power of Attorney or legal guardianship status). However, this requirement is not particularly visible throughout PL International's website or training program. It is unclear from FOI data whether all Ontario PL programs implement this requirement, nor is this stipulation made clear on their online 'eligibility criteria.' Only the York Regional Police Service's PL program could be confirmed as requiring caregivers to verify that they have legal authority to enroll a dependent in the program.

then emits a constant RF signal, allowing police (and, subsequently, caregivers) to locate the device wearer if they wander from their expected location. This surveillance imposed onto the monitored person's body, and person's subsequent locational visibility to their caregivers and police is, itself, invasive; it is also restrictive, as caregivers are contractually bound to call police the moment the device wearer is out of their immediate purview (see Appendix B). Thus, the monitored person is limited from moving beyond their caregiver's gaze lest they trigger a police SAR operation that will return them to their caregiver.[41] As such, PL operates by restricting the monitored individual's movements to within the bounds of what their caregivers deem acceptable; the monitored person is thus deprived of the liberty to come and go as they please. This limitation is problematic as it can prevent people with cognitive differences from engaging in healthy wandering that can help them both make sense of their surroundings and preserve their sense of self (Wherton et al., 2019). It also goes against research and advocacy claims that facilitating autonomy is an essential component of caring for vulnerable populations, including people with cognitive differences (Mackenzie, 2014; Späth & Jongsma, 2019; Wherton et al., 2019; Wright, 2020). Instead, PL enables caregivers, and to some degree, police, to dictate the acceptable boundaries of the monitored person's locational mobility. Although such restrictions may stem from benevolent intentions to safeguard the monitored individual, confining a person for the sole purpose of safety—and at the expense of their agency and fulfillment—constitutes a technique of social control and a deleterious manifestation of caregiving and protection (Wherton et al., 2019; see also Kenner, 2008).

The invasive elements of PL surveillance go beyond the fact that the technology is physically imposed onto a person without their given consent, and that it renders their location visible to caregivers and the police in such a way that they become confined to their caregiver's purview. The program also provides police with copious amounts of personal information about the monitored person, whether a wandering incident occurs or not. As described in Chapter 2, police proactively gather extensive profile information about anyone enrolled in the PL program, including their personal history, preferences, characteristics, and behaviours. To illustrate the extent of the

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[41] Though PL contracts obligate caregivers to call police immediately upon a suspected wandering incident, study findings give some indication that caregivers do not closely follow this requirement; this, and related repercussions, are discussed further in Chapter 4.

information collected in this regard, consider the following images taken from the 'Client Profile' template PL International provides membered agencies:

Personal Articles Normally Carried by the Resident:

Tobacco Products: Yes/No   Type _____ Brand _____

Candy/Gum: Yes/No   Brand _____

Matches: Yes/No   Lighter: Yes/No   Type _____

Food Items: _____
Facial tissue or other pocket/purse items: _____

_____

Approximate Amount of Cash on Hand? $ _____
Where Normally Carried _____
Handbag, Purse or Wallet:
Description _____ Type _____ Color _____
Jewelry (Please describe) _____
Watch? _____ Type_____ Color_____ Description_____

Figure 3.4: A snapshot of the 'Project Lifesaver Client Profile' template.

Personality Habits

Smoke? Yes/No How often _____ what _____ Brand _____
Drink Alcohol? Yes/No   What Type? _____ Brand _____
Use Illicit Drugs? Yes/No How often _____ Type _____
Hobbies/Interests _____
Outgoing or Quiet; Likes Groups or being alone?
Evidence of Leadership Yes/No Explain _____
Ever been in trouble with the law? Yes/NO What _____
Religious? Yes/No what faith _____
What does Resident value most? _____
Which family member is resident closest to? _____ Relationship_____
Where was Resident born and raised? _____
Has Resident received any letter recently? Yes/No from Whom _____

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)
Horses? Yes/No   People? Yes/No   Other (explain) _____What
actions taken hurt? (Cry, shout, etc.?) _____

_____

Will Resident talk to strangers? Yes/No(circle one)
Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

Figure 3.5: A snapshot of the 'Project Lifesaver Client Profile' template.

As you can see from these images, the type of information gathered through the PL enrollment process goes well beyond standard demographics (e.g., a person's age, name, and address) and ranges

from minute details about the enrolled individual's personal possessions (including what items they typically carry in their pocket or what mail they have recently received and from whom) to meta-level insights about the person's personality, values, and fears. While the collection of such information about an individual without their expressed permission may be considered invasive in most contexts, it is particularly intrusive given that it is collected and permanently stored by police, who already have a general authority over the population and specific authority over the location of the monitored person. Further, police are known to retroactively use information gathered about individuals to their advantage, often in harmful ways (e.g., Brayne 2017, 2020; Ferguson 2017). To illustrate, though police body-worn cameras. (BWCs) were implemented to address officer misconduct, research shows police strategically mobilize the BWC to advance their preferred account of events that transpired, to intimidate civilians from lodging formal police complaints, or to support their evidence-gathering efforts (e.g., Glasbeek et al., 2020; Lum, Koper, & Scherer, 2019). Personal information gathered through PL programs may be used by police in similar ways, including to protect police from public liabilities and to support their criminal investigation efforts.[42] The potential for this information to be used for investigative purposes is especially concerning given that PL requires caregivers to submit details to police regarding the monitored individual's history of illicit drug use, violent behaviour, prior police involvement, and access to weapons as well as whether the individual is considered to be a danger to themselves or others. Such personal details in the hands of the police could potentially lead to the criminalization of the monitored person. For example, if police are aware a person enrolled in PL has a history of violent behaviour or illicit drug use, they may be apt to view that person as a threat to public order; this, in turn, could lead to an escalated police response during future interactions with that individual and, subsequently, to criminal charges being laid against them (e.g., Ferguson, 2017). Moreover, findings show that the information collected through PL profiles is often used to create a risk-based 'flag'—that is, a digital marker on the police organization's records management system (RMS) that alerts officers to any threat the individual faces *or* poses to others. Such flags can therefore lead police to preemptively perceive the individual enrolled in PL as risky or threatening and to subsequently respond with excessive force during their encounters with that person (see Ferguson 2017).

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[42] The specific ways in which PL serves police agendas are discussed in Chapter 5.

Anyone enrolled in the PL is also subjected to home visits every 60 or 90 days from police or other program administrators. During these visits, the PL representatives change the transmitter's battery and ensure that the monitoring device is being worn and is in proper working order. Such visits may be experienced as intrusive, especially as the monitored person has no control over whether—or when—such visits occur. The PL representative logs technical notes about the transmitter maintenance they performed during the visit and collects additional information about the monitored individual's ongoing behaviour patterns and mental state:

Client Condition since Last Visit:

1) Personality or Behavior							
☐ Change ☐ No Change	☐ Violent ☐ Paranoid ☐ Mood Swings	☐ Aggressive ☐ Depressed ☐ Fidgety	☐ Agitated ☐ Withdrawn ☐ Hides Things	☐ Argumentative ☐ Pleasant ☐ Disrobes in Public	☐ Passive ☐ Accusatory ☐ Assault	☐ Theft ☐ Criminal Conduct ☐ Traffic Violation	☐ Other _____

2) State of Mind			
☐ Change ☐ No Change	☐ Memory Loss Short Term ☐ Cannot recognize friends ☐ Other _____	☐ Memory Loss Long Term ☐ Cannot recognize family members	☐ Confused ☐ Trouble Thinking

3) Life State					
☐ Change ☐ No Change	☐ Needs help dressing ☐ writing deteriorating ☐ Not taking medicine	☐ Personal Hygiene Deteriorating ☐ Speech deteriorating ☐ Declining potty habits	☐ Appetite declining ☐ Stopped Eating ☐ Confused	☐ Cannot Travel Alone ☐ Cannot Navigate ☐ Wanders	☐ Cannot be Left Alone ☐ Cannot Drive ☐ Trouble Thinking

4) Sleep	Morning (0600-1159)	Afternoon (1200-1800)	Evening (1800-2359)	Night (2400-0559)
☐ Change ☐ No Change	☐ Morning to Afternoon ☐ Afternoon to Evening ☐ Evening to night ☐ Night to morning	☐ Morning to Evening ☐ Afternoon to Night ☐ evening to morning ☐ night to afternoon	☐ Morning to night ☐ Afternoon to Morning ☐ Evening to afternoon ☐ night to evening	Sleeps 2 hours Sleeps 4 hours Sleeps 6 hours

5) Equipment	☐ Client does not like to wear transmitter	☐ Transmitter uncomfortable	☐ Band/case chafing/irritating	☐ client removed transmitter

Figure 3.6: A snapshot of the '60-Day Client Check Sheet' template, used during battery changes 'Client Condition Since Last Visit.'

The above image is taken from PL International's '60 Day Client Check Sheet' form, which membered agencies are encouraged to complete during each home visit. As you can see, much of the form is dedicated to the collection of information about the enrolled individual's mental state and recent behaviours including their sleep patterns and whether they are resistant to wearing the PL transmitter. Of note, much of the information collected on this form is concerned with the negative attributes a monitored person might display, including whether they appear 'paranoid,' 'aggressive,' or 'agitated,' whether they have engaged in recent illegal activities (including theft or traffic violations), and whether their appetite or hygiene are in decline. Relatively few questions on the form relate to indications the individual is experiencing wellness or whether they are being adequately supported. This suggests that the information collected during these home visits—which is then entered into a police database—is gathered through a traditional police surveillance lens that seeks out and interprets information according to the level of threat an individual poses to officers or to

public order (Lyon, 2003; see also Brayne, 2017; Ferguson, 2017). Such information is typically geared toward preparing police for their interactions with the flagged individual or assisting officers with investigations; it can also prompt an escalated police response for those perceived as a threat by officers, leading to hostile or deadly outcomes (Ferguson, 2017). On the other hand, if the gathered information is interpreted by police as classifying an individual as vulnerable but non-threatening, this can serve as a protective mechanism during any future police interactions—though this non-threatening status is typically reserved for white, cis-gendered, economically secure, and able-bodied women and children (Rodriguez et al., 2020).

Overall, PL collects a vast amount of deeply personal, and potentially harm-inducing, information about anyone enrolled in the program; police permanently store this information in their RMS systems and sometimes use it to create system flags about the monitored person. At the same time, and as described in Chapter 2 (see Figure 2.9), those being monitored have no control over what information is collected and how it is used or who it is shared with, nor do they have access to any of their own personal data. Further, the information is gathered through an intrusive and potentially restrictive physical surveillance technology. Thus, while the protective benefits of PL for the monitored person are questionable—given FOI data showing that PL technology is not often utilized in Ontario to locate wandering persons (see Appendix C) — any such benefits are delivered through an intensely invasive police surveillance regime with the capacity to exacerbate existing power inequities between people with cognitive differences, their caregivers, and the police.

3.2.3 Conceptions of Vulnerability and Dangerousness

Literature shows a key factor in the successful deployment of protective police interventions is the designation of a person or group as 'vulnerable' (e.g., Musto, 2016; Russell et al., 2022). That way, a police response appears appropriate when geared toward people who otherwise pose no serious threat to society. This holds true for PL, as such invasive police surveillance of people with cognitive differences would likely be viewed as inappropriate if it were not for the classification of this group as a particularly vulnerable population in need of police protection. Indeed, PL International promotes the characterization of people with cognitive differences are particularly helpless because of their cognitive condition. To illustrate, consider again the truncated organizational 'definition' of PL that PL International gives to PL Basic Operator Course trainees, discussed earlier in the chapter. The full version of the definition is as follows: 'Project Lifesaver is a program of proactive involvement and

specialized operations that respond to incidents of victims of Alzheimer's, Autism, Down Syndrome, and related disorders that have wandered form a safe location and cannot find their way back to safety' (PL Basic Operator Course training slide 12, 2019). This definition describes people with cognitive differences as *victims* of their condition who, once becoming lost, cannot find their own way to safety. Additionally, PL International amplifies the danger these 'victims' then face: despite ambiguity regarding the definition, prevalence, and seriousness of wandering (Baptiste et al. 2006; Vermeer et al., 2019), the organization relies on hyperbolic constructions of risk to suggest that most people with cognitive differences will wander and, if not found, will die. For example, the organization's website emphasizes to caregivers that wandering is both 'very common' and 'very dangerous' (Project Lifesaver, Inc., 2022c). Likewise, PL Basic Operator Course trainees are cautioned to 'remember, a search [for a wandering person] is a critical emergency; half of victims not found will die; the remainder are very sick or injured' (PL Basic Operator Course slide 49, 2019) and that 'a person with Alzheimer's that has wandered will continue until they are stopped, exhausted, or injured' (slide 74). While it is unclear where PL International is sourcing this information from, it goes against literature showing that wandering can be a positive behaviour for those who engage in it and that the proportion of wandering events that result in injury or death is typically low (e.g., Petonito et al., 2012; Wherton et al., 2019).

As we know from literature examining the governance of crises, social problems that are framed and collectively understood as a crisis pave the way for authoritative and surveillance-driven state interventions, and these interventions often escape public scrutiny due to the crisis discourses (and related public anxieties) they both promote and address (French & Monahan, 2020; Pearson & Clair, 1998; Marx, 2022). By promoting discourse that establishes people with cognitive differences as 'victims,' and wandering as a 'critical safety issue,' PL International and the police organizations effectively reinforce the need for proactive police surveillance to protect these vulnerable individuals from imminent danger. The invasive components of the intervention go unquestioned when wandering is constructed as a matter of life or death. In fact, under these 'crisis' circumstances—and buttressed by deficiencies in the caregiver support infrastructure—a police surveillance regime can be widely construed as a suitable form of 'care' for vulnerable populations.

PL International's mobilization of risk and crisis to rationalize their invasive program also aligns with the related tendency for social problems to be collectively understood as threats and mirrors the societal trend whereby health-related concerns are increasingly reimagined as matters of

public security and delegated to police to manage (Gagnon et al., 2010; Russell et al., 2022). Yet, while state protection delivered through security-based mechanisms (like police surveillance) is normalized through the classification of a group as particularly vulnerable to some threat, it can also translate to a characterization of the vulnerable group themselves as threatening. To illustrate, the rationalizations embedded in PL marketing and training material do more than transform health-related behaviour into a public safety issue, they simultaneously promotes pathological stereotypes about anyone engaging in the 'risky' behaviour. In other words, these justifications regarding the need for PL as a form of protection do not just assume that people with cognitive differences are vulnerable to external wandering risks (e.g., the harsh temperatures or large bodies of water that can cause injury or death to people who are lost and confused), they also frame these vulnerable individuals as *inherently* risky and dangerous. For instance, PL International's PL Basic Operator Course provides trainees with an overview of the external dangers related to wandering; immediately after this overview, trainees are given an overview of the sinister characteristics of people with cognitive differences, whether they wander or not. The course dedicates considerable time to describing grave medical symptoms associated with various neurological diagnoses:
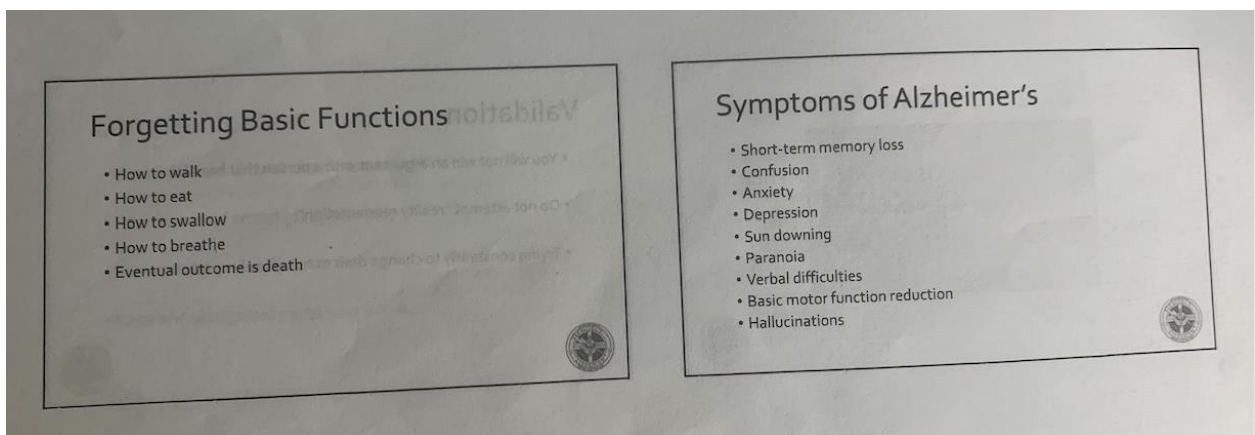
Figure 3.7: PL Basic Operator Course training slides depicting the serious and negative symptoms associated with Alzheimer's disease (PL Basic Operator Course slides 59 & 60, 2019).

As depicted in Figure 3.7, the PL Basic Operator Course training suggests that all people with Alzheimer's will forget how to walk and breathe, and that their prognosis is eventual death. The training also highlights a series of negative symptoms related to Alzheimer's including confusion, depression, and paranoia. The way PL International depicts people with Alzheimer's here suggests

that their vulnerability is intrinsic to the individual (and not some external danger they face) and that, as a result, they constitute a danger to themselves simply by way of their cognitive condition. People with Down Syndrome are presented in a similar light, as the training program stresses the social and physical 'difficulties' (PL Basic Operator Course training slide 89, 2019) and the health-related risks (e.g., respiratory problems and heart defects) (slide 93) these individuals face on account of the 'error' in their cell division (p. 92). The training program, which does little to suggest that people with cognitive differences can live happy and fulfilling lives, emphasizes that cognitive diagnoses like Alzheimer's will 'slowly destroy' a person's brain (slides 54 & 58, 2019) and that anyone with an autism diagnosis is suffering from their social, behavioural, and communicative impairment (slide 78). Overall, the PL training course frames the vulnerabilities and risks people with cognitive differences face as inherent and definite rather than externally sourced. Such assumptions are inaccurate and undermine the agency of these individuals and the idea that people cognitive differences can lead healthy and happy lives (Research Institute for Aging, 2020; Wherton et al., 2019). Such assumptions also undermine the need for collective societal discussions about how the 'difficulties' disabled people face often tend stem from the fact that they are required to navigate a world that does not recognize their unique needs and perspectives.

Importantly, by presenting such somber characteristics and behaviours as inextricably linked to a person's cognitive diagnosis, PL International induces a second shift in the characterization of these individuals whereby they are not only seen as a danger to themselves and therefore in need of protection, but also as dangerous to others who will need protection from them. To illustrate, though PL International training instructors reminded PL Basic Operator Course trainees that the people enrolled in PL programs are 'good, law-abiding citizens, just like the police,'[43] they used descriptors

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[43] As I recorded in a research memo, I interpreted this comment as suggesting that there are certain segments of the population who are 'good' (i.e., deserving) and others that are not 'good' and therefore unworthy of police PL protection (i.e., deviant populations). In addition, the suggestion that PL participants are 'just like the police' may have had racial connotations. By making this comparison, the instructor seemed to imply that there are some segments of the population that are more similar to police than others; while this division may once again have been in reference to deviant versus non-deviant groups in society more generally, it could also have been referencing the current tenuous relations between police and racialized communities and their allies. Thus, the comment could have been indirectly signalling that PL participants represent non-deviant, white, and pro-police individuals. The suggestion that PL may be geared toward certain privileged segments of the population is underscored by the fact that PL marketing material contains a plethora of images of police saving seemingly vulnerable populations (i.e., children and elderly folk), all of whom appear to be white. That

like 'belligerent,' 'aggressive,' and 'violent' to characterize the behaviour of people with cognitive differences during their interactions with others (fieldnotes, 2019; see also PL Basic Operator Course slides 64, 69, and 73, 2019). Training course instructors stressed that police and other public safety personnel should approach these individuals with caution, given that people with Alzheimer's are 'good at tricking law enforcement' and children with Autism are 'difficult to control' and 'may fight you [or] bite you' (PL Basic Operator Course slides 71, 84, & 86, respectively; fieldnotes). Instructors then drove home this point with an anecdote about a police officer having their collarbone broken during an interaction with a child with autism (fieldnotes, 2019). Through these descriptions and anecdotes, I noted how PL Basic Operator Course training moved from characterizing people with cognitive differences as vulnerable to threats to characterizing them as threatening—a shift that further rationalized the need for police to monitor this population and manage their behaviour (research memo, 2019). Overall, this portrayal of people with cognitive differences as simultaneously vulnerable and threatening implies that when health-related behaviours are managed by police, both the conduct itself and those exhibiting it will be interpreted through a security-oriented lens. The threat-based claims that result from such interpretations can then serve to reinforce the need for a securitized care intervention. However, as described above, when police interpret populations as a threat, they are more likely to use coercive and violent tactics to secure them (Ferguson, 2017).

3.3 The (Dis)Empowerment of People with Cognitive Differences

3.3.1 PL & Performative Empowerment

Despite promoting the characterization of people with cognitive differences as both vulnerable and dangerous, which then rationalizes the subjugation of these individuals through an invasive police surveillance, PL International seems to attempt to frame their program as empowering for this population. One way the organization does this is by positioning people with cognitive differences in highly visible roles within the organization, thereby appearing to value these individuals' voices and perspectives. The keynote speaker of PL International's 2019 Annual Conference—a woman with Autism and a current official PL 'Ambassador'—shared with conference attendees her 'journey from nonverbal to lawyer' to inspire the audience about 'the future of neurodiversity and acceptance' (PL

PL may reinforce a prescription of which communities are deemed 'worthy' of police protection is explored in Chapter 6.

International, 2019). Another panel of speakers at the conference—including a woman described in the conference program as 'a vivacious red-head with Down syndrome' and 'an inspiration to all who meet her'—offered attendees a 'view of the world from [their] perspective' (PL International, 2019). The panel of speakers discussed how their capabilities are often taken for granted by society. In doing so, they emphasized to conference attendees the value of their personhood and their desire to be treated with dignity and respect, 'the same as anyone else' (research memo, 2019). As I recorded later in a conference memo, by featuring these speakers and their 'inspirational' stories throughout the conference, PL International seemed to be linking their organization and surveillance program to the empowerment of this population.

As the conference progressed, though, I noticed how this positive messaging was marred by a concurrent characterization of people with cognitive differences as vulnerable and requiring police intervention that occurred throughout the conference—the same characterizations that were promoted throughout the PL training course. Indeed, PL International's outward attempts to present their program as part of the empowerment of neurodiverse individuals during the conference felt largely performative and self-serving against what I observed as 'a palpable conference theme that people with cognitive differences will die if left to their own devices' (research memo, 2019). However, I noted how this contradiction was somewhat hidden by a conflation of empowerment and behavioural correction. Once again, I noted a subtle shift in messaging that occurred, this time during a conference session discussing recent 'Medical Advances in Autism.' The sole presenter of this session—a medical doctor—opened his presentation by stating that 'people with Autism don't want a cure,' and by emphasizing to attendees the need for society to accept these individuals as they are (fieldnotes, 2019). The speaker then suggested that, instead of trying to cure these individuals, 'the goal is to teach them how to behave in an expected and reasonable way in our communities' (fieldnotes, 2019). Here, the assumption was made that people with Autism by and large do not behave in a reasonable (i.e., normative) manner, and that their behaviour needs correcting. Through this assumption, PL was positioned as a means through which such behavioural correcting can occur; *at the same time*, the program was framed as a form of empowerment in that it allows people with Autism to remain in their communities (as opposed to being institutionalized) without requiring a 'cure' for their condition. In other words, the 'correction' of people with cognitive differences that occurs through PL was presented as a form of their empowerment. However, I once again found this linking of PL with the empowerment of those it targets to be superficial and flawed, noting in a conference memo that 'I

was struck by the juxtaposition of the surface-level [conference] sentiment around empowering people with cognitive differences with the more astute conference message that these individuals are dangerous and must therefore be closely monitored' (research memo, 2019). Indeed, throughout the conference 'empowerment' appeared to serve as rhetorical device that would draw out the 'caring' elements of PL while obscuring the techniques of control used (in discourse and practice) to achieve them.

3.3.2 PL & Active Disempowerment

Claims that PL constitutes a form of empowerment for those enrolled in the program are called into question by the invasive elements of the program and the simultaneous characterization of people with cognitive difference as inherently vulnerable, risky, and dangerous. Moreover, findings show that PL operates by *actively disempowering* people with cognitive differences. As already described, the program circumvents the monitored individual's direct consent, disconnects them from controlling or accessing their own information, and, to some degree, removes their bodily autonomy and freedom of movement. These restrictive elements are built into the PL and codified through strict caregiver contracts, which situates the program as structurally disempowering for people with cognitive differences. Additionally, individuals enrolled in the program are subjected to this invasive surveillance regime despite their explicit objections. This became clear to me through my interviews with people tasked with administering Ontario PL programs (that is, non-police first responders and community service workers involved in program enrollment and maintenance activities). First, interview participants unanimously and emphatically described how people with cognitive differences become agitated and upset when being outfitted with a PL transmitter device. For example, when I asked Claire—an LTC Director who works at a facility that uses PL to track residents with dementia—how monitored residents respond to the technology and program, she was quick to point out that 'no one likes it,' before describing her recent difficulties with outfitting a new resident with the transmitter bracelet: '… we had a hard time initially, when we were putting it on her, very resistive: "why are you doing this?" … she was agitated when it was happening like "what are you doing to me?"' This quote, and many others like it, illustrates how people with cognitive differences become agitated when they are forced to wear PL EM devices. At times, interview participants framed these negative reactions as a direct response to PL's physical infringement on people's bodies and homes. For example, Patty, a Community Coordinator who oversees her local PL program's administration and who performs all program enrollments, described how a 'young male with autism'

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was bothered by the physical elements of the transmitter bracelet. As Patty described, 'he was over stimulated... the weight on one wrist without having a weight similar on the other wrist, it was too much for him.' Often, though, interview participants expressed a belief that people with cognitive differences resist the technology due to their acute awareness of the restrictive surveillance it represents. Patty recalled a time she placed the PL transmitter on a person with autism and how 'he was quite upset' specifically because 'he thought he couldn't leave the building anymore.' Alvin, a SAR Manager who oversees his local PL program, described to me a family with two children enrolled in the program, recalling how 'the one sister was smart enough to know that "we've got to lose the bracelets or they're going to find us!"' Statements such as these from Patty and Alvin indicate that people with cognitive differences are likely aware of, and actively object to, the surveillant elements of PL, though their objections go unheeded by program administrators.

PL program administrators also consistently described how people enrolled in their programs repeatedly attempt to remove and dispose of the tracking technology imposed upon them. As Alvin noted, '… you turn your back and they're cutting it off, flushing them down the toilet. Yeah, it's a problem.' Alvin then described how this resistance would sometimes begin the moment he entered the would-be-monitored individual's home: '… when we walked in… she went like this [*makes cutting scissors motion with hands*] … She was telling me right up front that, "you're putting it on? I'm finding scissors [to take it off]."' Relatedly, interview participants also reported that once individuals successfully remove the transmitter, they typically try to hide or dispose of it. As Luc, an SAR volunteer, described, '[they] hide them in their drawers, they hide them in their mattresses, whatever the case may be.' Again, these consistent reports of individuals attempting to remove and dispose of the transmitter device highlight how people with cognitive differences enrolled in the program explicitly object to and resist it. Yet their agitation and resistance is typically ignored by PL program administrators, who shared during interviews how they would sometimes use deceptive tactics to reduce the device wearer's agitation and elicit their compliance. Some would occasionally tell the monitored individual that the PL transmitter bracelet was a gift from a loved one, like Patty, who said, '... in one case, maybe two cases, we've actually said, you know, "your sister really wants you to, to wear this. This was a gift from her. She would really like you to wear it." ' Other participants referenced deceptive tactics as a routine part of their PL administrative practices, like Ricky, a SAR volunteer involved in his local PL program, who shared with me how he tries to disguise the purpose of the PL transmitters so that the people required to wear them 'don't know what

it's for'. Ricky then described his team's current efforts to come up with better ways of disguising the transmitter bracelet, noting that he wished they could 'make it look like a watch' to counteract people's discomfort with 'being followed.' Since Ricky and his team had yet to successfully alter the appearance of the PL transmitter, they, instead, 'tell 'em it's heart monitors, we tell them it's—there's a million different things we come up with to try not to upset them.'

Though it was clear to me that interview participants felt any use of deception during the administration of PL was in the best interest of the person being monitored (i.e., that it would reduce their anxiety and discomfort toward a program that was meant to keep them safe), the routinized use of deceptive tactics to elicit the monitored individuals' compliance once again highlights how people with cognitive differences are actively disempowered by PL . Not only is their consent and agitation ignored, and their objections dismissed, but their resistance is also, at times, subverted by means of deceit. Notably, this suppression of the surveilled individual's autonomy and dissent is encouraged by PL International, as evinced by this quote taken from the biography written about the organization's Founder and CEO:

> … for those participants who do refuse a wrist bracelet, [Saunders will] find some other way – maybe strap it to the ankle. Trained [PL] agents can even desensitize a reluctant child by pre-exposing him or her to the bracelet for short periods of time until it no longer feels alien to the wearer (Firestone, 2019, p. 96).

This quote shows Saunders' acknowledgment of people's reluctance or refusal to wear PL transmitter bracelets and demonstrates his endorsement of the use of coercive tactics to counter their resistance. This sentiment, together with the fact that PL International has designed their program and technology so that the transmitter bracelet is semi-permanently affixed to a person's body without their direct consent, suggests that the disempowerment of people with cognitive differences that occurs through PL is built into the program from its inception and subsequently carried out by local organizations that deploy it.

3.3.3 The Dehumanization of People with Cognitive Differences

The invasive and coercive features of PL are disempowering for people with cognitive differences; however, findings also indicate that the program dehumanizes these individuals, treating them as objects or animals to be tracked rather than people with valid perspectives who should be involved in the decisions made about their care. For one thing, PL transmitters are essentially interchangeable

with animal tracking devices, as evinced by the fact that PL International's long-time[44] equipment supplier, Communications Specialists, Inc., primarily manufactures RF technology for the intended purpose of tracking pets and wildlife:

Figure 3.8: The homepage of PL International's long-time equipment supplier, Communications Specialists, Inc. (Communications Specialists, Inc., n.d.).

As shown on the manufacturer's homepage, they supply technology 'for the pet owner, for the wildlife researcher, [and] for the falconer' (Communication Specialists, Inc., n.d.,). This use of wildlife tracking technology to locate people with cognitive differences makes up the 'basic theory' of PL:

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[44] The supplier, Communications Specialist, Inc., announced its closure in January 2023; PL International is in the process of transitioning their manufacturing in-house to a new PL International division, 'ESS Technology' (Project Lifesaver, Inc., 2023).
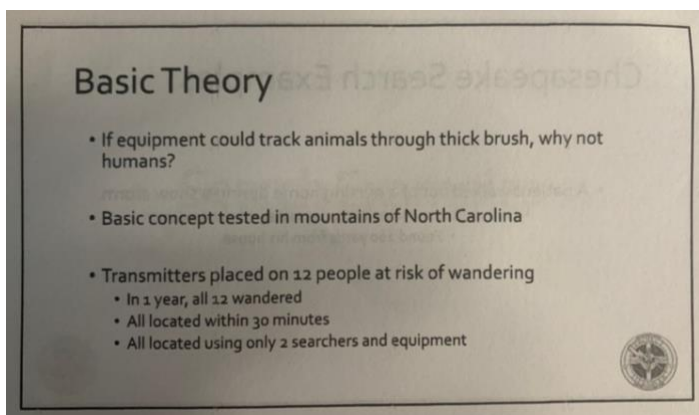
Figure 3.9: PL Basic Operator Course slide depicting the 'basic theory' behind PL (PL Basic Operator Course training slide 30, 2019).

That PL's premise and technology stem from wildlife tracking practices shows how PL is overtly dehumanizing for people with cognitive differences; it suggests the way to care for and protect these individuals is to track them like 'animals through thick brush.' Analysis of internal PL dialogue (e.g., that which occurs between PL International and police) also reveals a more subtle—though perhaps even more insidious—form of dehumanization that occurs through PL. Through observations made from attending PL International's training program and conference, I identify the shared sentiment among PL International and its stakeholders (e.g., police) that people with cognitive differences are not to be afforded the same level of value, trust, nor personhood typically afforded to neurotypical folk. Often, this sentiment emerged through anecdotes shared throughout the PL training and conference. Toward the start of the PL Basic Operator Course, one of the instructors explained to trainees that some families may have more than one member enrolled in PL programs, before describing a particular family he knew of with three children diagnosed with autism that were each enrolled in PL. The instructor was highlighting to trainees the need for police to assign different transmitter frequency bands to individuals enrolled in PL that live in the same household, though I was nonplussed when he casually stated that 'some families have multiples' (fieldnotes, 2019), seemingly referring to these children as objects rather than people. The instructor then shared his dismay that the parents of these three children with autism continued having children after their first was born, cavalierly stating 'I think I would have quit after the first one,' to which most trainees chuckled (fieldnotes, 2019). It appeared to me as though the instructor was denying the value of a person with Autism's life by questioning why a parent would ever want to bring more than one child

with this cognitive condition into the world; the audible laughter that followed suggests the police in the room concurred. I was initially surprised by this devaluation of the lives of children with cognitive differences—especially given that much of the training was dedicated to emphasizing the need for police to protect these individuals—though such dehumanization soon became a notable theme throughout my training and conference observations. One story shared during the conference stood out to me as particularly concerning in this regard. The speaker, who cared for her elderly mother with dementia, shared an anecdote with conference attendees that expressly denied the validity of her mother's claims of domestic abuse. I recalled my incredulity with the anecdote in a conference memo, writing:

> I was particularly disturbed when a conference presenter shared about her experience caring for her elderly mother who lives with dementia by recalling a time when her mother had called the police after being abused by the presenter's stepfather. The presenter then went on to describe how her mother would often forget when she had fed the family dog in the morning and would then end up feeding him two or three times in a row. Chuckling, the presenter described to the audience how, one day—out of frustration over the dog receiving multiple meals—her stepfather yelled at her mother and "shoved a bowl of dog food in her face." At this point in the story there was an audible laugh from conference attendees. The presenter then empathized with her stepfather's frustration before ending the anecdote by sharing with the audience how she fought to have the resulting domestic assault charges against her stepfather dropped. The message to (and from) the audience was clear: people living with dementia are not trustworthy sources of information and their claims of abuse should not be taken seriously (research memo, 2019).

The caregiver telling this story no doubt faced a tremendous struggle in providing care for her mother with Alzheimer's, and I recognize that dark humour can be an important shared coping mechanism for people experiencing distress (e.g., Potter, 2023). Yet the anecdote—and the audience's reaction to it—was not a standalone incident. Rather, it emerged as part of an ongoing discourse shared privately between PL stakeholders that frames—and treats—people with cognitive differences as subhuman. This matches more pragmatic findings that show how PL, in practice, removes the autonomy and personhood from those enrolled in the program. Overall, findings from the current study underscore Wherton and colleagues' (2019) claim that 'containing and constraining [people with cognitive

differences] on the grounds of 'safety' to the exclusion of their dignity, personhood, and fulfillment, especially in the face of loss of mental capacity, is dehumanizing' (p. 329).

3.4 Chapter Discussion

Critical scholars and advocates have problematized the caregiver-facilitated EM of people with cognitive differences, noting how such practices can corrode the monitored person's autonomy and wellbeing (Hall et al., 2019; Kenner, 2008; Wherton et al., 2019). Scholars also argue that such practices can structurally disadvantage these vulnerable populations by tipping existing relational power imbalances further in favour of caregivers (e.g., Estes, 1993; Kenner, 2008; Wherton et al., 2019). While such concerns are valid, most of this literature approaches the issue from a theoretical and moral perspective. Empirical research examining the implications of caregiver-facilitated EM tends to evaluate the technology in terms of its impact on the monitored person's physical safety and tends to approach the issue from a caregiver vantage point (e.g., whether the technology addresses caregiver safety concerns) (see Vermeer et al., 2019; Wherton et al., 2019). A notable exception here is Wherton and colleagues' (2019) ethnographic study that shows wandering can be experienced as a productive and pleasurable coping mechanism by people with cognitive differences and that any technology proposed as a form of wandering protection should be considered in from the perspectives of those being tracked and in the context of their everyday behaviour. More generally, medically oriented empirical research shows that the cognitive condition of individuals with dementia or autism can be negatively and permanently impacted by prolonged exposure to stress (Gillott & Standen, 2007; Peavy et al., 2012).

There is considerably more empirical work examining state-facilitated interventions geared toward protecting vulnerable populations, and this work illustrates the harmful discursive effects of such practices for those being protected. Of note, Musto's (2016) study of the police protection of domestic sex trafficking victims provides a 'conceptual blueprint' for unpacking the processes supporting, and outcomes associated with, the state's routing of vulnerable populations through carceral systems for their purported protection. Her research demonstrates how such interventions are experienced as 'moments of protection interspersed with instances of punishment' (p. 28) that can generate a series of 'curative harms.' Other research examining the deployment of police as 'front-line mental health workers' shows police interactions involving a person experiencing a mental health crisis often fail to result in the person in crisis receiving support for their mental health needs (Shore

& Lavoie, 2019). Even more concerning is the fact that individuals displaying signs of mental distress—including people with Alzheimer's or autism—face an elevated risk of being subjected to criminalization or violence during their encounters with police (Goel, 2022) —particularly if the individual in distress belongs to a racialized community (Watson & El-Sabawi, 2023).

Taken together, these literatures raise important concerns regarding the implementation of a police-led EM program to monitor people with cognitive differences lest they wander and become endangered. Findings from the current study support such concerns. While PL is outwardly promoted as a form of protection and safety for people with cognitive differences, any such benefits are delivered through an invasive police surveillance program that carries a series of negative impacts for those ostensibly protected by the program. For one thing, PL confines the monitored individual to within the locational bounds of what their caregivers deem acceptable. In this way, the program—like other caregiver-facilitated EM practices—operates as a form of social control (see Kenner, 2008; Wherton et al., 2019). In addition, the program allows police to locate the monitored person the moment they leave their caregivers' purview. Beyond providing police with locational data, the program enables police to collect and permanently store a considerable amount of deeply personal information regarding the enrolled individual, including information police may interpret as threatening to public order. Such information could therefore lead to an escalated (i.e., criminalizing or violent) future police response to the person enrolled in PL.

PL also subjects individuals to this invasive surveillance without their expressed permission and despite their agitation and explicit objection. Yet these harmful facets of the program are largely obscured by the suggestion that PL is a necessary safeguard for a particularly vulnerable population. PL can therefore be understood as a form of paternalism—that is, a coercive care practice that undermines a person's autonomy for their supposed 'own good' (Bielefeld, 2018; Mackenzie, 2014). This places the practice in direct contrast with advocacy claims that facilitating autonomy for vulnerable populations is the most appropriate means of mitigating any threat the vulnerable group may face (e.g., Alzheimer's Association, 2018; Bielefeld, 2018; Mackenzie, 2014). Further, while PL is rationalized as in the best interests of people with cognitive differences, and more specifically that it offers them protection, safety, and empowerment, the provision of such benefits in practice are far from guaranteed. First, as described in Chapter 2 (and discussed further in Chapter 4), the utility of PL as a wandering emergency response is questionable given that some Ontario PL programs rarely (or even never) deploy PL technology in SAR contexts. Additionally, though wandering can cause

serious concern for caregivers (Greene et al., 2019) and can, in some instances, endanger the wandering person, the prevalence of wandering among people with cognitive differences is not well known and the risks associated with this behaviour appear to be relatively low (Baptiste et al. 2006; Vermeer et al., 2019). Ethnographic research examining the perspectives of people with cognitive differences also shows that wandering can be a productive coping mechanism and an altogether enjoyable activity for people with cognitive differences (Wherton et al., 2019). Therefore, not all wandering requires intervention, and it is possible that restricting the wanderers' freedom of movement can cause more harm than good. Nonetheless, PL programs require caregivers to call authorities and trigger a SAR at the onset of every potential wandering occurrence. As a care intervention, then, PL fails to acknowledge the complex and diverse needs of people with cognitive differences. Indeed, the program appears to respond more to caregiver wandering *concerns* than to the practical wandering-related needs of people with cognitive differences.

Analysis of the rationalizations supporting PL shows how the problematic and harmful elements of PL become obscured through constructions of vulnerability, risk, and dangerousness. By framing all people with cognitive differences as 'victims,' PL marketing and training material deploy a targeted form of vulnerability that both amplifies and internalizes the actual dangers these populations face. First, this material projects the faulty assumption that the risks related to wandering are both immanent and severe (e.g., that half of people who wander will, if not found, die). This effectively moves the management of wandering behaviour from the domain of healthcare to the domain of public security. Secondly, the material relocates the source of these risks to within the individual; that is, such risks become inextricably tied to the person's cognitive condition, rather than produced by external conditions. This reinforces the need for a coercive response to manage the individual, regardless of whether they engage in wandering behaviour. As with other paternalistic state interventions, then, this targeted vulnerability evokes 'an infantilized image' those in need of protection that then positions the state as both their caregiver *and* their warden (Russell and colleagues, 2022, p. 2922).

An important distortion of risk occurs through protective state interventions that rely on targeted vulnerability and risk: the purported danger that vulnerable groups face not only justifies their targeting with invasive and coercive state surveillance, but also their exclusion from society more broadly (Bell, 2006; Eubanks, 2014, 2018; Russell et al., 2022; Young, 1999, as cited by Bennett et al., 2018; see also Monahan, 2010, 2017). Indeed, conceptions of vulnerability and risk

often map onto implicit societal beliefs that transform the vulnerable individual into a threat to others (Bielefeld, 2018; Eubanks, 2018; Kim, 2007). Consider, for example, the common stereotype that poor people are 'milking the system' by taking undeserved government handouts. Kim (2007) more thoroughly illustrates this transformation in the context of healthcare by showing how public discourse can create divisions between 'sick' and 'healthy' groups in society (the author uses the example of people with and without the diagnosis of Leprosy), which are then used to justify state-imposed measures that work to protect the healthy *from* the sick (e.g., through the use of quarantine[45] or institutionalization). In other words, a paradox exists whereby individuals labeled vulnerable are simultaneously characterized as in need of help and as a threat to others. Through this shift, a proactive (i.e., surveillance-based) and forceful (i.e., police-led) response to the population becomes necessary for the wellbeing of the public majority.

The approach taken in PL marketing and training appears to follow suit. As findings show, portrayals of targeted vulnerability and amplified risk work in tandem to characterize people with cognitive differences as inherently dangerous to themselves *and* to others who they encounter. As mentioned, through the characterization of cognitive differences as gravely concerning for those with the diagnosis (e.g., by suggesting that people with Alzheimer's will eventually forget how to breathe as a result of their cognitive condition), the source of the person's vulnerability and risk is relocated from the external world to internalized pathologies. *Then*, through the promotion of pathological descriptors to characterize the vulnerable person's behaviours (e.g., the suggestion that people with cognitive differences are belligerent, aggressive, and violent) the risks associated with the person's cognitive condition is extended to anyone they encounter. By establishing people with cognitive differences as a threat to themselves and to others, the need for police behavioural intervention (or, 'correction') to manage this population is further reinforced. As a result of this reinterpretation of threat, people with cognitive differences are excluded from the decisions made about their bodies, mobility, and personal information. They may also be more likely to experience criminalization or violence during future encounters with police officers who have been alerted to their threatening

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[45] This process of exclusion occurred more recently throughout the COVID-19 pandemic. For one thing, racist sentiments were mobilized to target certain communities (especially Chinese people) as highly contagious *and* deviant (i.e., responsible for the onset and spread of the virus) (see French & Monahan, 2020). The pandemic also resulted in hyper-enforcement of public health restrictions (i.e., lockdowns and quarantines) for certain populations deemed as especially vulnerable to sickness *and* as especially likely to disobey public health orders (i.e., people living in low-income housing) (see Russell et al., 2022).

status. At the same time, PL International's projects an image of their organization and the PL program as championing the empowerment of this population, though this portrayed image is merely performative given that both the organization and program actively disempower these individuals. Moreover, PL promotes the exclusion of people with cognitive differences from certain aspects of humanity: they are subjected to a form of surveillance that derives from tracking animals in the wild, all while their signs of distress and resistance (and perhaps even their reports of mistreatment, or their core value as a person) are dismissed.

Findings from this chapter provide insight into how the health-related needs of a vulnerable population can become inaccurately and problematically reframed as a matter of critical public security, and the implications this transformation can have for the provision of care to these groups. The care that is provided as a result becomes both heavily securitized and paternalistic. In the case of PL, vulnerable populations are forced to endure an invasive, restrictive, and coercive police surveillance regime that is rationalized as for their own protection (and even their empowerment). However, in what might be described as a triple paradox, PL discourse augments the need for (and benefits of) PL protection for people with cognitive differences to beyond what is known while simultaneously introducing a new set of pragmatic harms for these vulnerable individuals; at the same time, by individualizing and pathologizing cognitive differences, PL discourse reframes these vulnerable individuals as a threat to others. While the three sets of discourses present in this paradox—that wandering is a critical public safety issue (and that PL offers wandering protection), that people with cognitive differences represent a particularly vulnerable and helpless population, and that these individuals pose a threat to those around them—are, at times, in conflict (hence, the paradoxes), they also operate in tandem to conceal the paradoxical nature of the PL program. In other words, the promotion of wandering as a critical safety risk and PL as a suitable form of wandering protection, and the simultaneous classifications of people with cognitive differences as a particularly vulnerable and pathological group, each serve as a rhetorical device[46] that obscures the problematic elements of the program. Each rhetorical device, and the discourse it promotes, could also be viewed as a biopolitical technique that rationalizes the exclusion of individuals with cognitive differences from decisions made about their body, mobility, and care and that reinforces the need for police to

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[46] I employ the term 'rhetorical device' here in a linguistic sense, signifying instances of textual communication where a speaker or writer deliberately mobilizes language or sentence structure in such a way as to persuade their audience of a particular thought or idea (often by appealing to their emotions).

regulate this population; in the end, the unverified program benefits, and the harms the program can produce, go largely unquestioned. Therefore, PL can be understood as an expression of biopower—that is, a subverted form of social control whereby 'the care and protection of life becomes tied to the purging of constituted threats to the [population] whole' (Bell, 2006, p. 152; Foucault, 1980).

Chapter 4

Supporting Caregivers of People Who Wander

4.1 Chapter Introduction

Carers of people living with cognitive differences face a significant physical and emotional burden associated with their caregiving role (Gross et al. 2021). Individuals with cognitive differences often need assistance with their day-to-day living activities and caregivers generally[47] help them manage their personal hygiene, meal preparation and consumption, and mobility needs. In addition to ensuring these basic needs are met, caregivers play an important role in facilitating their mental stimulation and leisure activities, and in coordinating their healthcare and support interventions. Caregivers are also responsible for ensuring their dependents' safety and often worry about the potential for people with cognitive differences to wander and become lost and endangered (Greene et al., 2019; Gross et al., 2021; Widmer et al., 2019).

Managing these care obligations requires a significant amount of time and energy and can leave caregivers feeling isolated, exhausted, and overwhelmed (Gross et al., 2021). Access to formal care support is therefore imperative in ensuring caregivers can continue providing good care to those who need it without succumbing to burn-out (Parmer et al., 2021). For example, access to personal support workers can provide caregivers with much-needed opportunities for respite and self-care. Access to emotional support services, like counselling or dedicated community support groups, can them cope with caregiving's emotional toll. Caregivers also require financial support to mitigate the economic strain that comes with caregiving, particular for those who are required to take significant time away from their jobs to perform their caregiving duties. Yet Canada's formal caregiver support infrastructure is currently lacking—particularly in rural communities—and has been worsened by COVID-19 (Parmar et al., 2021). Presently, caregivers of people with cognitive differences are confronted with the added challenge of navigating an increasingly disjointed and overburdened healthcare and social support system (Parmar et al., 2021). This has left caregivers feeling disempowered and unrecognized despite their pivotal role in the provision of care for vulnerable individuals in society (Gross et al., 2021).

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[47] The level of caregiving and daily assistance required by individuals diagnosed with Alzheimer's, dementia, Autism, or Down syndrome varies and is, of course, context specific.

As a result of their immense care obligations, in conjunction with deficiencies in public healthcare and social support systems, caregivers in general are turning to digital technologies to help them manage the health and wellbeing of those they care for (Gross et al., 2021). For example, parents can now implement a plethora of consumer monitoring technologies to track their child's activities. Likewise, caregivers of people with cognitive differences are using wearable EM to track their dependent's location lest they wander. In both contexts, caregivers primarily use the technology as a means for keeping their loved ones safe (Gross et al., 2021; Wherton et al., 2019; Widmer & Albrechtslund, 2021). Yet, while wandering prevention technologies have the potential to alleviate caregiver strain and help them to keep those they care for safe (Daly-Lynn et al., 2019; Steggles et al., 2007; Sriram et al., 2019), research illustrates how any such benefits are far from guaranteed (e.g., Gross et al., 2021; Lupton 2020). For instance, current iterations of consumer wandering prevention EM may appease caregiver wandering concerns though they can also increase caregiver strain by requiring caregivers to manage and maintain the technology (Gross et al., 2021). In addition, studies show that the affordances of such technologies are not adaptable to important, but contextually specific, elements of caring for people with cognitive differences (Gross et al., 2021; Wherton et al., 2019). Moreover, and as described in the previous chapter, EM technologies can be used as a technique of control that undermines the autonomy and personhood of people with cognitive differences (see also Kenner, 2008; Wherton et al., 2019).

Caregivers acknowledge how the use of monitoring technologies represents a form of control, but those who chose to incorporate such technologies into their caregiving tend to feel the safety benefits provided by the surveillance overrides any negative implications of the practice (Wherton et al., 2019; Widmer & Albreschtslund, 2021). As Widmer and Albrechtslund (2021) point out, 'surveillance encompasses many ambiguities' (p. 91), and caregivers are often required to navigate tensions inherent to surveillance such as preserving their dependent's autonomy while also ensuring their safety. The authors show how caregivers who chose to employ surveillance often negotiate such tensions by articulating their monitoring practices through 'rhetorics of care' and their identities as 'good parents [or caregivers]' (p. 87). Relatedly, literature illustrates how the marketing of these consumer monitoring products reinforces the notion that surveillance equates with 'good' caregiving (Marx & Steeves, 2010; Widmer & Albreschtslund, 2021). These marketing tactics strategically target caregiver anxieties by (over)emphasizing the potential dangers a vulnerable person may encounter and subsequently promoting the use of surveillance as a means for caregivers to ensure

their dependent's wellbeing. Here, surveillance is often presented as offering parents 'peace of mind [regarding their safety concerns] delivered through the capacity of constant monitoring' (Marx & Steeves, 2010, p. 199). However, research illustrates that the capacity for monitoring technologies to support caregivers and to keep their loved ones safe largely depends on whose needs and values the technology represents (Gross et al., 2021; see also Lupton 2020). At present, consumer versions of these technologies appear to respond more to commercial interests than they do to gaps in support for caregivers, or to the needs of those being monitored, resulting in caregiving mediated by third party interlocutors (Gross et al., 2021; Kenner, 2008; Marx & Steeves, 2010; Vermeer et al., 2019).

The previous chapter of this thesis explored how PL is framed as a protective care intervention for people with cognitive differences and how it operates as such in practice. The current chapter questions how PL is marketed and perceived as a form of support for caregivers of people who may wander, and whether the program aligns with pragmatic caregiving needs. Once again, I seek to uncover any tensions between how PL is rationalized (this time, as caregiver support) and how it operates both in its ideal form (e.g., how it is designed to operate) and in a local Ontario context. Examining PL rationales and practices in relation to caregiver needs helps to further unpack the perspectives and interests reflected in the program and the implications thereof, including whether—and how—PL responds to caregiver wandering concerns. Data used in the current chapter comes from a variety of sources: content from PL International and local PL program marketing material (e.g., organizational and program-specific websites) are analyzed to identify how PL is framed and promoted to caregivers; interviews with PL program administrators and (non-police) first responders reveal how PL is perceived of by those who deploy the technology and program; and observations from PL International's training course and annual conference, as well information about Ontario PL programs obtained through FOIs, are used to compare how PL is designed to operate as caregiver support and how it is deployed in a local context. Comparison of findings across data sets allowed for incongruencies within and across PL rationalizations and practices to emerge, shedding light, for example, on tensions between how the program is designed, perceived, and experienced as caregiver support.

In what follows, I will show how PL is primarily framed by PL International as a proactive safety measure that alleviates caregiver concerns about wandering, over and above the program's utility in relation to acute wandering risks. Individuals that deploy PL in Ontario frame the program in much the same way. In other words, the promoted and perceived value of PL appears to cater to

caregiver wandering concerns and is largely disconnected from whether the technology is actually used or helpful during search and rescue operations. Additionally, Ontario PL program administrators also view the program as a solution to caregiver needs beyond their wandering concerns (i.e., their need for respite care or emotional support). These findings signal a presumed 'care' value ascribed to PL surveillance by those that deploy and use the technology. However, as I will illustrate, the predominant framing of PL as a form of caregiver support lies in tension with how the program is designed and operates, as elements of the program can exacerbate caregiver burdens. First, caregivers are required to manage a large portion of the program's day-to-day operations. Caregivers must also shoulder the bulk of program costs and liabilities. Finally, shared dialogue between PL International and PL emphasizes the importance of ensuring caregivers 'comply' with these PL program requirements; caregiver compliance is also structurally enforced through strict contracts that caregivers must sign when the enroll someone in the program. Overall, these findings question the supportive value of PL for caregivers and shows how the program contributes to the ongoing responsibilization of caregivers, as it requires caregivers to manage their own formal support and the safety and behaviour of people with cognitive differences.

4.2 Caregiver Vignette

Vignettes are emerging as an innovative approach to the presentation of qualitative research findings. Used in this way, vignettes typically involve the researcher drawing from multiple data sources (usually, interviews) to create a fictionalized, but representative, narrative of study findings from the perspective of a research participant (e.g., Jackson et al., 2015; Langer, 2016; Reay et al., 2019; Willis, 2018). Scholars argue that such narratives often take on an emotive quality that can help convey the emotional intricacies of research participants' perspectives and lived experiences (Langer, 2016; Willis, 2018). A fictionalized story can also signal to readers important overarching facets of study findings presented thereafter (Willis, 2018).

The following vignette presents a fictionalized and situated account of one caregiver's experience providing care to her elderly husband with Alzheimer's and enrolling him in their local PL program. The story draws primarily from my interview with Mary, a caregiver in a similar situation who described to me her tremendous physical and emotional caregiving burden. My interview with Mary was considerably more emotional than my interviews with other study participants; she shared with me deeply personal thoughts, feelings, and experiences relating to her role as a caregiver and, at

times during our conversation, she struggled to hold back tears. I found Mary's story to be a compelling though complex account of the immense daily challenges that caregivers of people with cognitive differences face, and how these challenges can be mediated (that is, both amplified and assuaged) by their love for the person they are caring for.

My intention with the vignette below is to convey some of the compelling and emotionally charged elements of my interview with Mary, though the vignette is not an exact replication of Mary's perspective. Rather, it is a fictional story meant to capture the emotional essence of Mary's experience as a caregiver and how she arrived at a decision to enroll her husband in PL. Importantly, the vignette is also informed by my holistic understanding of PL gleaned from the multiple and diverse sets of data collected throughout this study. The vignette is, of course, also shaped by position as a researcher (and caregiver) and my particular interpretation of the data. Overall, the purpose of the vignette is to give readers a sense of the strain that caregivers of people with cognitive differences are under and how they might arrive at the decision to enroll their loved one in PL, though it is not meant to be read as a standalone presentation of findings. Instead, the narrative is meant to contextualize findings presented throughout the chapter by highlighting some of the tensions that caregivers navigate as they balance providing love and care for their family members with cognitive differences while managing their own exhaustion, anxieties, and sadness.

4.2.1 Laura's Story

It was 7AM. Laura sat on the bed and started to cry. She wasn't even sure why she was crying. She just felt so… overwhelmed. It probably didn't help that she'd had about 3 hours of sleep. The night before, Joe had gotten up in the middle of the night. She found him in the kitchen, opening all the cupboards. He was looking for something, clearly frustrated by his inability to find it. Laura took a breath, steeling herself, then walked toward him. She put her hand on his shoulder. "Joe?" she asked, "let's go back to bed." But he shook her off. Now he was opening the kitchen drawers, throwing their contents on the floor. "C'mon Joe. We'll find what you're looking for in the morning," she said softly. But he was determined, and she could see that her efforts to coax him back to bed were agitating him. She tried again to steer him back toward the bedroom, but he pushed her away. Not hard, but hard enough that it made her stumble. He's not a small man by any means. So, she did what she always does when he's upset: walked away, counted to fifty, slowly, and then came back and tried again. Gave him a smile and said gently "we're going to go to bed now, love, so that you can get

a good rest." It worked, and he walked with her to the bedroom, let her help him into bed. Joe went right back to sleep (perhaps it was the Ativan) but Laura wasn't so lucky. As she sat on the bed the next morning, she thought about the man she'd known and loved for 53 years. She thought about all the plans they had made for when they finally retired: they were going to travel, see Europe together. They were going to eat bouillabaisse in Marseille and sip limoncello on the Amalfi Coast. But she'd been retired for over a year now and she knew they weren't going anywhere. It was hard enough making the hour-long trip each month to see the dementia specialist, Dr. Hughes.

Laura wiped away her tears and got up. Joe would be waiting for her in the kitchen, ready for breakfast and wondering where she was. Actually, she was surprised he hadn't come to find her by now; he was "shadowing" (she learned that term at one of her Alzheimer's support group meetings) her more and more these days. In fact, she rarely had more than a few minutes to herself. "Get it together" Laura muttered to herself, and she went to the kitchen.

"Good morning, love." She smiled at Joe. He looked up at her and smiled back, pointed to her seat at the table. Then she saw he had poured them each a bowl of cereal, had even added the milk. But he was eating his with a fork, and as a result he was wearing most of it on his shirt. She'd have to change him again, put on another load of laundry. "Here, my love, let me help you with that." She brought over a spoon and fed him what was left of his cereal. Then she glanced at the clock on the stove and realized they were going to be late for Joe's specialist appointment (though she'd learned by now not to rush him). To be honest, she was dreading this appointment anyway. The doctors always spoke to her like they knew her husband better than she did. And it was always more bad news. "Your husband's condition is progressing, Mrs. Campbell. It's time to start thinking about long-term care. There are great facilities that can provide Joe with the type of 24/7 care that he needs." That's what Dr. Hughes, the specialist her family doctor had referred them to, had said to her at the last appointment while handing her a pamphlet for Baywood Manor. But how could she send Joe there? Sure, it looked nice, and they had an entire wing devoted to residents with dementia. But would he honestly be okay there? Without her? And what about the cost? Dr. Hughes had told her to plan on spending at least $2000 per month for a 'basic' room—and a room at Baywood Manor was nearly double that.

Laura finished loading the breakfast dishes into the dishwasher, putting the thought of long-term care out of her head. "It's time to get your shoes on, Joe, we're going for a little drive!" she said,

turning around. "Joe?" He wasn't at the table anymore. "Joe!" she shouted, racing into the living room. Laura's heart jumped into her throat. The front door was open. Their property in rural Ontario was only 500 metres from a lake. What if Joe fell in? He wasn't a strong swimmer. She ran outside. "Joe? Where are you!" she yelled. She was starting to panic. How could she not have heard him leave? She must have been too busy wallowing in her own self-pity. "Stupid!" she said under her breath. Then she felt a hand on her shoulder. She whipped around, and there was Joe. He was smiling, and then he handed her a flower. "Oh, Joe!" she said. "You gave me such a scare." She took the lily from him, lifted it to her face and inhaled its sweet, subtle scent. Then she led him back inside.

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"It's not the first time he's left the house without me knowing it" she said later that day, after they'd returned from their appointment. She was recounting the story of Joe's sudden disappearance to Alicia, the personal support worker that came to the house twice a week. "I get more and more worried each time. I always find him, though. Eventually..." she said.

"You know, one of my other families uses tracking bracelets for just that reason. They have a son with Autism, Liam, who takes off all the time" said Alicia, as she turned on the faucet to run Joe's bath, "Have you heard of Project Lifesaver?"

"Project Lifesaver? No, I haven't." Laura replied. She'd wondered before about using some sort of monitoring technology. Maybe one of those fall alert necklaces? But that wouldn't help her *find* Joe, would it?

"It's a new program here in town, run by the police. If you enroll Joe, they'll put a bracelet on him that gives off some sort of signal. Then, if he goes missing, the police can track him down. I don't think the other family I work for has ever had to do that—call the police. They always find the kid in the back yard or at the neighbour's house or something. But Liam's mom says it's a Godsend. She says she can finally sleep through the night, knowing that if Liam does get up and run away, they have a way of finding him. You know, before something awful happens. I mean, you hear these stories…" Alicia trailed off, a somber expression on her face.

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Later that night, after Laura had finally gotten Joe to bed (first he didn't want to take his pills, then he kept trying to put his pajama shirt on backwards), she sat with her tea and opened her laptop.

She typed "Project Lifesaver" into the search engine and pressed enter. She clicked on the first result — Project Lifesaver International's website. '3,972 RESCUED' it said in big yellow letters on the homepage. She scrolled through the website and learned that Project Lifesaver uses wearable radio frequency technology to track and locate people with cognitive impairments who "wander". But purchasing the equipment through Project Lifesaver's website would cost nearly $1000—American! Plus, it seemed a little complicated. Then she remembered what Alicia had said: "it's through the police." She typed "Project Lifesaver" and then the name of her local police department into the search bar. The first result that came up—a news article—caught her eye. It described a situation where a 73-year-old woman living with dementia in a nearby city went missing one winter afternoon and was found dead the next day. Laura shuttered. The article had a picture of their local Chief of Police; apparently the situation in the article was the impetus for their local Project Lifesaver program. 'Project Lifesaver technology reduces the time it takes us to locate someone who has wandered from hours and days to minutes' the Chief was quoted as saying in the article. At the bottom, there was a phone number for "anyone wanting to enroll their loved one in Project Lifesaver" and Laura quickly jotted the number down. She'd call first thing in the morning.

<div align="center">***</div>

"Yes, Mrs. Campbell, that's correct. Once you pay the initial $400 fee, we'll arrange a time to come out and place a bracelet on Mr. Campbell that emits a constant radio frequency signal. Then, if he goes missing, the police will be able to use their tracking antenna to home in on the signal and locate your husband." The voice on the phone belonged to Sonja, a community volunteer that helped run the local Project Lifesaver program. Laura chatted with Sonja for a few minutes more, then gave over her credit card number and arranged a time to have someone come to the house the following day. Then Laura hung up the phone and looked over at Joe, who was in his favourite armchair watching (but not really) the TV. Their beloved dog, Tiny, was curled in his lap. Joe must've felt her looking at him; he turned to her and smiled. Then he pointed to Tiny and looked out the window. She knew what he was trying to say. "Yes, my love, let's take Tiny for a walk." How could she ever put Joe in a home? She was the only one who spoke his language. Maybe Project Lifesaver was the answer. Maybe it was a way for them to stay together.

<div align="center">***</div>

Sue, another Project Lifesaver volunteer, arrived at the house the next day, right on time: 11AM. Laura greeted her warmly and invited her in. Joe, on the other hand, was not as hospitable. He had a hard time with strangers coming into the house, and immediately became agitated by Sue's arrival. Fortunately, Sue was used to this response. She walked over to a photograph of Joe and Laura, picked it up, and brought it to where Joe was pacing back and forth. "Is this you and Laura?" she asked cheerfully, pointing to the picture. Joe relaxed. He walked over to Laura (the real Laura), who reached out and gave his hand a reaffirming squeeze.

"Sue is a friend, she's here to visit with us for a little while" Laura said. Then Laura led Joe over to his armchair and turned on the TV. Tiny immediately jumped into Joe's lap. "Perhaps we could sit and talk for a bit, so that Joe can get used to your presence before you put the transmitter bracelet on him?" Laura suggested to Sue.

"My thoughts exactly" Sue responded with a wink. Laura made them each a cup of tea, and after a few minutes of small talk it was time to get down to business. "Alright, Laura, before we get started, I'll need to go over your 'caregiver contract.'" Sue must have seen the surprised look on Laura's face.

"Contract?" Laura asked.

"Oh, it's just a bunch of paperwork" Sue said, waving her hand dismissively. "Nothing too serious. But I'm required to go over it with you and then I'll need you to sign it. Okay, let's see. First, by enrolling in Project Lifesaver, you are acknowledging you are the caregiver for an individual with cognitive impairments?" Sue looked up at Laura.

"Yes, that's correct. Do you need to see any medical documentation?" asked Laura.

"No, no, that won't be necessary" replied Sue. "Ok, next, I need you to confirm that you will abide by all instructions you receive pertaining to your husband's enrollment in the program."

"Okay, yes." Said Laura. "But what does that mean, exactly?"

"Oh, just that you'll ensure that Joe wears the Project Lifesaver transmitter bracelet at all times and that he's never left unattended. And, you have to maintain the transmitter bracelet by testing the battery daily using the tester device I provide you with. That's really important. Actually, you have to log your daily battery checks on this checklist" Sue said, handing Laura a piece of paper that said 'Project Lifesaver Daily Battery Inspection' across the top. "I'll come back once a month to change

the transmitter battery, but in the meantime, notify us right away if the device is ever not in working order, or if your husband removes the bracelet for any reason. You wouldn't believe some of the things I've seen, people cut the bracelets off all the time, try to flush them down the toilet, that sort of thing." Sue chuckled.

"Anyway, the number to call if there's ever an issue is on the bottom of the checklist. And, you're responsible for the cost of replacing the transmitter bracelet if it becomes lost or damaged. Does that all make sense?"

"Yes… I think so" said Laura, feeling a little uneasy.

"You also must agree" Sue continued, "to notify police *immediately* the second you become unaware of your husband's whereabouts. If that ever happens, if you're ever unsure of where he is, you must immediately call 9-1-1 and tell the operator that your husband is enrolled in the Project Lifesaver program and has gone missing. Then, the operator will dispatch police officers that have been trained and certified to use Project Lifesaver equipment to begin a search operation to locate your husband. Do you agree to call police immediately if you become unaware of your husband's whereabouts?"

"Well, the thing is, there's times he's wandered off before, but I always find him within a few minutes or so…"

"I understand, Laura, but the thing is, in a search and rescue operation *every minute counts*." Sue had a kind but serious look on her face now. "You see, through my Project Lifesaver training, I've learned that the average person who wanders can walk nearly half a kilometer in just 15 minutes. Also, a person with Alzheimer's that has wandered is 'on a mission' and will continue until they are stopped, exhausted, or injured, and after 24 hours up to 60% of people who wander will be seriously injured or dead. So, I can't stress enough, you must call 9-1-1 the very second your husband is out of your sight."

"Ok" said Laura, her throat feeling dry. She took a sip of her tea. Was she making the right decision? Sure, Joe has a tendency to wander off sometimes— more and more, actually. But even though it gave her a scare every time, she always found him. The furthest he'd ever gone was to the neighbour's house, and even then, Mrs. Wheeler had called Laura straight away. Joe was in her

garden, pulling weeds. He's always loved to garden. Did she really need to get the police involved *every time*? Laura was starting to feel overwhelmed.

"You also need to specifically acknowledge that you will not rely on the Project Lifesaver bracelet, and the police, for the safety, welfare, finding, or retrieval of your husband. And you release the police from any and all liability or damages related to your husband's enrollment in the program" Sue looked up at Laura.

"But wait, I thought…"

"It's just a formality. You know, so you can't hold the police liable if something happens" said Sue, waving her hand again. She continued "and, finally, the police reserve the right to remove you from the Project Lifesaver program without notice if you fail to adhere to any terms of this agreement. This includes if you are found to not be completing daily transmitter battery checks. Ok, I think that's it" said Sue brightly. "If you'll just sign here" she said, pointing to the bottom of the "Project Lifesaver Caregiver Agreement".

Laura felt like she had just been through a police interrogation. But she assured herself, this was all just typical legal jargon. She remembered the story of the 73-year-old woman who had died. She picked up the pen and signed the agreement.

"Great!" said Sue. Now I'll need you to fill out this form and return it to the police ASAP. It's a detailed profile of your husband, for their records. You know, so they have all the information they might need to locate him in the event of a wandering incident. And, finally, I need to take a picture of Joe before I leave today." Laura looked at the 4-page form[48] Sue had just handed her. It required Laura to provide a detailed description of Joe, down to his eye colour, facial hair, and any distinguishing marks. She also had to provide his extensive medical history, and— "wow", she thought—disclose any history of violence and weapons (Joe carried a Swiss Army Knife, always had, typically used it for cutting flowers in the garden—would this be an issue?), as well as all of his habits, preferences, and behaviours.

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[48] For a sample of a PL 'caregiver enrollment form,' see appendix A.

"Now, let's get that transmitter bracelet on!" Sue reached into her bag and pulled out what looked like a clunky taupe smartwatch with a thick silicone strap. Laura's stomach was feeling a bit queasy. How would Joe respond to this?

"Is Joe right-handed?" Sue asked. "We always strap the transmitter to their dominant hand, stops them from cutting it off so easily. Though won't stop 'em from trying! I had one girl—10 years old, with Autism—she would take a bottle of olive oil from the kitchen, pour it all over her wrist and slip the bracelet off! Can you believe it? They can get pretty creative, you know, you've got to watch them carefully."

Laura laughed nervously. Sue went over to where Joe was sitting. "Hi Joe," she said, cheerfully. "Look at this!" she held up the bracelet. "It's a present from Laura! It's a brand-new watch. Isn't it nice?" Sue motioned for Laura to come over. Laura walked over and looked at Joe. She didn't like lying to him. Perhaps Joe could sense Laura's unease, or perhaps he just didn't want a stranger putting a bracelet on him (quite reasonable, Laura thought), but as soon as Sue tried to put the transmitter on Joe, he grabbed it from her and tossed it to the ground. Sue looked nonplussed. She picked up the bracelet and started to try again, but Laura stopped her.

"Maybe I could try?" Laura asked. Sue nodded. Laura picked up the bracelet and looked at Joe. "Joe, my love, this is a transmitter bracelet. It's so that I can always know where you are. It's so I can make sure you're always safe. Is that ok?" Joe looked at her, and slowly he nodded yes. Laura put the bracelet on him.

"Well, great!" said Sue. "That takes care of that!" She turned to Laura. "Now, all we need is your banking information so we can set up the automatic withdrawal. It's $10 a month to stay in the program. And that's it! I'll be back in a month to change the transmitter battery. Until then, don't forget to check the battery daily, and make sure you call the police if Joe leaves your sight. Do you have any questions?"

Laura was completely overwhelmed. She was sure she had questions, but only one came to mind: was she doing the right thing?

<p style="text-align:center">***</p>

Later that night, Laura answered her own question. As her head hit the pillow, she felt relief wash over her. Tonight – every night from now on – she would sleep more soundly, without having to

wonder if every little sound she heard was the sound of Joe going out the front door. She thought again of the 73-year-old woman who died. Yes, she thought, she was doing the right thing.

4.3 PL as Caregiver 'Peace of Mind'

PL is primarily marketed as a form of protection and safety for people with cognitive differences who may wander (as described in Chapter 3). However, a central theme throughout PL International's marketing material is that the *value* of PL—that is, the *benefit* of this protection and safety offered—is that it brings 'families *peace of mind* daily knowing that their loved one has protection and safety in case they wander' (Project Lifesaver, Inc. 2022f). Here, PL's value is constructed in terms of the sense of relief it brings to families and caregivers, a value construction that appears throughout PL promotional materials, including in a section of PL International's website that explains to caregivers why they should enroll someone in the program:

WHY ENROLL YOUR LOVED ONE INTO PROJECT LIFESAVER?

Wandering is a very common behavior among those with cognitive conditions, and in that instance, it is very dangerous, and potentially life threatening. By enrolling your loved one in Project Lifesaver, they will become a part of a community that is dedicated to their safety and well-being, while ensuring that in the event that they wander, they will be located within a timely manner and returned home safely. Project Lifesaver will provide your loved one with an additional layer of protection, which will provide your family with newly found peace of mind.

Figure 4.1: A snapshot from PL International's website describing why caregivers should enroll their loved ones in PL programs (Project Lifesaver, Inc., 2022c).

As you can see from this website explainer, PL International first describes PL as a (much-needed) response to wandering that keeps people with cognitive differences safe; then, this safety is linked to the peace of mind it offers caregivers. A similar framing of PL's value appears throughout Ontario PL program websites, some of which repeat PL International's 'peace of mind' sentiment verbatim:

Project Lifesaver has helped provide families peace of mind daily; knowing their loved one has protection and safety in case they wander.

Figure 4.2: A snapshot from Halton Regional Police Service's PL program webpage (Halton Regional Police Service, n.d.).

The above image, taken from the Region of Halton's PL program website, repeats PL International's claim that PL enables caregivers to *know* their loved one is protected, and that this knowledge in turn provides families peace of mind. Caregivers are offered a similar message under the 'Payment Instructions for New Clients' section of the Windsor-Essex PL website:

> Thank you for enrolling your loved one in the Project Lifesaver
> Program. Hopefully this public service program will provide a
> valuable safety net to your loved one and bring peace of mind to you
> as a caregiver (Windsor-Essex PL, n.d.).

Again, PL is framed here as a form of protection (or 'safety net') that brings caregivers peace of mind. Embedded within this framing is the assumption that caregivers of people with cognitive differences are largely preoccupied by the dangers related to wandering and that, by proactively enabling first responders to track someone who has wandered, PL quells these wandering fears. This notion is spelled out in more explicit terms on the PL Niagara website, which assures caregivers that:

> The Project Lifesaver program will help reduce your fear and anxiety
> level… [and] helps to provide peace of mind knowing that if your
> loved one wanders or bolts that you will have an excellent chance of

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having your loved one returned home safely (Niagara Regional
Police Service, 2019).

Thus, while the presented function of PL is that it protects people with cognitive differences by helping police to locate them during a wandering emergency (as described in Chapters 2 & 3), this 'peace of mind' marketing approach frames the *value* of PL in terms of the comfort it brings caregivers, rather than the pragmatic safety it brings to people who have wandered. In this value framework, caregiver needs (or in this case, their fears) appear to take precedence over the needs of people with cognitive differences; this aligns with findings described in Chapter 3 that show PL programs circumvent the needs and perspectives of people who may wander. Importantly, though, this value shift is not readily apparent. On the surface PL is presented to caregivers as a protective safety mechanism for people with cognitive differences and, in fact, any 'peace of mind' marketing is typically accompanied by the promise that PL will keep enrolled individuals safe. In this way, the sense of relief offered to caregivers appears as a fringe benefit of the program, though the thematic analysis reveals it constitutes the basis of PL's value formation. This marketing approach aligns with literature showing how caregiver monitoring technologies are often promoted through language that strategically targets caregiver fears and their benevolent intentions to protect those they care (Marx & Steeves, 2010; Widmer & Albreschtslund, 2021). Parental tracking technology research identifies how companies capitalize on parental anxieties by highlighting to parents the potential hazards their children might encounter, before then presenting surveillance as a means through which caregivers can assuage their safety-related anxieties (Marx & Steeves, 2010).

The centering of caregivers' peace of mind in the construction of PL's value is reinforced throughout the biography of PL International's Founder and CEO, Gene Saunders. The biography opens with a mother's account of caring for her son with autism and describes how the 'once harsh-edges' of the mother's memories of past wandering events were 'softened' once her son was enrolled in PL and, with this, her 'underlying assurance that Project Lifesaver International... has [since] had their backs' (Firestone, 2019, 2). Later in the biography, the author details Saunders' recollection of the first time a PL transmitter bracelet was placed on an individual living with dementia (on April 9th, 1999). While the occasion was significant for Saunders in that it 'marked the official founding date of Project Lifesaver [now PL International]' (Firestone, p. 56-57), he felt the caregiver's reaction in that moment was 'just as important' as she 'finally felt like she could get some sleep' (Firestone, 2019, p. 57). Notably absent from Saunders' recollection of this significant event was the reaction of the

person the monitoring bracelet was placed upon or any indication as to whether the technology was subsequently used to during a dangerous wandering incident.

Importantly, by constructing PL's value primarily in terms of the peace of mind it offers caregivers, PL International and Ontario PL programs predominantly frame any pragmatic utility of PL—that is, its utility in helping first responders locate a person who is lost—in terms of the hypothetical. To illustrate, consider again the PL marketing mentioned at the start of this section, which refers to the program as an 'additional layer of protection' (Project Lifesaver, Inc. 2022c) and a 'valuable safety net' (Windsor-Essex PL website, n.d., Payment Instructions for New Clients) for families 'in case' of a wandering incident (Halton Regional Police Service, n.d., Project Lifesaver Fact Sheet section). This situates PL as a *proactive* safety mechanism that may or may not be needed during a future wandering event. Here, PL's value (the 'peace of mind' it brings caregivers) becomes untethered to both the acute level of risk associated with wandering behaviour and the actual use (and usefulness) of PL during a wandering crisis. In other words, PL is framed as a valuable support for caregivers regardless of whether the person they care for wanders and becomes endangered, and regardless of whether PL can assist first responders in locating them if they do. Indeed, while PL may in some cases help to locate people with cognitive differences who are lost, study findings discussed in Chapter 2 and 3 indicate that PL is not often used in this capacity in Ontario. Yet, despite this low use rate, the value of PL remains intact. It is not about whether the surveillance is, or even will be, required; it is about proactively putting the surveillance in place *in case* of a wandering emergency. Once in place, the program brings caregivers a sense of relief and therefore fulfills its value duty.

While analysis of PL marketing material shows how PL is constructed and promoted primarily as a means for caregivers to attain peace of mind over their wandering fears, such rationales mirrored in my interviews with Ontario PL program administrators and caregivers. Participants spent more time describing their PL programs in terms of the relief it brings to caregivers concerned about a potential wandering incident than they did describing the utility of PL during actual search and rescue efforts. This was true even among the SAR volunteers I interviewed who ran the administrative side of their PL program and assisted police during SAR calls for service involving missing PL program participants. Cameron, a SAR volunteer, referred to PL as 'more of an insurance policy for the families than anything else.' Al, the SAR Search Manager I spoke with, shared a similar sentiment— one that sounded curiously similar to Saunders' recollection of the first PL deployment:

> … it's like heaven sent to them. The one woman actually went to sleep and slept through the night, knowing if her husband did take off, we would be able to find him quickly. It's just that peace of mind.

Throughout these interviews, it became clear that non-police individuals tasked with deploying Ontario PL programs and technology viewed PL as a contingency safety plan that, once in place, tempered families' concerns regarding a potential wandering incident. Similar to how PL is promoted in marketing material, interview participants framed PL's value primarily in terms of the relief it brings to caregivers these framings were disconnected from any pragmatic need for, and use of, PL during search and rescue events. In fact, participants would often emphasize the value PL brings to caregivers even after (or perhaps in light of) disclosing to me that the technology is not often (or, in some cases, has never been) used to locate someone enrolled in their program. Al, who had described PL as 'heaven sent,' described his involvement assisting police in SAR events involving people witch cognitive differences during our interview, though it was unclear to me whether PL technology was used during these searches or whether, instead, the missing person was located using conventional means. At no time did he specifically reference using PL antenna to locate a wandering person. Further, while there were 42 people enrolled in his PL program at the time of the interview, Al told me that he and his team were 'not having a lot of people run away.' Patty, who oversees a different PL program, shared a similar sentiment, framing PL as 'reassurance' for families while noting that her and her team had 'never had anyone go missing yet' in the 3 years their program had been operational. Likewise, Claire, the Director of an Ontario LTC facility that enrolls residents with dementia in their local PL program, told me how families of residents 'definitely feel better with [the resident] wearing [the transmitter bracelet]' even though she and her staff had never called the authorities to locate an LTC resident enrolled in the program. These quotes underscore research showing that wandering is a significant (though, at times, irrational) concern for caregivers (e.g., Greene et al., 2021; Wherton et al., 2021), and signals a collective assumption among those administering the program that caregivers of people enrolled in PL will automatically assume (or, 'feel') a sense of safety and security brought about by the surveillance mechanism. Even Ontario police organizations seem to share this assumption; internal police correspondence reveals the Essex County detachment of the OPP conducted a pilot PL project in 2005 to determine whether the program should be implemented in Essex County. In 2010, the OPP included the 'results' of this pilot

project in their official (though internal) 'OPP Position on Project Lifesaver Locating Technology,' stating:

> Since 2006, trained officers in Essex County have activated the
> Project Lifesaver locator technology three times. In each case, the
> client was located before the deployment of tracking personnel.
> There are about 40 clients using the transmitters in the County.
> Officers and family of these vulnerable persons have indicated that
> the technology is comforting to have as one option for locating these
> clients. (OPP, 2010)

The above quote shows how both families and police view PL technology as 'comforting' to have in place despite no evidence that the technology assists officers in locating a wandering person (and, in fact, evidence that the technology is *not* required during such incidents). Overall, this tendency to assume that surveillance will deliver a felt sense of safety mirrors society's collective hyperfocus on risk and the pervasive underlying logic that the most effective strategy for safeguarding against any risk we face is to closely monitor it (see Bennett et al., 2014). Though as surveillance scholars point out, this logic stems primarily from subjective perceptions (feelings) of threat and surveillance-induced security that are not necessarily grounded in empirical or tangible evidence (e.g., Bell, 2006; Bennett et al., 2014; Marx, 2016).

After describing how she had not yet called the police to locate a wandering resident, Claire recounted a time that her staff *should* have called 9-1-1: a resident wearing a PL transmitter had wandered, but her staff had quickly located the individual outside of the LTC facility (though still on their property) without involving the police:

> Once we should have called [the police], apparently. So, what I've
> since learned—we did lose a resident on [the program], but we found
> them…. She was found fairly quickly in the area, but we never called
> them, because we found her. We always do our own building search
> and everything, but we should have called them right away.

Claire then recalled how the police had reacted after learning of the incident. They made a point of telling Claire that not calling them was a mistake:

> … the OPP, when they learned of it, they said, "the first thing you
> should have done was call [us]." They want to be notified right
> away, even if we do find [the missing resident], because they want to
> trace their habits and what's happened.

Claire's statement indicates that Ontario police have adopted PL International's recommended PL program requirement that mandates caregivers to promptly call authorities upon suspecting the program participant has wandered, regardless of the circumstances. Claire's description of the situation also suggests that PL program requirements do not account for individualized caregiver needs. Indeed, research shows caregivers can accurately identify when a wandering situation represents a critical emergency and want to retain the ability to make this judgement (Greene et al., 2019), yet PL program stipulations work to remove the capacity for caregivers to make such determinations. Further, while PL International frames this requirement as crucial to ensuring the safe return of a wanderer (e.g., this point is emphasized throughout the PL training course[49]), Claire's interpretation of this requirement, which is based on her discussion with the OPP, is that police want to be alerted immediately of any wandering incident—even if the situation is quickly and informally resolved without police involvement—for their data collection purposes. Claire's interpretation aligns with police surveillance literature that shows how police are increasingly adopting a 'dragnet' approach to surveillance whereby they 'passively track a large number of people' and then retroactively mine data for useful information (Brayne, 2017, p. 996).

Mary, the caregiver I spoke with whose husband with advanced Alzheimer's was enrolled in PL, also echoed the framing of PL put forth in the program's marketing material. Like the PL program administrators I talked to, Mary described PL as a back-up plan that eased her wandering concerns. She also disclosed that she had never called the authorities to locate her husband—not before nor during his three years in the PL program. I was curious as to what led Mary to enrolling her husband in the program, given that there did not seem to be a pressing need for the surveillance. When I asked her as much, Mary began her answer by describing to me how her husband, Sam, enjoyed going for daily walks alone. They lived together at the edge of a Northern Ontario town that she described as 'cottage country,' and the route Sam would typically walk (the same route that they would often walk together) followed the shape of the letter 'P,' with slight variations along the way:

> Well, he can walk by himself, he will go down the driveway, follow
> our route. We have it, sort of like a like a "P": you go out, you go
> along the road, and then there's a circle and you can come back down
> the road. And we live by the water, he has to cross a little bridge. I'm

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[49] This requirement is emphasized throughout PL International's training program, where public safety personnel are told that 'most caregivers wait too long before calling [authorities]' and thus jeopardize the SAR mission (PL Basic Operator Course slide 186, 2019).

> not ever worried about him going into the water. But when he goes…
> out of our driveway, he could turn left or turn right. Mostly he turns
> right. And when he gets to the next street he could turn left or turn
> right. Normally, he turns right. And then when he gets into the, into
> the bush path that we've got, this is a road out to some cabins, he
> could go either way on that "P". You know when I talked about that
> circle?

Though Mary would remind herself that 'he always returns,' she was concerned about the potential for Sam to deviate from his daily walking route and become lost and endangered. She described to me a nearby highway with large transport trucks that passed through and how she worried that, if something did happen to her husband, no one would be able to contact her because Sam does not carry a wallet or ID with him. One day, she shared these concerns during a visit to her nearest Alzheimer's Society chapter. The organization was involved in administering PL and a representative gave Mary more information about the program; Mary enrolled her husband shortly thereafter. Though Mary had never had to call police to locate Sam prior to enrolling him in PL, she described the instant relief PL brought her: 'as soon as I put [the PL tracking bracelet] on, I knew that I would find him… I knew I had a back-up.' Like other interview participants, Mary described the value of PL in terms of the hypothetical: it was a back-up plan, there in case her husband took a wrong turn, and this is what brought Mary a sense of relief. Mary also reiterated how she had never elected to call police to track Sam in the three years he had been enrolled in in the program—even when he took longer on a walk than usual, and she started to worry. She told me how she would always find him herself, eventually:

> We got contact information from [the police], how to call them. But,
> if, you know, I'll give way in about an hour. And if he doesn't come
> back, I'll search. If I can't find him, I'll call them. I've never had to
> call them. Yeah.

Like Claire's staff at the LTC facility, Mary did not seem to be following the PL program requirement that stipulates caregivers must call police immediately if they are unsure of the enrolled person's whereabouts. Again, this suggests a tension between caregiver needs and PL program requirements: both Claire and Mary indicated that they use their (so far, accurate) judgment when it comes to determining whether wandering represents an emergency, despite program requirements that mandate caregivers hand this decision-making authority to the police. However, it seemed that Claire and Mary were, to varying degrees, tailoring PL to their specific needs, though in doing so they

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were at risk of police reproach or being removed from the program altogether. Other participants also expressed a desire to tailor the PL program or technology, including their attempts to disguise the transmitter discussed in Chapter 3.

Although interview participants highlighted aspects of PL that were not entirely congruent with their practical needs, they continued to view PL as a valuable form of caregiver support in that it brings caregivers peace of mind. Moreover, they described this value as both automatic and instantaneous; automatic in that the peace of mind occurred regardless of whether the technology had been (or ever would be) used as a wandering response, and instantaneous in that the peace of mind occurred immediately upon enrolling their dependent in the program. Recall how Mary described the relief she felt 'as soon as' the transmitter bracelet was placed on her husband, and how this relief was sustained despite her never having to alert the authorities of a critical wandering emergency. Likewise, consider SAR manager Al's description of the caregiver who, upon enrolling her husband in PL, finally slept through the night. Overall, interview participants' descriptions of PL's value suggest the surveillance program carries somewhat of a placebo effect: they feel caregivers gain instant relief from their wandering fears just by enrolling the person they care for into the program— regardless of the propensity for their loved ones to wander and become endangered. Their relief stems from their wandering fears (and not necessarily their wandering experiences) and is generated simply from the felt presence of the surveillance mechanism. Again, this underscores the point made by surveillance scholars that surveillance has become so ingrained as an appropriate threat response in our contemporary 'risk society' (Beck, 1998) that the mere presence of surveillance is linked to perceived reassurance and security (e.g., Bennett et al., 2014; Marx, 2016).

4.4 Tangential Support for Caregivers

Ontario PL program administrators that were interviewed consistently acknowledged that caregivers face a significant caregiving burden beyond the issue of wandering, and felt PL offers caregivers a form of support that extends past their wandering or safety concerns. Cam, a SAR volunteer I spoke with, suggested PL surveillance affords caregivers opportunities for respite from their caregiving duties: 'Now they don't have to be home all the time. They can have fun, jobs, and be out of the house. They can relax,' he told me. Cam was suggesting that, once caregivers of people with cognitive differences enrolled their dependents in PL, they could take more time for themselves, knowing there was a safety mechanism in place should a wandering event occur. However, my

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interview with Mary, whose husband Sam had been enrolled in PL for three years, somewhat contradicted this suggestion. Though PL brought Mary relief, and perhaps allowed Sam to continue his daily walks by himself despite the progressive nature of his dementia, Mary was no less vigilant once Sam started wearing a PL transmitter bracelet. She kept close track of where he was headed and how long he was taking, often going out to look for him on her own when he did not return in the expected timeframe. Thus, while PL offered Mary reassurance, it did not afford her opportunities for respite. Mary did, however, confirm that caregivers of people with cognitive differences carry a tremendous care burden beyond their wandering concerns and need reprieve from their caregiving duties to cope with their physical and emotional strain. In fact, while Mary detailed her wandering concerns toward the start of the interview, we spent most of the interview discussing her non-wandering related care duties. I was taken aback by the considerable physical care tasks Mary performed daily, as she described to me her typical morning:

> I have to cue him—a lot of cueing, [like] "okay, it's time to go and change, time for a shower" and if I don't catch him fast enough, he has had a bowel movement… so he has more laundry. I have to change his pads on the bed, his side of the bed, so it's washing those, changing sheets sometimes. I have to lay out his clothes for him… [then] he'll sit down and have breakfast… sometimes he tries to eat soup with a knife, or he puts his hand in the salad and eats with his hands. So, the apron has saved his clothes and I have to wash those, I have enough that I was washing them every other day sort of thing.

Mary described how her entire day is structured around providing care for Sam, not only taking care of his essential needs (which are significant) but also filling his days with suitable and enjoyable activities. She stressed the meticulous planning that goes into coordinating any activity for Sam and how she must maintain her role as vigilant caregiver even during shared leisure activities. However, to my surprise, the effort required to manage Sam's daily needs was not the most arduous part of caregiving for Mary. When I asked her what she found most difficult about her role as a caregiver, Mary shared how she struggled with letting go of activities she once enjoyed, like playing cards with her friends, and how she found it difficult to cope with having no time to herself:

> I've really kind of slowed down myself and, this year, I started asking myself "well what am I not doing that I used to be able to do," right? And the list is getting longer. But, accepting the fact that I can't do everything right now. And I do what I can for myself, what activities I can get out to do. But it's just, it's a disease, we're in this for the long haul and let's just cope with it… So, I think that and the

> fact that, for me, I have to sort of hide to get time for myself.... I
> think that's the hardest part... I turn around in the kitchen, he's right
> behind me. And so, that's one of the things that I find the hardest...
> there's no, for me, there's no getting away from it.

The grief that came through in Mary's response to my question aligns with literature showing that caregivers of people with cognitive differences struggle to cope with the intensities and losses associated with their role as carers (e.g., Gross et al., 2021; Pilapil, Coletti, & Rabey, 2017). Though her husband had been diagnosed with an advanced form of Alzheimer's disease 8 years prior to our conversation, Mary continued to feel a sense of loss over the life she once knew. She described the all-consuming nature of her caregiving role and lamented the fact that she is 'in this for the long haul' and 'there's no getting away from it.'

Patty, one of the PL program administrators I spoke with, also echoed Mary's sentiment. When I asked Patty what she thought was the hardest part of caregiving for people with cognitive differences, she described what she perceived to be a sense of loss and loneliness that caregivers experience:

> … I think the caregiver, I think as the disease progresses, there's that
> huge sense of loss. That 'this is, this isn't what I thought this was
> going to be like, we had so many plans and I didn't think I was going
> to be alone' or 'I didn't think I'd have nobody to talk to' or, that type
> of thing. So, I think it's that sense of loss and then [the related]
> loneliness that the caregiver experiences.

Of note, Patty then characterized her monthly home visits to conduct PL transmitter battery changes as a source of emotional support for caregivers that helps them to cope with these feelings: 'it's one more person to listen to the family's story, one more support that they have,' she told me. Like Cam, the SAR volunteer I interviewed who felt PL offers caregivers reprieve, Patty felt that PL offered caregivers a form of emotional support that extends beyond their wandering needs. Mary, on the other hand, did not seem to view PL in the same way. While she acknowledged that PL alleviates some of her wandering concerns, providing her a sense of instant relief, she did not mention any further program benefits. She did, however, stress the value of human support. When I asked her how she copes with her caregiving strain, she described the people in her life that support her. She mentioned how glad she was to have 'good neighbours' that watch out for Sam, sometimes calling her if they see him wandering, and who 'step in' to stay with Sam if Mary needs to go somewhere by herself. Mary also described weekly phone calls where she confides in close friends and family members, and how

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her daughter—who lives six hours away—will take time off work to stay with her when she is 'going through a rough patch.' Additionally, Mary described how she finds solace in attending community support groups for caregivers of people with dementia—groups that offer simultaneous programming for the individuals with dementia being cared for. According to Mary, these groups allow both her and Sam to 'exercise and socialize with other people that are going through the same journey.' However, Mary and her husband have to drive for over an hour from their rural community to a neighbouring city to attend these groups, and the long drives can often be taxing. Mary described how any excursion with her husband requires considerable planning to make sure, for example, there are accessible washrooms available along any route they take:

> [now] we stop at a particular Timmy's because it has a handicapped washroom. And we- I have, like he'll go into the men's washroom, but I don't know what he does. Sometimes he'll sit down on the toilet without taking his clothes off. One time he went in there, he had a bowel movement, he had his pants down, it went all over the floor. So, we go to the handicapped one, [that particular Tim Horton's] is the place that has it. McDonald's next door doesn't have it.

At times, the long drives with her husband are also dangerous. She recalled a time her husband grabbed her arms while she was driving on a major highway:

> Sometimes coming home in the car… he would want to turn around. [He'd say,] "turn around, turn around!" It's a four-lane highway… he would point at the road and point back to [where we came from]. I said, "no, we're not going back, because we're going home." … I kept going, and one time he grabbed my hand on the wheel—he grabbed my arm. He was shaking me. I just put my, slammed the brakes on and pulled off. It was in the wintertime.

As Mary shared her story, I took note of how crucial human-led social support was in terms of helping Mary to cope with her immense physical and emotional strain. However, I also took note of some considerable gaps in the formal support infrastructure available to her. For example, there was clearly a paucity of community support groups (and accessible washrooms) in her locale. In addition, the support provided to Mary and Sam by Ontario's Ministry of Health and Long-Term Care appeared to be woefully inadequate. Mary described how she had been assessed by a government caseworker and had only been approved for 10 hours a month of home care—that is, 10 hours a month where a government approved personal support worker would come to her home and care for

Sam. Though even these 10 hours of formal support did not guarantee Mary reprieve. She described to me how difficult it was to find a support worker that Sam would allow in their home:

> …in the beginning, these homecare workers would come through
> and I thought, "well, jeez, they're here. I could leave." Well, no, I
> can't. Because what Sam did was, he physically pushed them out the
> door. Once I left, he did that to a couple of people until Eva walked
> through the door and they connected.

Eva was the only support worker that Sam would allow to care for him. However, even after finding a suitable care worker that her husband connected with, Ontario's support system continued to fail everyone involved. Mary described how Eva grew tired and frustrated from the demands placed upon her by her government employer, including being sent to multiple homes back-to-back with not enough travel time in between:

> Eva was getting tired of being told to "be here at nine o'clock!" and
> then "be there [in another location]—a half hour drive [away]—but
> be there in 15 minutes!" kind of stuff. But she couldn't. And
> everybody was getting upset because they wanted her to be there.

Eva was so overworked that she eventually quit, and Mary was forced to hire her privately. This situation is indicative of known deficiencies in Ontario's health and LTC system, including that home care services are under resourced and that personal support workers experience precarious work conditions and high levels of occupational stress (e.g., Brophy, Keith, & Hurley, 2019; Ho et al., 2023). These issues are especially persistent in rural communities (Cooke et al., 2019; Parmer et al., 2021) and have been compounded by COVID-19 (Parmer et al., 2021).

Overall, my interview with Mary highlighted to me how crucial human-level support is for caregivers and those they care for, and how inadequate Ontario's support system is in this regard. However, the Ontario PL program administrators I spoke with felt PL could fill some of these system support gaps. As described, these participants believed that PL surveillance afforded caregivers opportunities for respite, and they felt that the human interactions facilitated by PL, such as the monthly transmitter battery replacement visits, offered caregivers a form of emotional support that extended beyond any safety concerns. Participants also shared the belief that caregivers wish to avoid moving their loved ones into long-term care (LTC) facilities but are often forced to because of caregiving demands including those related to wandering. More specifically, they felt that the dangers presented by wandering, coupled with the lack of support available caregivers, made avoiding LTC

difficult. Interestingly, participants felt that PL offers caregivers a solution to this dilemma. PL program administrators suggested that, by enrolling their dependent into PL, caregivers could avoid the move to LTC. This shared sentiment is summarized here by Luc, an SAR volunteer involved in his local PL program:

> I think the reason they're not in a [LTC] home, otherwise they might be, is the fact that the caregivers, the family now has some degree of comfort there as to [say], "listen, there's a plan if they wander, there's a plan here to quickly recover them" and otherwise, they might well have wound up in a care home… And now [by enrolling in PL], they have some comfort there to say "well, okay, now there's a plan".

Here, Luc was suggesting that families' wandering concerns are a major factor in their decisions to move someone into LTC and that, by proactively addressing these concerns, PL allows families to stay together. Yet, contrary to this suggestion, PL did not seem to offer Mary a way to keep Sam out of a LTC facility. Mary described how it was Sam's deteriorating cognitive condition, and with this, a holistic increase in his daily care needs, that necessitated a transition to LTC—all despite his enrollment in PL. However, I was once again confronted with the inadequacies in Ontario's formal care infrastructure as Mary shared with me her frustration with LTC facilities. Mary detailed how all her local government-run LTC facilities are consistently at capacity and have long waitlists for new residents. She then described how families are often required to make split-second decisions regarding whether to institutionalize their loved ones once they make it to the top of the LTC waitlist or risk being removed waitlist altogether—a move Mary perceived as an institutional strategy to manage LTC over-capacity. Indeed, Mary had received just such a call the week I spoke with her; Sam had been on an LTC waitlist for over six months and Mary had been dreading the call she knew was coming. She described the situation:

> This is very traumatic for us right now… we knew it was coming, but it came all of a sudden. We didn't get any warning… And so, the call came yesterday. I was afraid to answer the phone... and they say, "okay you have 24 hours to respond to this and [if you accept] he will move in on Tuesday at 10 o'clock."

Indeed, despite Mary's overwhelming obligations as a caregiver, and her husband's increasing care needs, Mary agonized over her choice to accept an LTC bed. She was emotional as she described how she continued to question herself and whether she had made the right decision in accepting:

> I just confirmed it this morning and on Tuesday he goes in and accepts his bed… but I don't think he understands and I'm really dreading Tuesday... and now, talking to you, I'm getting a little weepy… Mentally I've been waffling back and forth because all of a sudden now these days have been very good. And I keep looking at him and saying, "you know, he's not going to be here in six days"

Mary then told me how it would take both her and her husband 'time to adapt' to this move before telling me that Sam's shadowing of her was 'one of the key issues' she was worried about. Ironically, it was Sam's constant following—one of the things she struggled with the most in her role as a caregiver—that was causing her the most concern. Her emotional turmoil was clear as she further explained: 'Tuesday morning we'll go in with suitcases packed... [but] this is not going to be good. He's going to be looking for me.' Mary seemed to be grappling with several internalized tensions, such as a simultaneous belief that Sam needed more physical care than she could provide *and* that he needed her with him, as well as her own need for more time to herself which conflicted with her knowledge that once he moved to LTC she would miss being with him.

Overall, interview findings highlight the tremendous burden that caregivers of people with cognitive differences face and underscore the current pressing need for increased caregiver support systems in Ontario, especially in rural communities (see Parmer et al., 2021). Mary's story in particular highlights how crucial human support systems (e.g., family members, friends, neighbors, personal support workers, and community support groups) are in helping caregivers to cope with their immense physical and emotional strain. However, contrary to the beliefs held by the PL program administrators that I spoke with, Mary did not suggest that PL can fill gaps in emotional and respite caregiver needs. In fact, even as a form of wandering prevention, PL does not appear to substitute the human gaze; though PL brought Mary a sense of relief, she remained vigilant about her husband's whereabouts and continued to rely on neighbours to help prevent dangerous wandering events. Likewise, PL program requirements necessitate that caregivers remain with, and closely watch, anyone enrolled in the program. Thus, while state-facilitated surveillance technologies are increasingly used as a stand-in for human-led public support services (see, for example, Eubanks, 2018; Huckvale, Wang, Majeed, & Car, 2019; Lyon, 2007; Murakami Wood & Webster, 2009; Pink, Berg, Lupton, & Ruckenstein, 2022), findings from the current study suggest that surveillance technologies do not adequately *replace* human structures of care. To clarify, interview participants all indicated that PL technology is not often required as a wandering response; further, if PL surveillance

technology is deployed in a critical wandering incident, it is because human forms of monitoring have failed. Interview participants did agree that PL provides emotional relief to caregivers, though they stressed that caregivers' emotional needs extend beyond their wandering concerns and include 'time for themselves' and 'someone to listen to their story.' According to Mary, these needs are not met by PL but rather are supported by family, friends, personal support workers, and community support groups (this is also supported by caregiver literature [see, for example, Arriagada, 2020]). Other interview participants suggested PL does address these emotional and respite needs, but not in ways built into the program. Emotional support might come from caregiver interactions with PL program administrators during monthly battery checks, for example, but the intended purpose of these battery checks (according to PL International) is to maintain PL equipment, gather additional personal information, and ensure program compliance (as described in Chapter 2). Likewise, caregivers may feel more comfortable taking time for themselves once their dependent is wearing a PL transmitter bracelet, though PL program requirements stipulate that caregivers must remain with (and closely watch) their dependents 24/7.

4.5 The Responsibilization of Caregivers

As described thus far in the chapter, PL marketing presents the surveillance program as a form of protection and safety for people with cognitive differences but frames the value of the program in terms of the peace of mind it brings to the individuals who care for them. This framing is also reinforced by Ontario PL program administrators and caregivers, who perceive the value of the program—to varying degrees—in terms of the support it can offer to caregivers. However, further analysis of PL discourse and practice shows that the program contributes to caregiver responsibilization. In other words, the program actively shifts the moral and structural responsibility of supporting people with cognitive differences away from the state and places it squarely on the shoulders of caregivers, who, as a result, are required to manage and be liable for the safety of those they care for.

4.5.1 The Moral Responsibilization of Caregivers

The first way that PL responsibilizes caregivers is by propagating the idea that caregivers are morally obligated to protect people with cognitive differences from wandering (by deploying surveillance technology). This is revealed through PL marketing that emphasizes the caring elements of surveillance. To illustrate, recall how PL marketing and training material both amplifies wandering

risks and then presents their surveillance program as wandering risk protection. For instance, consider again the section of PL International's website that describes to caregivers why they should enroll their loved ones in PL, described earlier in the chapter. Caregivers are told:

> Wandering is a very common behaviour among those with cognitive conditions... it is very dangerous, and potentially life threatening. By enrolling your loved ones in Project Lifesaver, they will become a part of a community that is dedicated to their safety and well-being, while ensuring that in the event they wander, they will be located within a timely manner and returned home safely. Project Lifesaver will provide your family with newly found peace of mind. (Project Lifesaver, Inc., 2022c)

This sentiment, repeated throughout PL marketing material, targets—and amplifies—existing caregiver fears related to wandering (see Greene et al., 2019) and presents PL as a wandering safety mechanism. This presentation of PL surveillance as safety then easily translates to PL surveillance as care, both for people with cognitive differences (who are offered much needed 'protection') and their caregivers (who are offered much needed 'peace of mind'). Other rhetorical devices are also used throughout PL marketing to further establish this surveillance-care link. Take, for example, how the above quote refers to PL as a 'community'—one that is 'dedicated to [the] safety and well-being' of those enrolled in the program. This establishes the PL program (which is, at its core, a police surveillance program) as not just a form of surveillance-based care but also as a 'dedicated' (i.e., caring) community that caregivers and their dependents can join. Furthermore, PL marketing does not limit the construction of surveillance as 'care' to the PL program and technology. Rather, it implies that surveillance in general is an essential component of caregiving. For instance, throughout PL International's website, caregivers are urged to implement a range of monitoring devices to keep their loved ones safe from dangers both related to and beyond the risks associated with wandering. The 'wandering prevention' section of the website offers caregivers a variety of tangible wandering prevention resources, including 'A Caregivers Guide to Wandering' which caregivers can purchase[50] to access surveillance tools like fingerprinting ink and a DNA collection kit:

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[50] The booklet can be purchased for $3.99USD but is only available in the U.S.; notably, PL member agencies (e.g., police organizations) can also purchase the booklet and have their agency's logo placed on the cover, ostensibly to offer to caregivers of people enrolled in their local PL programs. It is unclear whether these booklets have been purchased by any agencies affiliated with Ontario PL programs.
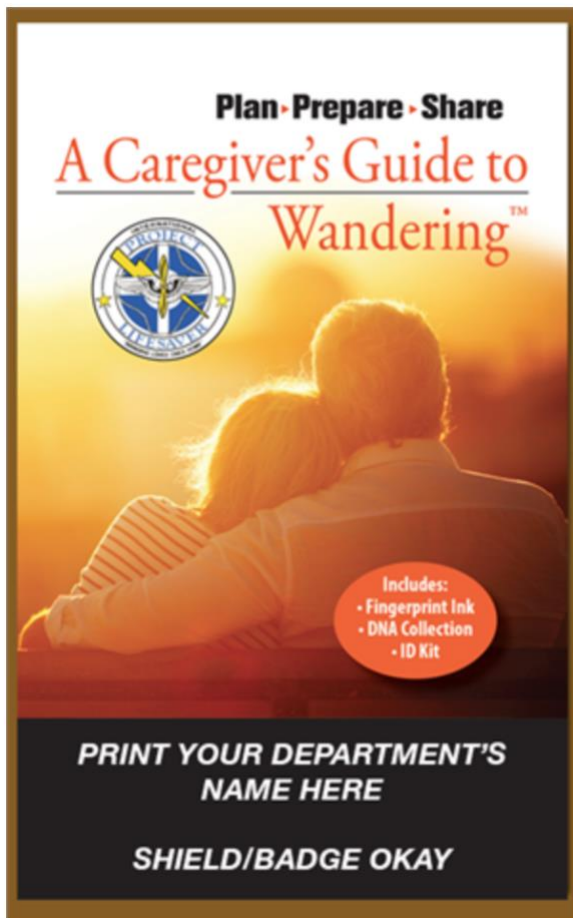
Figure 4.3: The cover of PL International's wandering resources booklet, available for purchase by caregivers (Project Lifesaver, Inc., 2022j).

Inherent to the provision of these caregiver 'resources' is the suggestion that caregivers should proactively implement a range of surveillance measures to ensure their dependents are protected from danger. Likewise, several organizational blog posts implore caregivers to implement a range of home monitoring technologies (in addition to enrolling their loved ones in PL) to keep those they care for safe from injury. A post stressing 'The Importance of Home Security for Those with Alzheimer's' reads:

> Project Lifesaver provides peace of mind in cases of wandering away
> from the home or caregiver, but measures can be made in the home
> to prevent injury from within.... Research, along with the gadgets or

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alarms you deem the best fit for your family, can help you protect
your loved ones. (Project Lifesaver, Inc., 2020, para. 5)

In a similar post, caregivers of children (with or without autism) are told:

A home security system is a great option for the home, whether you
have an autistic family member or not... While Project Lifesaver
works to bring your loved one home if they wander, security within
the home can help minimal injuries and accidents. For example, a lot
of caregivers are working from home these days. Having a home
security camera, such as a CCTV, can help you in tracking your
child within the home when you are not able to give 100% of your
full attention. You can easily be alerted if your child opens a door to
wander. (Project Lifesaver, Inc., 2021a, para. 1-2)

These blog excerpts further entrench the link between PL and 'care' by normalizing surveillance as
integral to care-*giving*. Importantly, this process of normalization is part of a more subtle, yet
pervasive, PL discourse that not only situates 'surveillance' as 'care' and as integral to 'caregiving'
but also equates caregiver surveillance with *good* care practices. In other words, language is used to
suggest that, not only is surveillance beneficial when it comes to caregiving, but that it is part of a
caregiver's responsibility in the provision of 'good' care. Here, caregiver surveillance takes on a
moral quality through the message that facilitating the protection of vulnerable populations is a
caregiver's *responsibility*. Consider again PL International's blog post on 'home security and autism,'
described above, which seems to insinuate that home security systems can alleviate the challenges
parents face when they are working from home and unable to give their child their 'full attention.'
The post concludes with this message for caregivers:

Raising any child can be stressful, challenging, and a big
responsibility. Home security systems play an important role in
protecting your child with ASD[51]. You can overcome challenges
with proper preparation and the right tools. (Project Lifesaver, Inc.,
2021a, para. 4)

This concluding statement drives home the message that the 'responsibility' of protecting children
with Autism (through surveillance) falls solely on caregivers in spite of any challenges that caregivers
face. In other words, this responsibilizing sentiment effectively disperses the (amplified) risks facing

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[51] ASD stands for Autism Spectrum Disorder, 'a lifelong neurodevelopmental condition' that 'presents in many
ways and can affect [a person's] sensory processing, social communication, ability to carry out certain tasks,
[and] emotional and behavioural regulation' (Government of Canada, 2023)

people with cognitive differences to their caregivers, who become morally obligated to manage these risks through surveillance. Here, the need for surveillance is once again disconnected from any acute level of threat. Caregivers are implored to *proactively* implement surveillance mechanisms to protect their dependents from any *possible* danger or harm. Conversely, the choice *not* to monitor one's dependents—and therefore not take measures to proactively keep them safe—becomes equated with irresponsible parenting. Consider, for instance, the following excerpt from the biography of PL International's CEO, Gene Saunders. The excerpt (written by the biography's author who, at times, quotes Saunders directly) describes Saunders' message to caregivers who 'deny' the problem of wandering:

> The initial hurdle often involves overcoming caretakers' deniability of the problem. The first time a person wanders, it's easy for guardians to argue that he or she has only wandered once... 'Well,' [Saunders] poses, 'how many times do you want them to do it?' Others argue that their loved ones will only wander within the neighborhood. Saunders asks, 'What will happen the day the neighbors don't spot them?' (Firestone 2019, p. 96)

The surface messaging here is that caregivers of people with cognitive differences who deny the imminent danger posed by wandering are simply incorrect, but the more implicit message is that caregivers who deny this danger, and who do not enroll those they care for in PL, are contributing to the risk their loved ones face. Rather than viewing caregivers as generally knowledgeable about the acute threat level posed by their dependents' wandering behaviour, this messaging views caregivers who do not proactively enroll their dependent in PL as irresponsible. Overall, then, PL International marketing reinforces the idea that caregivers should adopt a range of surveillance technologies to keep those they care for safe, and, in so doing, equates surveillance with 'good' caregiving practices. This, in turn, positions caregiver-initiated surveillance as both a safety precaution and a moral imperative.

4.5.2 The Structural Responsibilization of Caregivers

While the PL marketing situates caregivers as morally obligated to protect people with cognitive differences through proactive surveillance measures, the program also structurally requires caregivers to shoulder the costs associated with this surveillance protection. To begin, caregivers must manage a significant portion of the program's day-to-day operations. When enrolling someone in the program, caregivers are required to provide police with extensive and accurate informational profiles of the

person being monitored (see Chapters 2 and 3). In addition, caregivers must arrange for police or other PL program administrators to come to their homes on a regular basis to change PL transmitter batteries. Caregivers are also tasked with performing and logging PL transmitter battery checks on a daily basis, and they are responsible for ensuring the monitored individual wears the PL transmitter at all times. If the transmitter is ever removed or found to be defective, caregivers must immediately alert PL program administrators. Finally, PL programs are structured so that caregivers absorb a significant portion of associated financial costs. Though police agencies (or other public safety organizations) are responsible for paying initial PL program and equipment fees,[52] PL International encourages local agencies to recoup these costs in part by requiring caregivers to pay[53] a one-time enrollment fee and ongoing monthly equipment maintenance fees. PL enrollment fees for caregivers in Ontario range from $100-$500 CAD and ongoing fees range from $10-$25 CAD per month.

Overall, the parameters of PL not only designate caregivers as responsible for managing the physical safety of the individuals with cognitive differences they care for, but also requires them to manage PL program operations and shoulder PL program costs. These obligations can add to an already-substantial caregiver burden; at the same time, PL program requirements appear to reduce opportunities for caregiver reprieve by mandating that they remain with the person enrolled in the program at all times. Relatedly, PL requirements remove caregiver discretion over how potential wandering incidents are handled by obligating caregivers to call the police if the monitored individual moves out of their immediate purview (though, as described earlier, findings suggest that Ontario caregivers do not always adhere to these program requirements). Thus, findings show how PL moves program costs from PL International to public safety agencies and then, ultimately, to caregivers. At the same time, police and PL International retain control over how the program operates, including how the information collected by the program is used and accessed (refer to Figure 2.9 in Chapter 2 for more on this).

The significant caregiver obligations built into the PL program by PL International are explained to newly partnered police agencies through heavy emphasis on securing caregiver 'compliance.' For instance, PL International's 2-day 'PL Basic Operator Course' outlines caregiver

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[52] For more information on PL start up fees, see Chapter 2.
[53] According to FOI data, most Ontario PL programs have subsidies available for low-income families; subsidies are typically provided through non-police organizations (e.g., donations from local charities or businesses).

program requirements to newly partnered public safety agencies (mostly police) and stresses that caregivers are one of the 'most important part[s] of the Project Lifesaver program' (PL Basic Operator Course slide 188, 2019). Caregiver program responsibilities and the need for caregiver compliance are similarly emphasized throughout PL International's Annual Conference (research memo, 2019). To then facilitate this compliance, PL International encourages partnered agencies to implement a 'three strikes' rule, whereby caregivers who repeatedly fail to complete the requirements outlined above are removed from the program altogether:
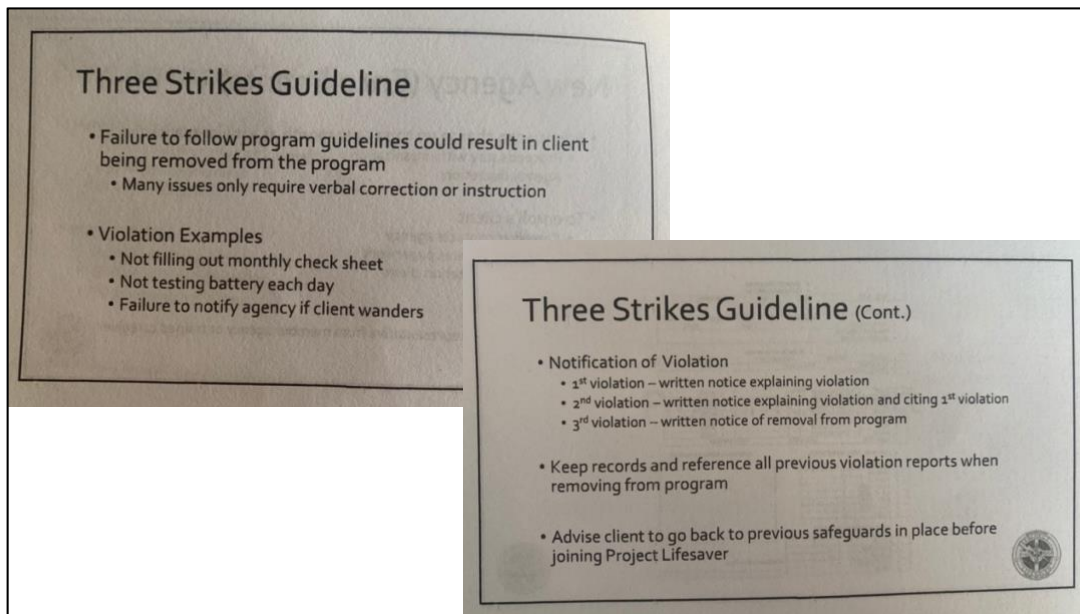
Figure 4.4: PL Basic Operator Course training slides describing the organization's 'Three Strikes Guideline' (PL Basic Operator Course slides 192 & 193, 2019).

This 'three strikes guideline' shows how adherence to PL program requirements is viewed through a distinct policing lens. Caregiver program adherence is treated as caregiver 'compliance,' which is secured through legal contracts and 'enforced' during monthly battery checks. Caregivers who do not adhere are treated as in 'violation' of program requirements and responded to with formal recourse (i.e., given written violation notices or removed from the program).

PL International also supplies all partnered police agencies with a 'Caregiver Contract' template, which helps police to codify caregiver obligations through strict legal jargon that requires caregivers to 'obey the instructions of the program' or risk being 'involuntarily removed' from the program altogether (see Appendix B for a sample caregiver contract). Notably, while PL contracts

codify the caregiver responsibilities, they simultaneously release local police organizations from any liability related to the program or to keeping people with cognitive differences safe. For example, despite widespread promotion of PL's '100% success rate' (e.g., Guelph Police Service, 2019; OPP, 2010, FOI data), caregivers must contractually acknowledge that 'participation in the program and use of the Project Lifesaver bracelet/transmitter does not guarantee that [police]... will find a missing Participant' and that the police 'shall not be held responsible or liable for any failure... of any kind regarding the performance of the equipment or services in this agreement' (York Regional Police Service, 2019, FOI data). Here, again, PL obligations are transferred from police to caregivers, who, by signing the contract, acknowledge that 'the Project Lifesaver monitoring system does not replace the care, monitoring, attention, and oversight to be provided by the Caregiver to the Participant' and 'promise NOT to rely on the bracelet, transmitter, or police services herein for the safety, welfare, finding, or retrieval of the Participant' (York Regional Police Service, 2019, FOI data). Contrary to the promotion of PL as a form of caregiver support, then, PL program requirements manifest the more discursive and subtle PL discourse that situates the program as a caregiver responsibility.

4.6 Chapter Discussion

The premise that population surveillance can lead to more effective and efficient public service interventions is spurring the uptake of monitoring technologies across all public sectors (e.g., Eubanks, 2018; Howard, 2021; Lyon, 2001; Newell, 2021). At the same time, a vast range of digital surveillance devices are similarly marketed to consumers as an effective and efficient form of care provision (e.g., parental control devices). As a result, caregivers are now incorporating monitoring technologies—both state and non-state in origin—into their everyday caregiving routines (Kenner, 2008; Marx & Steeves, 2010; Widmer & Albrechtslund, 2021; Vermeer et al., 2019). While these technologies may respond to caregivers' needs and concerns, and can fill current gaps in state caregiver support, caregivers recognize the invasive elements of these technologies and must therefore navigate a tension between respecting the autonomy of those they care for and effectively managing their other needs (e.g., health and safety needs) (Widmer & Albrechtslund, 2021). To sway caregivers toward the use of monitoring technologies, surveillance companies often (over)emphasize the dangers facing vulnerable individuals in society (e.g., 'stranger danger') before presenting these technologies 'as a necessary tool of responsible and loving [care]' (Marx & Steeves, p. 192. Such

techniques can work to temper the coercive elements of the monitoring technology and garner caregiver comfort with their use (Abu-Laban, 2014, as cited in Widmer & Albrechtslund, 2021).

The current chapter shows how PL is primarily marketed to caregivers of people with cognitive differences as a proactive safety measure that can ease their wandering concerns. Consistent with parental control technology literature showing how 'peace of mind is delivered through the capacity for constant monitoring' (Marx & Steeves, 2010 p. 199) this construction of PL, put forth by PL International and repeated by local PL programs, targets caregiver fears by amplifying the danger associated with wondering beyond what is known and then promising to quell these fears through proactive police surveillance. In this way, the value of PL is framed primarily in the support it offers to caregivers of people with cognitive differences. In the process, PL's value becomes untethered to both the acute level of risk associated with wandering behaviour and the actual utility of PL in locating endangered persons. This aligns with research showing that parents often view monitoring systems as a valuable 'security net' and deploy them out of the fear and anxiety they have regarding the *potential* for danger to befall their children (Widmer & Albrechtslund, 2021; see also Marx & Steeves, 2010).

Individuals tasked with the administration of Ontario PL programs also felt PL offers caregivers a degree of emotional and respite support beyond their wandering concerns, but—unlike caregiver 'peace of mind'—the emotional and respite value of PL for caregivers does not appear to be built a built-in feature of the surveillance the program. Examination of how PL operates in practice reveals that caregivers must shoulder a significant portion of the program's costs, liabilities, and day-to-day obligations in such way that any pragmatic support (e.g., respite care) that PL offers caregivers is called into question. Caregivers of people enrolled in PL are expected to constantly monitor both PL technology and the movement of the individuals they care—obligations that are codified in strict legal contracts that, if not followed, may result in their removal from the program. Like Gross and colleagues (2021) note, the burdensome elements of caregiving surveillance programs that are governed by state institutions can undermine any supportive benefits the technology offers. As such, while the targeted (and, to some degree, the perceived) value of PL may be in its provision of caregiver solace, the pragmatic value of PL to caregivers is less clear[54]. Further, any support beyond that which addresses their wandering concerns that caregivers obtain through PL must come from

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[54] As is the pragmatic value of PL to people with cognitive differences, discussed in Chapter 3.

their active circumvention of program requirements and thus brings with it a risk of losing the state support mechanism altogether.

The extensive caregiver expectations that accompany PL reinforce the idea that it is primarily the caregiver's job to manage the behavior and safety of the person with cognitive differences they care for and therefore the intervention operates as a form of caregiver responsibilization. This reflects a broader trend in governance whereby individuals and families are increasingly expected to take responsibility for managing their own health, safety, and wellbeing (Funk, 2013). Driven by government fiscal constraints and subsequent widespread cuts to public services, this 'responsibilization' process draws focus away from any state obligations to ensure the wellbeing of its citizenry (Funk, 2013; see also Juhila & Raitakari, 2019). The familial expectations that result, along with the accompanying dismantling of the formal caregiver support infrastructure, not only frustrates caregivers' ability to perform care but also compounds their physical exhaustion and emotional strain and therefore contributes to burn-out (Funk, 2013). Recall for example the experiences of Mary, who had limited formal support mechanisms available to her and who struggled to cope with her significant caregiving load. Yet, as literature shows, the sentiment underpinning such transfers of caregiving burden can obscure this process of responsibilization. For example, Funk (2013) shows how the 'home first' philosophy in public health administration, which promotes the discharge of chronically (or terminally) ill patients from institutional care as a form of empowerment, equates patient care and empowerment with high levels of family involvement. As a result of this sentiment, which serves the economic agendas of institutions and governments (i.e., budget cuts and privatization), families and caregivers that do not adequately assume these homecare obligations are labeled immoral (Funk, 2013). Likewise, through the promotion of consumer care technologies, 'caring can take on a moral tone and be instrumentalized by marketers of surveillance technologies' (Widmer & Albrechtslund, 2021, p. 82; see also Marx & Steeves, 2010). PL discourse similarly promotes the idea that people with cognitive differences can and should be kept safe and at home through their enrollment in PL, and that suggests that caregivers who do not employ this proactive surveillance measure are not taking the necessary precautions required to keep people with cognitive differences safe from the 'critical' and 'life-threatening' issue of wandering. As families are expected to shoulder care obligations that once belonged to the state, government institutions are absolved from providing meaningful support to people with chronic conditions and their caregivers. In the case of PL, caregivers are held accountable for managing the behaviour, safety, and wellbeing of their loved

ones while the state is effectively 'let off the hook' (Marx & Steeves, 2010, p. 221) from providing these families with the formal respite, emotional, and financial support that they need. Further, PL contracts release public safety organizations from the liabilities related to the provision of safety for people who do wander and become endangered. This finding is therefore congruent with previous research that shows the propensity for protective state surveillance interventions to represent organizational interests over the needs of those they target (e.g., Lupton, 2014; Musto, 2016; Siqueira Cassiano et al., 2021). The state interests promoted by PL are discussed in the following chapter.

Chapter 5
A Program by Police, For Police

5.1 Chapter Introduction

21st century policing has transcended the conventional boundaries of crime and security, and the scope of policework now extends across various public domains including education, social welfare, and public health. Scholars have traced how this expansion is driven in part by society's collective preoccupation with risk and risk management, and the related reconfiguring of social problems into public security threats (Brayne, 2017, 2020; Ericson & Haggerty, 1997; Feely & Simon, 1992; Ferguson, 2017; O'Neill & Loftus, 2013; Rose, 1999; Simon, 2007). Police are being called upon to help regulate a host of population risks that have little to do with crime control, such as public health threats (e.g., the spread of infectious disease), as evinced by their recent involvement in enforcing public health measures throughout the global coronavirus pandemic (Chan, 2020; Mazerolle & Ransley, 2021; Russell et al., 2022). Additionally, the erosion of social welfare institutions has left a void in social support that police are now expected to manage (Vitale, 2016). Such is the case when police are tasked with managing underhoused populations or individuals experiencing mental health crises in the community. Together, these societal trends have contributed to the expanding role of police which now includes regulating population health and managing the welfare of vulnerable populations. This expansion of police responsibilities has elicited a mixed response from police organizations (Wood & Griffin, 2021, citing Chan, 2020). At times, police baulk at their expanding social responsibilities and the related strain on their operational resources. Other times they willingly embrace their expanding purview, becoming 'deliberate [community] interventionists rather than incidental ones' (Wood & Griffin, 2021). Regardless, police now take on the role of 'community helpers' in addition to their traditional role as 'law enforcers' (Musto, 2016; Vitale, 2016).

Furthermore, the body of literature on policing underscores that the evolving role of the police transcends mere functional expansion; it also entails a diversification of the organizational actors involved in policing activities (e.g., Broduer & Dupont, 2008; Dupont et al., 2017; Wood, 2020). Referring to the substantial 'plural policing' literature base, Brodeur and Dupont (2008) argue that the extensive conceptual use of 'network' by policing scholars reflects the reality that policing now involves collaboration between multiple organizational actors (both state and non-state in origin) and marks a significant development in 21st century policing theory. Jones and Newburn (2006)

similarly point out, 'it is now commonplace for criminologists to observe that there is much more to "policing" than what (state) police forces do' and that literature in this area now engenders 'a broader concern with law enforcement, order maintenance and regulation carried out by a range of governmental, commercial, and community bodies' (p. 1). This point supports broader governance literature that highlights the intricate network of power that operates between various state- and non-state authorities involved in population control (e.g., Rose, 1999).

While the expanding role of police may appear benevolent, critical scholars have raised concerns about the appropriateness of police involvement in matters of health and welfare, given that the institution of policing is rooted in violence and oppression (e.g., Rodriguez, Ben-Moshe, & Rakes, 2020; Tillman, 2023; Vitale, 2016). Here, some scholars point to the enduring facets of police culture and logics that continue to shape police practices—even those that involve a diverse range of actors—and how these facets are largely incompatible with this new, softer (i.e., community-oriented) side of policework (Bayley & Shearing, 2001; Ericson & Haggerty, 1997; Musto, 2016; Russell et al., 2022; Vitale, 2016). For example, policing is heavily influenced by a militarized police ethos that can foster a 'warrior' mindset among officers and lead to aggressive and combative approaches to policing (Kraska, 2007; Kraska & Kappeler, 1997; Simon, 2021). Relatedly, Musto (2016) illustrates how police efforts to protect vulnerable populations can result in a series of 'curative harms' (i.e., the harms that result alongside any protective benefits) for those targeted by the protective intervention (see also Vitale, 2016). Scholars therefore stress the importance of 'normatively assessing the underlying "mentalities" of policing' given that 'the public police, as an institution of the criminal justice system, inherently possess a punishment and coercion-based mentality propelled by their authority as agents of the criminal law and their capacity to apply state-sanctioned force' (Wood, 2020, p. 25, referring to work by Bayley & Shearing, 2001). Finally, given the increased visibility of police misconduct in recent years and, with this, the public legitimacy crisis police organizations now face, scholars have questioned the intentions behind police-led community support initiatives (see Gascón & Roussell, 2019; see also Newell, 2020). Relatedly, scholars point out how police actively seek opportunities to assert control over public narratives to manage their public image and circumvent calls for structural police reform (Glasbeek et al., 2020; Sandhu, 2019; see also Goldsmith, 2010; Haggerty & Sandhu, 2014, Mawby, 2014; Newell, 2020). In light of these concerns, the current chapter explores how PL—a 'protective' police intervention for vulnerable populations—is shaped by the police institution and any implications thereof.

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Chapter 3 of this thesis demonstrates how PL is presented as a form of police protection for vulnerable populations that, like other protective state-led surveillance interventions, carries a series of negative implications for those it targets; specifically, PL is invasive and can undermine the autonomy and personhood of the individuals with cognitive differences tracked by the program. Chapter 4 illustrates how PL prioritizes caregiver concerns above the needs of people with cognitive differences themselves; while the program eases caregiver wandering concerns it also burdens caregivers with program obligations and contributes to their social responsibilization. The current chapter considers how PL relates to policing, including how it represents contemporary police trends, approaches, and agendas. More specifically, I explore the network of actors involved in this protective intervention and whether, and how it aligns with existing police perspectives and priorities. In addition, given the influential role of police cultural dynamics in shaping police practices and their outcomes (see Cockroft, 2020), this chapter asks: what elements of police culture are visible in PL, and to what ends?

Findings from the current chapter come from a thematic analysis of how PL is presented to police through PL International's marketing material and during their police-oriented events (i.e., their annual conference and training course). In addition, I draw from FOI data to examine how PL is implemented and evaluated by Ontario police organizations. These data sources are supplemented by insights gleaned from a range of other data sources, including interviews with Ontario PL program administrators and publicly available material (e.g., news articles referencing Ontario PL programs). Together, this data situates PL as fundamentally a police program—one that involves a diverse network of actors beyond police organizations, including the company the designs and markets the program (PL International) and various community actors relied on to perform PL administration (e.g., caregivers and volunteers). By viewing the program through a policing lens, I show how PL operates in accordance with contemporary policing approaches and agendas. Specifically, PL embodies current risk- and technology-based approaches to policework and serves to improve police organizational efficiency and public legitimacy. Moreover, I show how these police benefits can, at times, conflict with the interests of the public. Finally, I show how PL International is an enthusiastic constituent of the police-military apparatus, which manifests in PL being a 'protective' program that is shaped by, and thus fused with, elements of police militarization. While this fusion helps explain the coercive dynamics embedded within PL (described in previous chapters), it also reveals how the

'caring' elements of PL can serve to normalize both the expanded role of police *and* the expansion of police militarization into areas of public health and the protection of vulnerable populations.

5.2 A Program by Police, for Police

PL is marketed as a community-oriented public safety initiative that helps keep vulnerable populations safe (discussed in Chapter 3) and, even more so, addresses caregiver wandering concerns (discussed in Chapter 4). However, early in my data collection process it became clear to me that PL is, at its core, a *police* program—that is, a program essentially made by police, for police. First, PL International, the organization that designs and markets the program, is heavily tied to the police institution. As described in Chapter 2, several leadership positions within the organization are occupied by current or former police officers, including the Chairman of PL International's Board of Trustees, and 'Chief' Gene Saunders, PL International's Founder and CEO. Saunders' considerable police experience is featured in multiple locations throughout the organization's marketing material and is summarized in this excerpt from a blog post celebrating his recognition as one of the 'Top 50 Fearless Leaders' chosen by the International Association of Top Professionals (IAOTP):

> Chief Saunders' impressive repertoire of prior roles includes his 33 years of service with the Chesapeake Police Department serving in Patrol, Vice, Narcotics, Detectives and Training. He served in line function and command elements of each of these units. Chief Saunders co-founded [his department's] Special Weapons and Tactics team in 1974 [and served] as a tactical commander and commander for 23 years with over 800 operations. Additionally, he was Chief Investigator on several large multi-state, international drug and organized crime conspiracy investigations… Chief Saunders has earned 3 Commendation Medals and the Chief's Leadership Award given by the Chesapeake Police Department, 3 Line of Duty Injury Medals and 4 Silver Stars for Valor for three separate incidents given by the American Police Hall of Fame. He also received a Presidential Commendation for his SWAT service given by President Bill Clinton… (Project Lifesaver, Inc., 2021b)

Saunders background reveals a long and illustrious policing career; he has held high-ranking positions and has received formal recognition for this work. This information is proudly displayed in PL International's blog (and elsewhere) which signals his ongoing commitment to the police institution. Moreover, the PL program itself emerged from Saunders' experiences as a police captain and the challenges his team faced during searches for missing individuals with cognitive differences. In fact, Saunders developed and implemented the first iteration of PL within his own police department.

Today, the program is formally referred to as 'a search and rescue program operated internationally by public safety agencies' (e.g., Project Lifesaver, Inc., 2022f) and is informally referenced as a 'tool for law enforcement' (e.g., fieldnotes, 2019; Firestone, 2019, p. 110). PL International's marketing material also appears to be more geared toward law enforcement than other public safety organizations. For example, marketing material contains myriad imagery of police performing PL rescues and highlights how the program is endorsed by a variety of local-level and national police organizations, including multiple individual State Sherriff's Associations and the US National Sherriff's Association (Project Lifesaver, Inc., 2022h). Imagery of, and endorsements from, non-police public safety organizations are far less visible in PL International's marketing material. Furthermore, while PL is available to any public safety agency (e.g., fire and rescue organizations), most programs are implemented and run either exclusively by police departments or as joint initiatives between police and other community organizations (Project Lifesaver, Inc., 2022d). In cases where PL programs are implemented as joint initiatives, police seem to maintain authority over PL operations (see Chapter 2 for more on this).

The characterization of PL as fundamentally a police program was quickly apparent during my observations of PL International's training program and annual conference in 2019. The vast majority of course and conference participants were active-duty police officers, including both training instructors and many conference presenters. The heavy police presence I observed during these events became a recurring theme in my research memos. This observation was also corroborated by some non-police PL administrators I later interviewed, who had attended these events in previous years and who had similar observations. During my interview with Al (a SAR manager), he recounted attending the PL International conference on two separate occasions. Unprompted, he recalled the strong police presence at these events: telling me how attendees were often surprised to learn that Al and his SAR team managed their local PL program:

> … 'Cuz when I went to Ohio and Las Vegas for the Project Lifesaver convention—that I believe you went to, so you already know— there's nothing but police officers. So [I'm] in a room of 400 police officers. And they were quite amazed that we [implement PL] and we're not a police agency.

Here, Al was describing how he stood out 'in a room of 400 police officers' and how these officers were often surprised to learn that a PL program was implemented and managed by a non-police organization (i.e., Al and his SAR team). This quote supports my observations that both PL

International events and locally implemented PL programs seem to revolve around law enforcement (research memo, 2019).

While the PL International training and conference events I observed were heavily attended by police officers, I also noted that both events had a strong police cultural influence. For instance, formal event speakers would often emphasize their law enforcement backgrounds when introducing themselves to the audience and I interpreted this as an attempt on the part of the speaker to signal their 'insider' police status to attendees. The PL training instructors, for example, quickly stressed their combined '37+ years of law enforcement experience' at the start of the training course in what I perceived as a move to establish their legitimacy among the police officers they were about to train (fieldnotes, 2019). Relatedly, I recorded in a research memo the 'serious "police vibe" I felt in the room' throughout the 2-day training course and how I would often find myself wondering, 'how many people in this room are carrying a gun?' (research memo, 2019)— the answer to which, I found out, was many (fieldnotes, 2019). I also observed frequent use of police jargon throughout both the training and conference. Speakers and attendees would often use insider language with one another, such as referring to the placement of PL's wearable tracking bracelet on someone as 'putting a bracelet on them' (the same phrase police commonly use to describe putting handcuffs on people they have arrested) and referring to 'wandering' as 'an escape' or 'elopement' (fieldnotes, 2019).

Taken together, these observations show how PL International, as an organization, is heavily linked to, and influenced by, the police institution—far more so than by healthcare and social support communities. Further, data reveals how the PL program is tailored to suit police perspectives and priorities. Specifically, the program aligns with current risk- and technological- based approaches to policework, and it offers police departments opportunities to improve their organizational efficiency and legitimacy.

5.2.1 Managing Risk Through Innovative Technology

As discussed in earlier chapters of the thesis, PL is consistently rationalized through constructions of 'risk.' Indeed, PL International describes their program as 'strategically designed for "at risk" individuals who are prone to the life-threatening behavior of wandering' (Project Lifesaver, Inc., 2022a). This promotion of PL situates the surveillance as an appropriate and much-needed form of wandering risk-prevention. Moreover, by presenting wandering as a critical public safety issue, and by framing people with cognitive differences as both at-risk and risky, PL discourse reinforces the

need for police—key actors in the governance of risk (Ericson & Haggerty 1997)—to manage this issue. Yet, while these projections of risk make PL more palatable to caregivers and the general public, they also make PL more appealing to the police. Here, PL is constructed as an effective way for police to manage what has been framed as a serious public safety threat. In this way, PL aligns with the current models of policing that seek to effectively identify public risks through surveillance technology and deploy their resources accordingly (see Brayne, 2017). Relatedly, PL marketing material also appeals to the tendency for police organizations to evaluate and justify their tactics through quantifiable goals (e.g., Brayne, 2017)—chiefly, to maximize their desired outcomes (e.g., arrest rates) with minimal resource expenditures. To illustrate, PL International claims PL has a '100% success rate' when it comes to locating wandering individuals (e.g., Project Lifesaver, Inc., 2012) and that 'recovery times for Project Lifesaver agencies average 30 minutes, which is 95% less than standard operations without Project Lifesaver' (Project Lifesaver, Inc., 2022a).[55] Police can then use these statistics to justify their program internally and to market it publicly. Indeed, data reveals that Ontario police frequently repeat these statistics in their internal correspondence (including PL program evaluations), display them as 'facts' on their program websites, and share them with local media. Thus, while these statistics are largely unsubstantiated, they lend credibility to PL as an effective public safety tool, more so each time they're repeated. They are used internally by police to reinforce their operational need for implementing and maintaining PL and can help garner public support for, and enrollment in, local programs.

PL also appeals to a commonly held institutional belief that technological advances constitute the ideal solution to some problem (see Morozov, 2013). Police organizations are no exception and generally subscribe to the belief that innovative surveillance technologies and tactics offer the best means through which to achieve their (risk-based and quantifiable) organizational goals (e.g., see Ferguson, 2017). PL International's marketing approach aligns with this techno-solutionism by highlighting the techno-centric traits (e.g., innovation, reliability, and efficiency) promoted by PL.

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[55] It is unclear how PL International calculates this and other program statistics, as they are not accompanied by explainers or sources. However, findings suggest these statistics emerge from a 1-year program 'test' that took place in North Carolina, where transmitters were placed on 12 individuals at risk of wandering. Training slides state that, during the test period, 'all 12 wandered' and 'all [were] located within 30 minutes' (Basic Operator Course, 2019, training slide 30). Contextual factors relating to this 'test' are unclear, including whether PL technology was instrumental to these searches. Despite ambiguity regarding PL stats proffered by PL International, they are frequently repeated by Ontario PL programs (as discussed).

Consider, for example, this description of the 'three key components' of PL provided on PL International's homepage:
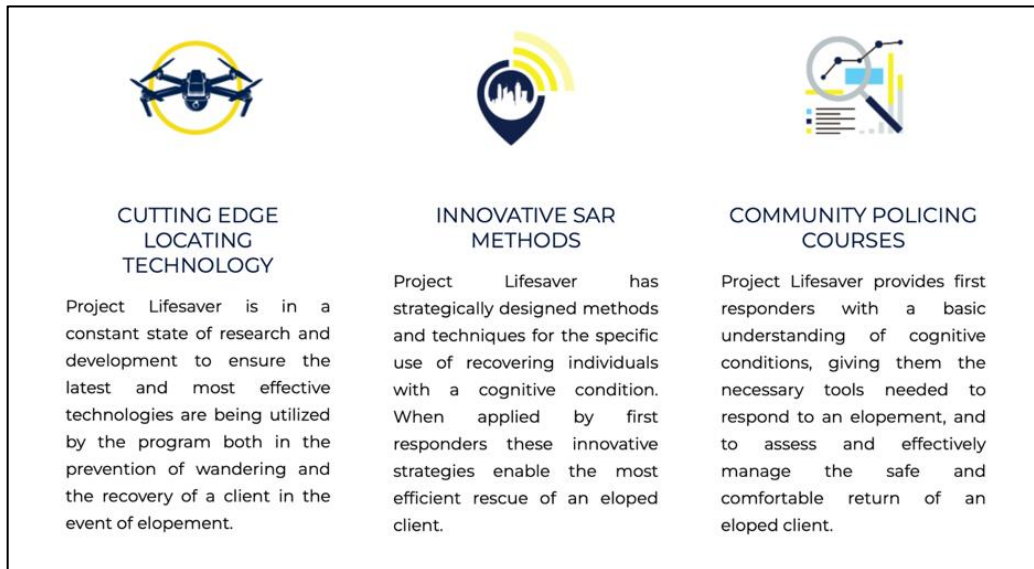
Figure 5.1 PL International's description of the PL program's '3 key components' (Project Lifesaver, Inc., 2022f).

As shown in the image above and elsewhere on PL International's website, PL is marketed as encompassing 'cutting edge' technology and 'innovative' response methods that will help police 'effectively manage' the issue of wandering (Project Lifesaver, Inc., 2022f, emphasis added). Similar techno-centric language (that is, language that centers the value of technology) is featured throughout PL International's marketing material, especially that which is geared specifically to police. For example, police were informed in a recent PL International 'newsletter' (sent only to partnered agencies) that PL International is working with a 'technology-based research company… to both improve current locating technology performance, and also develop new locating technologies...' (Project Lifesaver, Inc., 2023, para. 4). Once again, Ontario PL programs adopt PL International's marketing claims, emphasizing the techno-centric qualities of PL in their internal- and public-facing communication. The Halton Police Service's website stresses that PL technology is *reliable* across a range of conditions (Halton Regional Police, 2023, emphasis added). The Greater Sudbury Police Service states that a 'goal' of their PL program is 'to use *state of the art technology* to assist in locating missing persons *quickly and efficiently*' (Greater Sudbury Police Service, 2019, emphasis added). The York Regional Police Service, in an internal review of their in-house PL program,

stressed how PL's technology 'has *proven* to be a *reliable* search and rescue resource when used in partnership with trained members during a ground search' (York Regional Police Service, 2018, para. 3, FOI data). The OPP's internal (though official) 'Position on Project Lifesaver' is that 'the growing *sophistication and development of locator technology* for vulnerable adults and children can be *a useful tool* in maintaining public safety' (OPP, 2010, FOI data). The finding that Ontario police adopt PL International's largely unsubstantiated techno-centric claims in their own justifications for PL aligns with research showing police organizations often implement sophisticated surveillance technologies because they presume that the technologies will make their organizational processes more efficient, though as Brayne (2017) points out these are not necessarily rational processes but often result from cultural pressures regarding what they, as an organization, *'should* be doing' (Brayne, 2017, p. 980, emphasis in original; see also Willis, Mastrofski, and Weisburd, 2007).

5.2.2 Efficiency for Whom?

It is worth pointing out a tension in how the concept of 'efficiency' is embedded in the promotion of PL. Indeed, efficiency—which generally refers to the act of achieving maximum results in some endeavour with minimal resource expenditures—is a major rationale underpinning PL. That is, PL is consistently presented as a means for first responders to streamline their search and rescue operations and to thereby locate wanderers in less time than conventional searches. Yet, the value of this improved search efficiency shifts slightly depending on the context it is presented in. On the surface, the value of a more efficient wandering search response is that it helps to keep people with cognitive differences *safe* by facilitating quick and successful search outcomes. Upon closer inspection, though, this safety value translates to the *relief* it brings to caregivers (as discussed already in Chapter 4). Taken together, this *efficiency-safety-relief* value framing appears in the bulk of PL International and Ontario PL program marketing material. However, in PL International's marketing of PL to police specifically, a more efficient wandering search response is also linked to a reduction in the *labour* involved and therefore a reduction in police organizational *costs.* This *efficiency-labour-cost* framing became apparent as I observed PL International's in-house training program, as the curriculum dedicates time to explicitly highlighting PL's cost-saving potential:
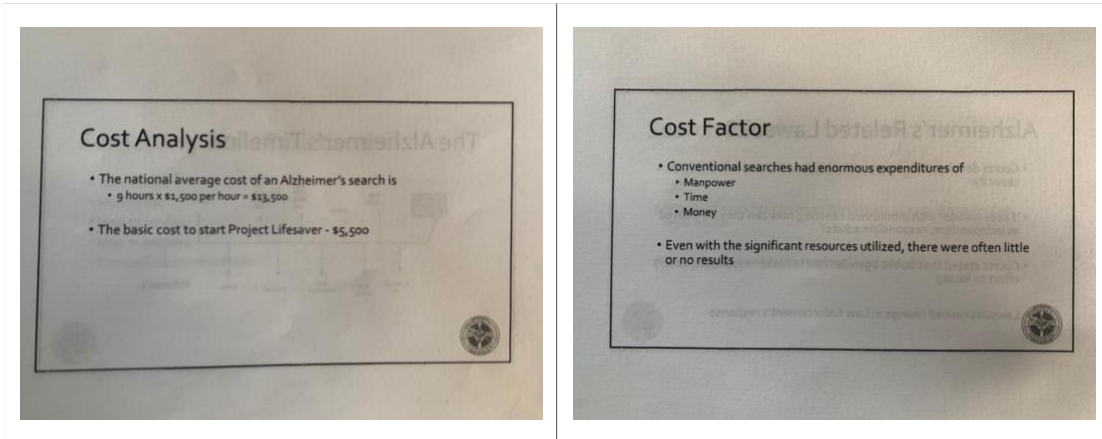
Figure 5.2: PL Basic Operator Course training slides explaining the 'cost analysis' of PL for police (PL Basic Operator Course training slides 18 & 51, respectively, 2019).

As shown in the above training slides, first responder trainees (mostly police) are given a comparison of the labour, time, and thus financial cost of a 'traditional' search for a missing person versus the 'basic cost' of starting a PL program.[56] In other words, the training curriculum emphasizes that, by increasing search and rescue efficiency, PL reduces the time and therefore labour costs of searches for people who have wandered. Thus, while PL International publicly promotes the efficiency value of PL in terms of public safety and support benefits, noting that their 'primary mission' is to 'save lives' (PL International, n.d., homepage section), they also promote their program to police organizations a means through which they can 'save costs' (fieldnotes, 2019).

It makes sense that PL International would want to emphasize to police services the financial value they can obtain by implementing PL, given that start-up fees for implementing the program begin at $5,000 USD plus additional equipment and the cost of sending officers to the mandatory PL

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[56] The sources of information and specifics of the equations used are absent from this search cost breakdown, though data suggests this is based off of Saunders' personal experiences as an officer with the Chesapeake PD (Firestone, 2019). Notably, the 'basic cost' of PL provided in comparison covers one PL 'start-up package' which includes enough equipment for two PL program participants. FOI data indicates that Ontario PL programs tend to have more than 2 enrollments at a time, meaning additional equipment was purchased (along with replacement parts like additional 'bracelet' straps and batteries). In addition, the start-up fee does not include the travel and accommodation costs associated with sending police or first responders to the mandatory PL training program that takes place in the US. See Chapter 2 for more information regarding the cost of implementing PL.

training program in Orlando, FL (see Chapter 2).[57] However, in addition to highlighting the cost savings agencies can acquire from PL (from subsequent reductions in search resource expenditures), PL International also encourages newly partnered agencies to outsource any fees and labour related to program administration to the wider community. Both the Basic Operator Course and Annual Conference I attended dedicated time to promoting 'best practices' for agencies to obtain community funding for PL beyond the fees collected from caregivers enrolling someone in the program. For instance, police were encouraged to get donations for their programs from local businesses during a conference session titled 'The Importance of Forming Corporate Partnerships,' where attendees were given insight into the 'benefits' of corporate partnerships and 'possible avenues in securing such a partner' (PL International, 2019). Likewise, and as I wrote in my observation fieldnotes, 'the financial aspect of PL appears to be a large part of the PL training program, as instructors are highlighting the cost/benefit analysis of PL and encouraging police agencies to seek community donations for their local programs' (fieldnotes, 2019).

In addition to sourcing community funding, PL International also encourages newly partnered agencies to outsource the administrative duties associated with PL to community volunteers in order to further improve the cost-benefit analysis of the program. This point was highlighted throughout the PL conference and training program I attended, and is summarized in the following excerpt from Gene Saunders' biography:

> For those that don't have the manpower [to implement PL
> programs], [Saunders] suggests other ideas. 'Get volunteers to do it;
> maybe you have a senior program or an auxiliary program. Or maybe
> you want to pair with a nonprofit organization,' he said. 'They can
> take care of the administrative side of the house, including changing
> the batteries and bands…' (Firestone, 2019, p. 112)

It seems that Ontario police with formal PL partnerships have heeded the advice of PL International and outsource a considerable portion of their program costs. First, program financial costs are recouped, in part, by caregiver fees. FOI documents reveal that caregivers in Ontario pay a yearly program cost of about $340 to $500 for the first year (and $120 to $440 each year thereafter) that

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[57] In 2019, I spent $2,238 CAD to attend the PL training course and annual conference. This amount includes my round-trip flight from Toronto, ON, to Orlando, FL, plus 5 nights at the conference hotel and 5 days of meals (calculated at $70 per day). This amount does not include the additional costs of travel to and from the airport or meals during travel days. These costs have likely increased significantly since 2019 along with recent inflation.

includes a 'start-up fee,' a monthly equipment maintenance fee, and, sometimes, an equipment rental deposit.[58] Additionally, caregivers are required to shoulder a significant portion of the PL program responsibilities, including completing daily transmitter battery checks (see Appendix B for a sample PL 'Caregiver Contract'). Thus, while caregivers can obtain peace of mind through PL, they also shoulder considerable financial and labour costs of the program (see Chapter 4 for more on this). It seems that some Ontario police organizations are aware of this caregiver cost imbalance, as illustrated by one organization's internal document comparing PL programs across Ontario. The document, which contains information gathered from other Ontario police services about their respective programs, states that the Guelph Regional Police Service feel that 'PLS [that is, PL] saves the services a lot of $ but funding to aid participants is minimal' (York Regional Police, 2018, FOI data). The quote is referring specifically to the lack of subsidies available to caregivers who cannot afford the program fees, and shows how reductions in police organizational costs induced by PL do not lead to provisions of caregiver subsidies. This while the program can provide significant cost savings for police, it can also be financially burdensome for families needing wandering support.

FOI documents also reveal how a significant portion of Ontario PL costs are transferred to broader communities. An internal document stating the OPP's 'position' on PL points out that all equipment costs as well as 'meal, accommodation, and travel costs for OPP trainees' related to any detachment's implementation of PL must be 'raised or absorbed' by the community (OPP, 2010; 2012, FOI data). Indeed, while some of these costs are 'absorbed' by caregivers, many Ontario PL programs have received large donations from local businesses and charities to fund their programs. For example, PL Wellington (a collaborative PL program involving the Guelph Police Service, the OPP, and Victim Services Wellington) received a $13,000 donation in 2017 from the charitable group '100 Women Who Care' (100 Women Who Care Guelph, 2017). Of note here, donations are sometimes sourced for PL through the non-police organizations involved in a program. The donation was explicitly made out to Victim Services Wellington and not the police. Similarly, community donations to support PL Bruce Grey Perth (a collaborative initiative between the Stratford Police Service, the OPP, the Alzheimer's Society, and Victim Services Bruce Grey Perth) are sourced through the local Victim Services' website, which mentions very little about police involvement in

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[58] Some Ontario PL programs offer subsidies for low-income program participants. FOI data shows these subsidies are typically funded by organizations external to the police (e.g., local businesses or municipal governments) and thus do not affect the program funding received.

the program (Victim Services of Bruce Grey Perth, 2023, Project Lifesaver section). Likewise, FOI documents reveal that the Oxford County Detachment of the OPP (whose PL program is no longer in effect), 'pushed hard with their Victim Services to start up this program, and… [has] Victim Services taking the lead so they don't have people paying the OPP for services' (York Regional Police Service, 2018, FOI data). This suggests that collaborative PL partnerships are being strategically mobilized to draw community funding toward PL programs in such a way that it is not readily apparent to funders that police organizations will be benefitting from the funding.

In addition to sourcing community-level funding, Ontario police organizations also seek out government funding for their PL programs. FOI documents show that, in addition to their plans to submit funding requests to community organizations 'to ensure ongoing costs are addressed,' the York Regional Police Service submitted a 'business case for PAN funding' to support their program (York Regional Police Service, 2018, FOI data). It was unclear from the documents received what 'PAN funding' refers to precisely, or whether York Regional Police were successful in their application, though it seems this is in reference to grants provided by the federal government to support 'Pan-Canadian projects under the New Horizons for Seniors Program' (Government of Canada, 2020). The grants, which range from $500,000 CAD to $5,000,000 CAD over 3-5 years, are intended to fund organizational projects geared toward 'ensur[ing] seniors can benefit from and contribute to the quality of life in their communities' (Government of Canada, 2020). Publicly accessible records also show that, as of 2021, several PL programs have been funded by Ontario's Community Safety Project Grant funding (specifically, the Community Safety and Police Grant) including new PL programs that have been implemented post data collection: the OPP received $36, 980 (distributed over three years) to implement a new PL program in Pembroke, ON; in 2021, Lambton Police Services board received $252,000 to implement their PL program (King's Printer of Ontario, 2023). Refer to Appendix C for a complete list of known Ontario PL program funding. Overall, it seems PL programs enable police organizations to simultaneously tap into the wallets of individuals, community organizations, and governments, which begs the question of whether organizations are collecting 'double' or even 'triple' returns on their PL expenses. Appendix C includes more information on what is known about the funding acquired by Ontario PL programs. Indeed, as I noted in a research memo after observing PL International's conference, it seems 'PL is a way for police agencies to get funding that they would not otherwise get' and that this was, in fact, 'a message that was repeated throughout the conference' (research memo, 2019).

In addition to receiving generous community and government funding, along with fees collected from caregivers, Ontario PL programs outsource a considerable amount of program-related labour (and subsequent wage costs) to their communities. As discussed in Chapter 4, caregivers are obligated to complete equipment maintenance duties (on top of other responsibilities). Most Ontario PL programs also have community volunteers complete the program enrollment process and conduct monthly or bi-monthly PL transmitter battery checks.[59] These volunteers do not appear to be compensated for their time and involvement in the program, as evinced by this quote from the York Regional Police Service in reference to the OPP, who has one PL program with 'approximately 8 volunteers from policing communities. None of them receive money for time or any mileage… the program is COMPLETELY volunteer run' (York Regional Police, 2018, emphasis in original, FOI data). This quote exemplifies how volunteers living in Ontario communities where PL programs operate often shoulder a considerable portion of program administration labour (on top of the labour performed by caregivers) with little to no compensation, and how police organizations may be interpreting this as a benefit of the program.

The contrast in *who* the efficiency value of PL is meant to serve is further illustrated by the Windsor-Essex PL program (a joint initiative between the Windsor Police Service and the OPP) marketing strategy, which is to 'advertise *wisely* because too many participants might increase operational costs (i.e., hiring new staff)' (York Regional Police, 2018, emphasis added, FOI data). This quote it shows how some police organizations strategically promote PL so that community benefits do not increase organizational resource expenditures. In other words, while PL is publicly framed as for the benefit people with cognitive differences and their caregivers, the actual provision of these benefits appears to be contingent on there being no added burden to police agencies.

5.2.3 Saving Face, Covering Ass

Another finding that emerged from analyzing PL through a policing lens is that the program affords police an opportunity to improve their public image while simultaneously reducing the liabilities the face in their role as public safety authorities. First, police can capitalize on the positive community associations that come with their involvement in the protection of vulnerable populations. In fact, police officers were told during PL training that an 'effect' of PL (beyond improved search

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[59] Refer to Appendix B for a breakdown of how each Ontario PL program operates, including whether administration is conducted by community organizations external to the police and/or community volunteers.

efficiency) is that it 'promotes a positive image of [their] agency' and is therefore 'a great community relations program':
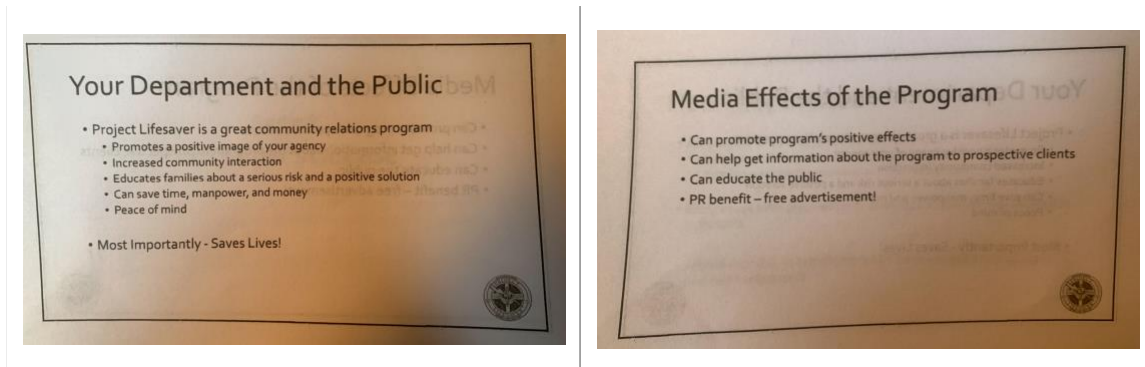
Figure 5.3: PL Basic Operator Course slides depicting the positive 'media effects' of the program for police (PL Basic Operator Course slides 44 & 47, respectively, 2019).

The insinuation made during training was that police who implement PL will be perceived by their communities as helpful (and even heroic, as described below) for protecting vulnerable populations, and that these positive community perceptions will translate to an overall improved police public image. PL course training instructors further explained how this PR benefit need not come directly from searches involving a person who has wandered. Instead, trainees were told they can improve their public image simply by performing program administrative tasks in their communities (i.e., home visits to replace PL transmitter batteries). This point is also made throughout Saunders' biography, including this excerpt describing the sentiment held by Tommy Carter, listed on PL International's website as the organization's 'Chief Counsel to the CEO':

> As for public relations, Carter noted that PLI agents who develop relationships with their clients are building community rapport. They represent their departments as agents of good will through ongoing friendly interactions facilitated by such simple occurrences as routine visits for battery changes. 'It's a community-relations tool for law enforcement,' he said. 'You're going out to visit a family, and it's a good thing'… (Carter, as cited in Firestone, 2019, p. 110)

Carter's sentiment underscores how the PR impact of PL goes beyond searches involving people who wander and encompasses general interactions with PL families and the community. Agencies are also told they can garner PR value from the program by giving public demonstrations of PL technology to local media. Here, trainees were told to give their local media '5 minute demo' of how the technology operates by placing a transmitter bracelet on a reporter and instructing them to walk 'no more than ½ a mile' away before then attempting to locate the reporter using a PL antenna (PL Basic Operator Course slide 46, 2019). This message was repeated during PL International's conference during a session informing attendees of 'best practices' for working with their local media.

Ontario police organizations appear to be heeding these suggestions and capitalizing from the PR benefits of their PL programs. For instance, search engine results for 'Project Lifesaver in Ontario' bring up hundreds of news articles covering Ontario PL programs, all of which appear to present PL—and police—in a positive light. While some of these articles detail recent police rescues of wandering persons (though, in such cases, it is typically unclear whether PL equipment was integral to the search), the majority of articles cover police-led PL demonstrations or promotional events:

NEWS

Burlington boy more secure with Project Lifesaver tracking unit

By **Nicole O'Reilly The** Hamilton Spectator

Friday, March 3, 2017 | 1 min to read

Nine-year-old Christian Oliveira is fitted with a Project Lifesaver unit by Halton police. - Nicole O'Reilly,The Hamilton Spectator

Figure 5.4: Image from media coverage of a Halton Regional Police promotional event (O'Reilly, 2017).

Find out why police were playing hide and seek in Barrie

By **Sara Carson**   Barrie Advance
Thursday, July 20, 2017

Wellington OPP played a game of hide and seek in Barrie's south end July 19 to show off their Project Lifesaver tracking gear.

Lying in a field of tall grass and wild flowers, Const. Joshua Cunningham was completely hidden from view. People walked right by without noticing he was among the thick vegetation.

Relying on the Project Lifesaver equipment, Const. Marylou Schwindt was able to narrow down his location.

"Here he is. We got him. Found him," Schwindt said helping Cunningham up from the grass. "Josh, how are you feeling?" she added, acting out the scenario.

In a real life search and rescue of a missing person, there is no typical location they are found in. They could be anywhere, Cunningham said.

Figure 5.5: Snapshot of news coverage describing a recent public demonstration of PL equipment by Wellington OPP (Carson, 2017).

FOI documents also show how police are strategically mobilizing the media. For example, OPP email correspondence includes an internal discussion among officers regarding a community donation made to a local PL program; in the correspondence, one officer asks the other to submit the information to an (unnamed[60]) 'magazine' since they 'may want to do a short story on the project…' (S. Porter, 2014, Personal Communication with OPP Provincial Police Sergeant; FOI data). Likewise, York Regional Police Service's program review includes 'advertising strategies' utilized by each Ontario PL program.

Of note, PL International links the PR benefits of PL to the current need for police to improve their legitimacy. For example, during PL International's Basic Operator Course, trainees were told that their 30- or 60-day visits to enrolled individual's homes to conduct transmitter battery changes serve as an opportunity for 'community reparations,' emphasizing that such practices allow 'even

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[60] It is unclear whether the 'magazine' discussed was part of an internal (i.e., police) or external (i.e., public) news outlet; either way, the OPP appeared to be using the outlet as a venue for PL promotion.

neighbors to see that, in the climate we're living in, cops aren't all that bad!' (fieldnotes, 2019). Here, instructors were indirectly acknowledging the current police legitimacy crisis that has resulted from publicized displays of egregious police misconduct and racial violence. While instructors did not elaborate on this particular point further, the underlying message was clear: by operating as a public safety program geared toward the protection of a particularly vulnerable group, PL can be used as a tool to improve perceptions of police in their community. That said, these quotes insinuate that the devastating and systematic police violence experienced by Black and Indigenous communities can be 'repaired' by a police surveillance initiative. This, in turn, shows how PL program benefits are once again framed from a police perspective. The 'reparation' performed by police is more about improving police image than it is about addressing the police-led harms experienced by communities. Saunders reinforces this point—that any community repairs made by PL are primarily for police benefit—in his biography. In the excerpt below, Saunders explains two reasons why PL programs are becoming 'more and more of a [police] priority' (Firestone, 2019, p. 108). The first reason, according to Saunders, is improved organizational efficiency (and related public safety and police cost benefits); 'Secondly,' Saunders is quoted as saying, 'you're being proactive in the community' (Firestone, 2019, p. 109). He then adds:

> And let's face it: Any time the community feels like you're doing something to help them, that goes over in a positive manner…. So if you need support from the community someday, they're more apt to respond to you in a positive way rather than, 'What have you done for the community except put people in jail?' (Firestone, 2019, p. 109)

In the excerpt, Saunders is describing how PL programs result in more 'positive' (i.e., helpful and less punitive) interactions between the police and their communities. According to Saunders, this can foster increased public support for police. Here the outcome is once again framed in terms of the benefit it provides police to the exclusion of communities: while Saunders hints at the ongoing legitimacy crisis faced by police by insinuating community support for police is tenuous, he does not mention any need for addressing the underlying public concerns that contribute these tenuous relations. Instead, he is suggesting that PL can provide police with a reservoir of community support that can then be leveraged at a later date to serve police need for support, presumably during occasions where police legitimacy is being explicitly challenged. Overall, this promoted benefit of PL aligns with research showing how police seek to strategically leverage their visibility to bolster their

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public image (e.g., Haggerty & Sandhu, 2014; Goldsmith, 2010; Mawby, 2014; Newell, 2021; Sandhu, 2019).

Relatedly, and somewhat inversely to the public image benefits PL offers police, the program is also presented as a means through which police organizations can protect themselves against their public service liabilities. During PL training, police were reminded of ongoing instances of police lawsuits related to poorly handled search and rescue operations involving people with cognitive differences. Trainees were then presented with this slide, and told that PL can help police organizations 'defend' themselves against such 'civil action':
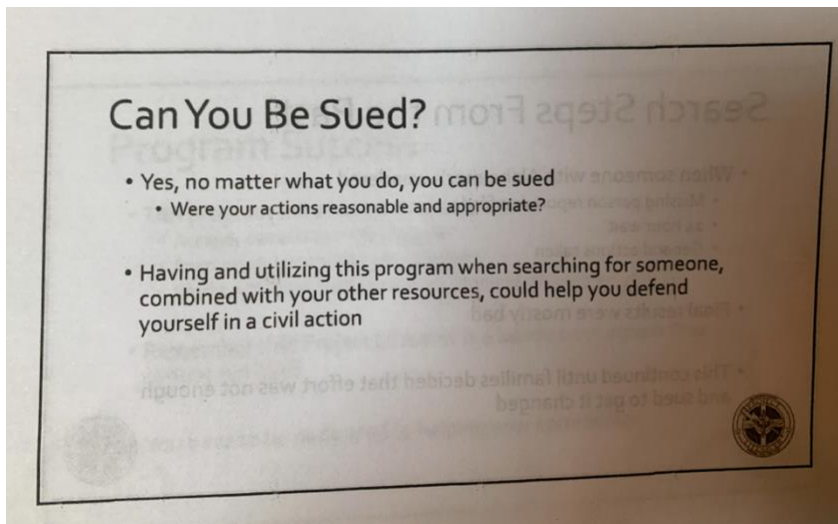
Figure 5.6: PL Basic Operator Course training slide depicting the legal protection PL offers police (PL Basic Operator Course training slide 23, 2019).

Instructors then encouraged the officers in the room to 'give themselves tools' (fieldnotes, 2019)—the 'tool' in this case being the PL program. Given the suggestion here that police can be sued 'no matter what' (see figure 5.6, above), it seems PL is designed to not only helps police pre-empt lawsuits by improving their SAR methods, but to help police to defend themselves when lawsuits are leveraged against them by allowing them to show that their actions were 'reasonable and appropriate.' Once again, this indicates that PL program benefits are geared toward the police and, at least in some instances, prioritize police agendas over the interests of the public.

The legal protection PL offers police is also codified through 'Caregiver Contracts' that formally release the organizations deploying PL from any liability related to locating a person enrolled in the program. Thus, despite the widespread promotion of PL's '100% success rate' by

Ontario PL programs (e.g., Guelph Police Service, 2019; OPP 2010; Victim Services Wellington, 2021; FOI data), caregivers must both contractually acknowledge that there is no guarantee their dependents will be found by first responders during a wandering incident, and they must also agree to not hold any organization affiliated with the program liable for failed PL searches, or any loss or damages resulting from their enrollment in the program. Hence, not only can PL be used by police as a 'tool' to help them prevent and defend civil action from families, it can also help them to dismiss any lawsuits that are brought against them. Notably, and as discussed in the previous chapter, these contracts effectively shift this liability onto caregivers, who are required to remain with the enrolled individual at all times and who must 'take full responsibility of protecting the Client from going missing' (PL International, n.d., p. 29), and who also 'remain liable for any loss or damage to the transmitter bracelet and testing device and for the replacement cost of all such equipment' (p. 30). Incidentally, while the legal protections offered by PL are built into strict formal contracts for caregivers, PL International's Gene Saunders is on record discussing his contempt for any such contracts, describing them as a way for organizations to push hidden agendas. An excerpt from his biography (that contains direct quotes from Saunders) reads:

> *No more written contracts in business-to-business dealings*, Saunders decided years ago. He refuses to lock himself and his organization into a position that he couldn't exit without another resource-draining fight. If everyone's upfront, and all intentions align, contracts become irrelevant and potentially harmful as a hindrance to human judgment and organizational progress. According to Saunders, 'If I can't look you in the eye and trust you, then I don't need to be doing business [with you]'… 'I think the companies we [as in, PL International] dealt with years ago had hidden agendas, and after they got us into signing the contract that's when their agendas became visible. Then they started with "Oh, we got you now!" OK, but from now on, if I don't sign a contract, you haven't *got me*, have you?'… 'I don't need "wherefore" and "therefore" and "therein" language,' [Saunders] mused. Just outline it in simple terms… 'That way, if we can't do it, and we can't agree… we go our separate ways. Done… No lawsuits, no one party forcing the other to comply…' (Firestone, 2019, p. 140-142, emphasis in original).

Saunders actively rejects being 'locked in' to contracts that prioritize the best interests over his own, and that force his 'compliance' through strict legal jargon, his organization and program requires caregivers to sign just such contracts—contracts that transfer police public safety responsibilities and

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liabilities to caregivers and that do very little to reinforce police responsibilities to the public. The way these contracts are written to protect police once again emphasizes how PL benefits police interests.

Collectively, these findings show how PL reinforces a distinct set of police priorities that are, for the most part, unrelated to public interests including the acute needs of people with cognitive differences and their caregivers. The program provides police with opportunities to enhance their organizational efficiency and public legitimacy with minimal associated costs. This parallels other research characterizing the police as a self-serving institution (e.g., Brayne, 2017; Sandhu, 2019), including work highlighting how police have responded to pandemic-related policework by aligning 'concerns about the health and well-being of [the public] with their own operational imperatives…' (Wood & Griffin, 2021, p. 506, citing work by Stanier & Nunan, 2021).

5.3 The Militarization of PL

As described, PL is fundamentally a police program: it is designed and marketed by a company with strong police affiliations, it is implemented locally primarily by police departments, and it appears to prioritize police agendas. In addition, findings reveal that PL is emblematic of the ongoing militarization of police—that is, 'the process whereby civilian police increasingly draw from, and pattern themselves around, the tenets of militarism and the military model' (Kraska, 2007, p. 503). Police militarization is an established trend in North America (e.g., Balko, 2013; Bieler, 2016; Campbell & Campbell, 2010; Kappeler & Kraska, 2015; Kraska, 2001, 2007; Kraska & Kappeler, 1997; Mummolo, 2018; Roziere & Walby, 2018). Thus, as Kraska (2007) points out, because all police are militarized to some degree, the question to ask is not whether police are militarized but, rather, to what extent. Here, Kraska (2007) provides us with four 'tangible indicators' of police militarization, each of which operate on a continuum: material dimensions of police militarization include police use of 'martial weaponry, equipment, and advanced technology'; operational elements of police militarization include 'patterns of activity modeled after the military such as in the areas of intelligence, supervision, [or the] handling [of] high-risk situations'; organizational components are the implementation of 'martial arrangements such as "command and control" centres… or elite squads of officers patterned after military special operations…'; and finally, cultural dimensions include 'martial language, style (appearance), beliefs, and values' (Kraska, 2007, p. 503).

The following provides an overview of the dimensions of police militarization visible in PL. Specifically, findings reveal cultural and organizational elements of militarization are deeply ingrained in PL International and these, in turn, shape the PL program. Conversely, evidence of material and operational elements of militarization is notably absent in study data. This situates PL as a more subtle manifestation of police militarization; the more 'objective' and overt aspects of militarization (e.g., the use of martial weaponry or tactics) are less discernable in PL than the more abstract facets of the phenomenon (e.g., the influence of martial values and organizational arrangements). However, even the elements of militarization that are visible in PL are somewhat subdued by the codependent construction of PL as 'care.' This is exemplified by the archetype of the police 'hero'—the valiant warrior dedicated to protecting the vulnerable in the face of impending danger— that is embedded in the PL program.

Before continuing with a description of the indicators of police militarization present in PL, it is important to note a discrepancy between how culture is conceptualized by Kraska (2007) as compared to the present study. Kraska separates the cultural elements of the phenomenon from other elements like the organizational. This serves the purpose of adding conceptual clarity and offering tacit indicators to be used pragmatically in empirical evaluations. However, the present study employs Stuart Hall's (1997) conceptualization of culture, which engenders a spectrum of social processes (from micro to macro; including cultural, political, organizational, and relational dynamics) that co-constitutively shape meaning and practice. To Hall, culture is the discursive site where shared meanings and values—contextualized by social processes—are produced and renegotiated. This multifaceted definition of culture would encompass all four of Kraska's dimensions of police militarization. It would, for instance, situate the more tacit material and operational elements of militarization as inextricably linked to one another (e.g., a material object is structured by how it is framed and used) and as influenced by broader socio-cultural values and processes. That being said, such a broad definition of culture is less than useful as a tangible 'indicator' of police militarization. Therefore, in the following empirical evaluation of the elements of police militarization visible in PL, I employ Kraska's four tenets 'as they are,' with one qualification, which is to stress that these tenets are interdependent and overlapping.

5.3.1 Dimensions of Police Militarization Visible in PL

The para-militarized police ethos surrounding PL can be traced back to Saunders, PL International's Founder and CEO. As described in earlier in this chapter (as well as in Chapter 2), Saunders comes

from an extensive police and military background and maintains a position of authority within PL International. While Saunders' police background has been described already, his military experience includes service with the US National Guard and State Defense Forces, and the US Air Force (auxiliary program) (Project Lifesaver, Inc., 2021b). Further, Saunders' biography makes clear that he draws on his 'cross-training between military and law enforcement fields' (Firestone, 2019, p. 23) and his 'tremendous military liaisons' (p. 22) when it comes to PL International and PL (Firestone, 2019). Indeed, his biography is threaded with descriptions of how he continues to draw inspiration from military ideology. He appears to have a particular reverence for the U.S. Navy SEALs who represent a specially trained (and highly aggressive) tactical operations unit. Consider, for example, this quote from Saunders' biography, where he describes his time working with the SEALs (in a training capacity):

> 'I think the most satisfaction, the best time I ever had, was when I was embedded with the SEALs,' Saunders said…. I loved every second of that. Every second. It beat the hell out of me… and I loved every minute of it' …. 'Being accepted by them was probably one of the biggest highlights of my life,' Saunders said on a reverent note. 'You know, here you are with guys who are known as the elite of the elite,' he said… 'And they have such a close brotherhood'. (Saunders, as directly quoted by Firestone, 2019, p. 32-33)

Overall, this excerpt captures Saunders' reverence for the SEALs, whom he considers a 'brotherhood' and 'the elite of the elite.' Saunders also recalls the time he spent leading his own police SWAT unit with similar fondness: 'I loved SWAT' Saunders said, brimming. 'Loved every minute of it.' (Firestone, 2019, p. 32). Saunders reverence for these hyper-militarized squadrons indicates his overall militarized police belief system which, as findings show, has informed his approach to PL and the protection of vulnerable populations. Indeed, Saunders is quoted throughout the biography as describing how he has infused this militarized mindset to PL International from its inception:

> 'You know, when I started doing this, I was a cop,' Saunders said. 'I had a cop mentality; I had a military mentality. So I always had the "damn the torpedoes, full speed ahead!" attitude' (Firestone, 2019, p. 129)

Through attending PL International's training program and annual conference, I observed that Saunders had indeed succeeded in bringing his militarized ethos to PL International and the PL program. Both the training and conference were heavily shrouded in a militarized police culture. In a

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particularly lucid display of this, attendees at PL International's Annual Conference—mostly officers from partnered police agencies, many of whom had just completed their PL training—were shown a video of a decorated US Army Lieutenant describing his experience serving in Vietnam. Of note, the Lieutenant featured in the video, Jack Jacobs, is also an active Ambassador for PL International and a known 'inspiration' to Saunders (Firestone, 2019). The video signals a heavily militarized ideology, with the Lieutenant at one point stating, 'you have to kill the bad guys and you have to save the good guys' before offering the following advice 'to young people who are not in the service' (i.e., not in the military):

> We all do have a responsibility to do what we can to defend the Republic, and again that doesn't necessarily mean that you have to pick up a weapon, fix bayonets, and charge the enemy. There are lots of things that all of them and all of us can do to defend the Republic in our communities, and we need to think about how we can do that. You don't have to be in the Army, the Airforce, the Navy, Marines, or the US coastguard, to serve freedom. (Congressional Medal of Honor Society, 2019).

The video was seemingly intended to draw parallels between the work officers do through PL and the work done in the military (as discussed in more detail in section 5.3.3, below), and it employed strong and emotive martial language and imagery to do so. Notably, it seemed to resonate with conference attendees, the majority of whom remained captivated as it played (fieldnotes, 2019). Incidentally, it served as a stark reminder that I was in the presence of hundreds of armed police.

My existing gun-related anxieties increased when I toured the vendors set up outside the PL conference entrance, many of whom had displays geared toward the most militarized facets of policing; at one point, I was offered a tactical weapons catalogue by a vendor (complete with their business card) as I made my way toward my seat:

Figure 5.7: The tactical weapons catalogue I was offered at PL International's 2019 Annual Conference, complete with the arms dealer's business card.

Though martial weaponry is typically associated with the 'material' dimension of police militarization (Kraska, 2007), I interpreted the presence of tactical weapons vendors at the conference as indicative of a cultural dimension of the phenomenon (the presence of the vendors here also signified PL's involvement in the military-industrial-complex). The tactical weapons vendors, like the armed officers all around me, were intrinsic to the conference 'milieu'; their presence was at once hyper-visible and routine, it exemplified the entrenched militarized culture that permeated the conference setting. Notably absent from the conference were vendors from healthcare organizations.

The organizational elements of police militarization that are embedded within PL are visible when through considering Saunders' experience with, and affinity for, specialized police paramilitary units—namely, police SWAT teams. As his biography describes, 'SWATs [are] select-focus paramilitary police units that had branched away from the world of ordinary law-enforcement duties into the realm of extra-high-risk mission-oriented team deployments—*right up Saunders' alley*' (Firestone, 2019, p. 20, emphasis added). Indeed, in the mid-1970s, Saunders fought to implement a SWAT unit within the Chesapeake PD after becoming critical of his department's 'undisciplined response' (p. 20) to organized crime and drug conspiracy (Firestone, 2019). Saunders was successful in this quest and went on to lead his department's SWAT unit for 23 years. Importantly, Saunders' belief in the capabilities of his SWAT team extends to his approach to searches involving people with

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cognitive differences. In fact, he describes his department's move to funnel all SAR operations through his SWAT unit as 'logical' given that these operations required 'reliance upon the [SWAT] agents' mission mentality and special-focus expertise' (Firestone, 2019, p. 24). Then, toward the end of his career, Saunders helped his department develop a specialized auxiliary SAR unit, made up of volunteers with police and military backgrounds, including members of 'US Military Special Forces, and several special-operations communities' (Firestone, 2019, p. 28). Saunders characterizes the unit much the same way he characterized his SWAT team, showing how the unit took a particularly militarized approach to searching for missing persons:

> They had a serious search-and-rescue history as the die-hards known
> to cover the toughest terrains, the worst environments, the hairiest
> "swamp-up-to-the-neck" conditions. Grit was their forte…
> According to Saunders [they had a] "hard-charging army-attitude"
> (Firestone, 2019, p. 28-29)

It was within this auxiliary SAR unit—the '43rd Virginia Search and Rescue,' named after Confederate army commander John Singleton Mosby and his 43rd Battalion, Virginia Calvary[61]—that Saunders developed and implemented the first version of PL. According to PL training, the program was initially implemented as a 15-month pilot program within the unit, and the SAR team 'set up its rules, regulations and SOPs [standard operating procedures]' (PL Basic Operator Course slides 37 & 30, 2019). This shows how the program was not only borne of Saunders' para-military background and enthusiasm for responding to risk and vulnerability with a militarized police response, but it was developed by, and tailored to suit, Saunders' para-military unit. The following excerpt from his biography shows how Saunders draws comparisons between the specialized para-military units he was previously involved with and PL; referring to PL, he says:

> 'I always liked being part of a special unit, one where the challenges
> were a little bit more than status quo, one that did a little bit more
> than the status quo,' Saunders said. It's a deeper level of
> commitment, 'a step above.' He's heard it said that Special Forces
> and SEAL teams all share this trait. (Saunders, as quoted in
> Firestone, 2019, p. 128)

In the excerpt, Saunders is characterizing PL as a 'special unit' that faces challenges beyond the 'status quo,' which underscores how he has pattered the program after the other para-military

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[61] John Singleton Mosby was known for his guerilla warfare tactics during the American Civil War; he directly reported to Robert E. Lee, a notorious and slave-owning Confederate Army General (Britannica, 2023).

squadrons he has led. This is further illustrated in PL's motto, 'Bringing Loved Ones Home,' which emulates the motto of the U.S. Navy's SEAL Team Six. As Captain Ron Yeaw (former commanding officer of SEAL Team Six and PL International Ambassador until his 2022 death) explains: 'One of the reasons I'm so endeared with Project Lifesaver International is that [their] motto, "Bringing Loved Ones Home," closely parallels the SEAL motto of never leaving a man behind' (Firestone, 2019, p. 121).

PL International also patterns their (mandatory) training certification program after military decorations; officers are adorned with various military-style 'badges' according to the level of training they complete:

Figure 5.8: Images of PL International's 'qualification badges' for trained PL officers (Project Lifesaver, Inc., 2022a).

These badges are styled after military decorations; they also situate PL training completion as an 'elite' status. Additionally, police organizations receive 'Mission Awards' from PL International after completing successful SARs involving people enrolled in their PL program; first responders and their agencies can also receive additional military-style awards from PL including the 'Medal of Merit Award,' given to those displaying 'dedicated and outstanding performance over a period of time, thus promoting and enhancing the [PL] program' (PL Basic Operator Course training slide 232, 2019). These badges and awards are indicative of how PL 'styles' their training and award programs after the military model.

Altogether, findings show how the PL program is shaped by organizational and cultural dimensions of police militarization. However, material (i.e., militarized weaponry or technology) and operational (i.e., militarized activities or response tactics) are less visible in the program. These

elements were certainly present, but their presence was more reflective of the organizational and cultural components of police militarization embedded in PL. For example, though militarized weaponry is embedded in PL operations (e.g., tactical weapons vendors present during the PL conference), this weaponry is not essential to the program; rather, it is a part of the cultural milieu that surrounds it. Likewise, while PL operations are certainly aggressive and coercive (as described in Chapter 3) they are not necessarily patterned after military activities or tactics (unlike police 'raids' or 'no-knock arrest warrants,' for example, which are); instead, the aggressive and coercive elements of PL appear to result from the way the program is organizationally structured and culturally informed. Therefore, PL represents a more subtle and complex form of police militarization than that which is typically the focus of this body of literature. It is, in fact, a militarized police response to wandering that has been cojoined with the care of vulnerable populations. Further, the 'care' components embedded in PL temper (i.e., both 'soften' and legitimize) the militarized facets of the program. This tempering is especially visible in PL International's mobilization of the 'police hero' figure.

5.3.2 Framing Police Protection of Vulnerable Population as Heroic

Examination of PL through the lens of police militarization shows how the program reinforces the notion that police protection of vulnerable populations is a particularly heroic endeavour. This is particularly evident in how PL is framed as offering police 'personal satisfaction'. Recall Saunders' deep reverence for specialized police and military units and the officers working within them. He also describes his time working within these units as 'the most satisfaction, the best time [he] ever had' and he links this satisfaction to 'being accepted… [by] guys who are known as the elite of the elite' (Firestone, 2019, p. 32-33). Now, consider how PL is designed to generate those same feelings of satisfaction for police:
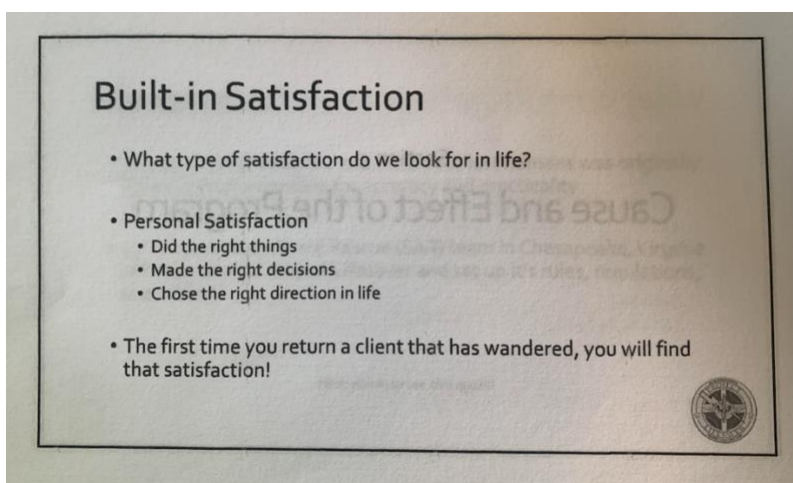
Figure 5.9: PL Basic Operator Course training slide depicting the 'built-in satisfaction' officers obtain through implementing PL (PL Basic Operator Course training slide 2019).

As shown in the image above, officers from newly partnered agencies are told during the PL training course that personal satisfaction is 'built-in' to PL. The course specifically emphasizes that officers who use PL to locate an endangered vulnerable person will enjoy the same satisfaction that Saunders felt during his time with the SEAL Team Six. In other words, an intended 'effect' (PL Basic Operator Course training slide 42, 2019) of PL is that police will feel satisfaction knowing they 'did the right thing, made the right decisions' and even that they 'chose the right direction in life' (PL Basic Operator Course training slide 45, 2019). This satisfaction is then reinforced by material elements of the program, such as the elite status they achieve when completing PL training (complete with military-style decorations) and the 'Mission Awards' officers are given once they complete a SAR for someone enrolled in their PL program.

The heroic status bestowed on police who deploy PL is also reinforced throughout PL International's Annual Conference. Recall, for instance, how conference attendees were shown a video of US Army Lieutenant Jack Jacobs describing his experience serving in Vietnam. After Jacobs urges viewers that 'we all do have a responsibility to do what we can… to defend the Republic in our communities… [and to serve] freedom' (Congressional Medal of Honor Society, 2019). The video then concludes by Jacobs asking viewers 'If not you, who? If not now, when?' and, as I noted in a conference memo, the intended meaning for conference attendees was clear: 'to urge the police and other first responders in the room to serve their communities and "defend the republic" through implementing their local PL program.' To drive this message home, after the video concluded Chief

Saunders reminded the audience that 'everyone here is a hero' and that PL is 'God's work' (fieldnotes, 2019). Conference attendees were also reminded in the conference program that PL International 'is proud to support the noble work of law enforcement and first responders':

Figure 5.10: Image from the PL International Annual Conference program depicting the organization's message of support for police and first responders (Project Lifesaver, Inc., 2019).

The use of dramatic and militarized prose in the image above, including the statement that 'not all knights will arrive on a white steed in shining armor… but make no mistake, their mission and objectives are just as righteous and valiant,' exemplifies how PL discourse portrays police as heroes. This messaging aligns PL International with the 'noble' efforts of police (and other first responders) while also positioning the PL program as a means through which police can achieve their hero status. That is, the message implies that PL assists police in their heroic work by 'allowing them to quickly locate and rescue individuals with cognitive disorders who are prone to the life-threatening behaviour of wandering.' This point is further underscored by reminders that, like Lieutenant Jacobs, officers engaged in PL are doing 'God's work' to 'defend their republic,'

Dramatic and militarized language is also threaded throughout PL's public-facing marketing material. Their organization repeats emotionally charged and 'hero-oriented' verbiage to market their program, stressing, for example, that the program 'saves lives' by 'bringing loved one's home!' (e.g., PL International, n.d., Homepage section). The marketing material also contains myriad imagery of police successfully rescuing seemingly helpless children or elderly persons:

Figure 5.11: Promotional image from the cover of 'Deploying High' depicting 'Chief' Gene Saunders rescuing a small child (Firestone, 2019).

Figure 5.12: Another promotion image of 'Chief' Saunders rescuing a child, taken from PL International's website (Project Lifesaver, Inc., 2022f).

Figure 5.13: Screen grab PL International's promotional video depicting a small child being returned to their caregiver by police (Plifesaver99, 2017).

Figure 5.14: Screen grab from a PL International promotional videos depicting an elderly man being returned to his family by police (Project Lifesaver International, 2021).

Figure 5.15: Promotional image from PL International's website depicting 'Chief' Saunders rescuing a small child (Project Lifesaver, Inc., 2022a*).*

Figure 5.16 Promotional image from PL International's website showing a close-up of a police officer locating an elderly person with a PL antenna (Project Lifesaver, Inc., 22022i).

Figure 5.17: Screen grab from a PL International promotional videos depicting police rescuing an elderly person at night (Plifesaver99, 2012).

Like the dramatic language used elsewhere in representations of PL, these images[62] portray police rescues involving people enrolled in PL as heroic endeavours. However, while the use of the hero archetype designates policework involving PL heroic, it also strengthens ongoing processes of police militarization by reinforcing a warrior mindset among officers and legitimating the need for an aggressive response to any public threat (including the threat of wandering). At the same time, these images supplant the framing of PL as a hyper-militarized police intervention with the framing that such work—when deployed in the name of protection for vulnerable groups—constitutes heroism and, ultimately, 'care.' Therefore, through this process, police militarization is both strengthened and obscured.

5.4 Chapter Discussion

Findings presented in this chapter align PL with the police institution, including how it is co-constitutively shaped by police cultural values and interests. First, findings show how PL International, the organization responsible for developing and marketing the PL program, maintains strong connections to police. Several of the organization's key decision makers come from extensive policing backgrounds, including the CEO, Gene Saunders, who founded PL International after a

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[62] Notably, the individuals in these images all appear to be white; this holds true for all PL International's promotional material (as well as the bulk of marketing material put forth by Ontario PL programs). Excluding BIPOC folk from PL marketing signals that this police protection is reserved for certain privileged (i.e., white) segments of the population. The fact that PL serves selective communities is discussed in Chapter 6.

decades-long career as a high-ranking and decorated police officer. Moreover, the PL program itself emerged from Saunders' policing experiences and it was developed in his department with the help of other officers. Ergo, PL is a 'tool' for helping police to respond to incidents of wandering. It also aligns with contemporary approaches to policing and promotes a distinct set of police priorities. More specifically, PL is designed and implemented to help police streamline search and rescue events with minimal resource expenditures and reduced search liabilities. Thus, PL responds to current police objectives that center on balancing their increased service demands in an era of fiscal restraint (e.g., Adlam, 2002; Schrader, 2019; Owens & Ba, 2021; Wood, 2020). Further, PL offers police opportunities to engage in highly visibly and 'caring' (and even 'heroic') policework that can serve to improve their public image in the wake of tenuous police-community relations. This further aligns PL with police agendas, as literature shows police seek opportunities to leverage their visibility in a way that promotes a pro-police sentiment in order to mitigate their legitimacy crisis (e.g., Sandhu, 2019). Altogether, these findings show how PL is, in essence, a program made by police, for police.

Findings presented in this chapter also highlight how the benefits PL provides to police organizations can, at times, conflict with the interests of the communities in which the program operates. For instance, while PL is consistently portrayed as a tool for improving the efficiency of search and rescues involving people who have wandered, the promoted value of this enhanced efficiency shifts depending on the contextual framing. On the surface, improved search efficiency appears to be associated with increased safety for the wandering person, though as Chapter 4 illustrates, this value is not empirically substantiated and it is often framed and understood primarily in terms of the peace of mind it brings to caregivers. The current chapter adds to this contextual complexity by showing how, in PL rationalizations oriented toward police, the value of PL-induced search efficiency is linked to the economization of police resources. In other words, PL is marketed to, and understood by, police organizations as a way for them to reduce the labour costs incurred during search and rescue operations. This tension in how PL's efficiency value is framed (i.e., improved public safety and support versus reduced police organizational costs) shows how the intended value of PL is not solely for public interests. This tension is then exacerbated by the fact that the bulk of PL program labour and financial costs are outsourced to caregivers and community organizations. Yet, whether the promised public safety benefits of PL materialize for these individuals is less than clear, as Ontario data suggests PL technology is not often used by police to locate people who have wandered. In addition, any program benefits that do materialize for people with cognitive

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differences and their caregivers come with added costs: PL is invasive and dehumanizing for those enrolled in the program and, in addition to imposed labour and financial burdens on families seeking wandering support (and their communities), it contributes to the responsibilization of caregivers. Yet, while the benefits of PL search efficiency remain somewhat ambiguous, the public image benefits conferred by the program more clearly serve the police. PL functions as a PR tool for police organizations seeking to improve their public image and legitimacy, though it does not address the underlying community concerns contributing to this issue in the first place. Any suggestion otherwise (e.g., the promotion of PL as a tool for 'community reparations') is misguided and implies that the profound and systematic police violence endured by racialized communities can be rectified through a police surveillance initiative. Thus, the promotion of PL as a PR tool for law enforcement shows how the benefits of PL are designed from and reinforce a police perspective; the program is a means for police to enhance their public image rather than a means for police to address the systemic harms that have led to their legitimacy crisis.

Findings discussed so far situate PL, fundamentally as a law enforcement tool that serves police agendas, at times over public interests. The benefits PL provides to people with cognitive differences and their caregivers are somewhat ambiguous and come at a significant cost. At the same time, PL serves as a conduit for police to access funding that might otherwise remain elusive— funding that is specifically geared toward supporting people with cognitive differences. Findings therefore support scholarly concerns regarding the increased involvement of police in matters of public health, given how this involvement is often shaped by police agendas that are largely incompatible with the welfare of vulnerable populations (e.g., Musto, 2016; Rodriguez et al., 2020; Vitale, 2016; Wood & Griffin, 2021). Indeed, the program by and large excludes healthcare and social support perspectives when it comes to understanding and supporting the needs of people with cognitive differences and their caregivers. This begs the question of whether PL represents an ideal form of state-led support for these populations, or whether the substantial community and government resources used to implement and maintain PL programs could be better spent on interventions that more directly center and address the multifaceted needs of vulnerable populations and their families.

The appropriateness of PL as a community support mechanism is further called into question by chapter findings that reveal the ways in which PL reinforces police militarization. Findings show how PL International perpetuates a deeply ingrained militarized ideology and culture. Relatedly, the organization of PL is modeled after police para-military units (i.e., SWAT teams) and the program is

constructed as representing an elite (i.e., specially trained and heroic) unit of officers that conduct high-risk search 'missions.' Hence, PL does not just represent the expanding role of police in society; it represents the expansion of police militarization. However, PL is unique from other, more overtly militarized police practices (e.g., police use of armored vehicles or no-knock arrest warrants). The PL program is constructed as protection (and even empowerment) for vulnerable persons and as support for their families; it therefore constitutes a form of police militarization that is fused with the provision of 'care.' These elements work in tandem, each one reinforcing the other. The militarized components facilitate a highly coercive police response to risk while the caring components naturalize this coercion. For example, people with cognitive differences are subjected to invasive surveillance that denies their autonomy and personhood; at the same time, this aggressive police-led intervention is framed as for their protection and empowerment. Likewise, caregivers are deputized as surveillance agents and required to comply with significant program obligations; they are also brought into a public safety community that provides them with support in the form of wandering reassurance.

In the case of PL, the more overt characteristics of police militarization have been replaced by seemingly benign and care-based program components. Instead of being administered through invasive military-style tactics, the program is administered through benevolent community volunteers. Instead of involving heavy weaponry or tactical force, PL encompasses a voluntary personal information registry and the use of radio frequency (RF) transmitters, justified as protection for vulnerability. These program characteristics naturalize what is an invasive and coercive form of police surveillance informed by militarized ideology, thereby producing a much more subtle form of police militarization. As O'Neill and Loftus (2013) illustrate, when police surveillance operates through collaborations between police and non-police entities, it tends to appear unremarkable and thus remains hidden from public scrutiny (see also Musto, 2016). The authors further expound that when the information is collected via a series of routine bureaucratic procedures, the surveillance is legitimated and thus further concealed, as these bureaucratic processes 'confirm the normality of the data gathering' (O'Neill & Loftus, 2013, p. 446). Nevertheless, as the authors conclude, these processes of normalization work to support the continuous expansion of coercive state powers by building 'the intrusive' within 'the mundane' (p. 450).

While the more overt elements of police militarization are replaced in PL by routinized and care-based program components, the elements of militarization that are visible—the cultural and organizational facets embedded in the program—are constructed as 'care.' This is exemplified by PL

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reliance on the police hero archetype, a concept with well-established militaristic connotations (see Kitchen & Mathers, 2018). By framing the police protection of vulnerable populations as heroic, the means in which the protection is delivered appear less relevant. Further, the deliverance of such protection is constructed as a valuable (heroic) public service. In the process, the more militarized facets of the program are supplanted by notions of 'care' (see Kitchen, 2018) resulting in a coercive police program that is more palatable to, and unquestioned by, the public. Further, the police-hero archetype embedded in PL can generate public support for the program and, by proxy, the police institution. Indeed, police mobilize PL International's police-as-heroes marketing material to garner widespread public support. This can, in turn, help draw large sums of money toward PL programs under the auspices that it contributes to the welfare of vulnerable populations, with little recognition that the funding is supporting an already-militarized police apparatus. Finally, the police heroism promoted by PL International also makes the program more palatable to the police, by promising officers personal satisfaction from their participation in the program. However, framing police search and rescues involving vulnerable populations as heroic can cultivate a 'hero' or 'saviour' mindset among officers, whereby they see themselves as heroic figures capable of solving complex and high-risk social problems (Hunt, 2021). This is concerning given that this mindset is linked to tenuous police-community relations and instances of excessive police force used toward marginalized or vulnerable communities (e.g., Rogers et al., 2018). In their study examining police officer attitudes towards people with disabilities, Rogers and colleagues (2018) found that officers who had a hero complex were more likely to perceive these groups as a threat and respond inappropriately.

Kraska (2007) argues that, in addition to providing empirical evidence (i.e., 'tangible indicators') of the militarization of police, the concept 'police militarization' can serve as a useful theoretical lens through which to consider the ongoing influence of military ideology in various facets of contemporary society, including issues of governance (see also Kitchen & Mathers, 2018). The current study adds to our understanding of the care-control dualism in techniques of governance by showing how police militarization has extended into the domain of healthcare and the state's protection of vulnerable groups. In addition, findings shed light on how police militarization can be both reinforced and obscured through care logics. The police-hero archetype, like the elements of 'care' embedded in PL, tempers the coercive elements present in PL, thus contributing to the normalization of a militarized state response to vulnerability and the expansion of ongoing processes of police militarization in society more generally. As Musto points out, 'even those [police

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interventions] that appear supportive or protective in name have not supplanted criminal justice efforts per se,' but rather 'they have augmented them and stretched them in new directions' (p. 9). Cumulatively, findings presented in this chapter show how existing police cultural values and priorities are carried forward when police are tasked with managing the care or protection of vulnerable populations. Findings also add complexity to scholarly explorations of the interplay between care and control in governance by showing how militarized police processes can fuse with elements of care to produce a coercive care practice that upholds a dominating state apparatus.

Chapter 6
Discussion

State-led surveillance is used increasingly to address myriad social issues beyond the scope of justice and security, including in the provision of population health and welfare. Recent scholarship has identified a 'blurring' of the twenty-first-century state surveillance practices, highlighting the carceral features of what are promoted as protective surveillance interventions (e.g., Bennett et al., 2014; Bell, 2006; Musto, 2016). This thesis offers a case study of PL, a police-led intervention that allows first responders to electronically track people who may wander and that represents a surveillance practice deeply embedded within the nexus of state protection and security. The primary objective of this work is to investigate how PL is framed as a protective state surveillance mechanism by its various stakeholders and to analyze how the program is designed and operates as such in practice. In addition to examining the practical aspects of PL, this study seeks to uncover the dominant assumptions, values, and interests enmeshed within the program. Drawing on an abductive approach, and content and thematic analyses of the data, this work provides a comprehensive understanding of PL and its implications for individuals and society. Particular attention is paid to whether the intervention aligns with the needs and perspectives of individuals with cognitive differences and their families, or whether it, like other protective state practices, operates as a coercive governance technique that serves an implicit state agenda.

6.1 Summary of Findings

Chapter 3 of this thesis focuses on how PL is framed and operates as a protective safety mechanism for people with cognitive differences. Findings show that, while the program is by and large portrayed as a protective initiative, PL constitutes an invasive, restrictive, and coercive form of police surveillance in practice. First, PL confines people with cognitive differences to within the boundaries determined by their caregivers, ostensibly restricting the monitored person's capacity to engage in purposeful and enjoyable wandering behaviour (see Wherton et al., 2019). In this way, PL overlooks the autonomy and other contextually specific needs of the monitored individual, effectively operating as a form of social control. This observation aligns with literature on the use of consumer EM by caregivers as a safeguard for wandering which highlights how, despite the benevolent intentions behind the practice, EM technologies fail to prioritize the needs of those being tracked (e.g., Vermeer

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et al., 2019) and can reproduce existing power imbalances within caregiver-dependent relationships (e.g., Kenner et al, 2008). Unlike other forms of caregiver EM, though, the monitoring involved in PL is conducted through police surveillance. When caregivers of a person enrolled in the program alert the authorities to a potential wandering incident, police use PL technology to track and locate the wandering individual. As such, the caregiver control that PL enables is reinforced by a coercive state apparatus. Thus, PL does not just reproduce existing caregiver-dependent power asymmetries, it entrenches them through carceral systems and tactics. Further, the program renders a considerable amount of the monitored individual's personal information visible to police, including their locational data and their personal history, preferences, characteristics, and behaviours. Much of this information is provided to police regardless of the monitored person's expressed consent or objections, or whether a wandering incident has occurred. As policing scholars point out, even seemingly innocuous police surveillance is typically conducted for the purpose of control, with the potential for 'serious repercussions for the individual concerned' including reduced opportunities for social welfare (O'Neil & Loftus, 2013, p. 442; see also Musto, 2016). Of note, some of the information collected through PL could be interpreted by police as threatening public order (e.g., information regarding a person's illicit drug use, access to weapons, or history of violent behaviours) and therefore has the capacity to lead to an escalated and potentially criminalizing or violent police response to that individual (see Ferguson, 2017). Taken together, these findings situate PL as a coercive form of state protection that, like other police interventions to protect vulnerable groups, compromises the welfare of the those it aims to protect (Musto, 2016; see also Hawkins, 2023; Laniyonu & Goff, 2021; Pugliese, 2017; Vitale, 2016).

Notably, the problematic elements of PL protection are rationalized, in part, through classifications of people with cognitive differences as a particularly vulnerable and risky group. The prevalence and danger of wandering behaviour among people with cognitive differences is not well known (Greene et al., 2019) and, moreover, wandering can be a productive and enjoyable activity for these individuals (Wherton et al., 2019). Yet, PL marketing promotes the assumptions that all people with cognitive differences will wander and that all wandering behaviour represents a critical safety emergency. Indeed, PL International mobilizes targeted vulnerability and risk in a way that characterizes all individuals with cognitive impairments as vulnerable and 'at risk,' emphasizing their need for outside behavioural intervention. This aligns with Lupton's (1993) observation that contemporary risk discourse deployed in the context of health 'targets the body as a cite of… catastrophe, subject to and needful of a high degree of surveillance and control' (p. 434). Lupton, and

others, argue that such discourses pathologize health conditions while normalizing their control through seemingly benevolent state surveillance mechanisms (Lupton, 1993; 2014; Powell & Biggs, 2000). Consequently, and as underscored by the present study, the goals pursued through interventions informed by risk 'are frequently not chosen by the people to whom they are directed, but instead are identified for them as priorities' (Lupton 2014, p. 179).

Chapter 3 also highlights how PL applies targeted vulnerability and risk in a manner that shifts the perception of people with cognitive differences from merely at-risk of danger to inherently risky and dangerous. In other words, by presenting pathological characteristics and behaviours as inextricably linked to a person's cognitive diagnosis, PL portrays people with cognitive differences as simultaneously vulnerable to external risks *and* threatening to others. This, in turn, reinforces the treatment of wandering as a matter of public safety and the need for coercive police surveillance to manage this population. The consequences of such coercive risk management, as revealed in this chapter, include the active disempowerment and dehumanization of the vulnerable group receiving protection. In the context of PL, people with cognitive differences' risky status not only justifies their subjugation through coercive police surveillance, but also their treatment as animals or objects to be tracked no matter their distress or resistance. This observation contradicts any suggestion by PL International or others that PL represents a form of empowerment for monitored individuals. Further, while the program may, in some instances, help keep wandering people safe from external dangers, findings from this chapter classify the program as a form of paternalism, wherein coercive care practices are imposed on individuals for their purported benefit. This paternalistic approach to state-led support for people with cognitive differences contradicts advocacy claims emphasizing the importance of fostering autonomy among vulnerable populations to mitigate the potential threats they may face (see Mackenzie, 2014). Moreover, chapter 3 findings underscore Kenner's (2008) observation that technologies used to control and monitor the bodies of people with cognitive differences reinforces the notion that these individuals are not full citizens and cannot contribute to society.

Chapter 4 of this thesis examines how PL relates to the needs of caregivers of people with cognitive differences. A central finding of the chapter is the disparity between PL's marketed purpose, which presents PL as a safeguard for people who may wander, and its marketed value, which is the peace of mind it offers to caregivers. This 'peace of mind' value proposition appears throughout PL International and Ontario PL program marketing material and situates the program as a *proactive*

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safety mechanism that may or may not be needed during a future wandering event but that, nonetheless, alleviates caregiver wandering fears. In this way, the value of PL is untethered to both the acute level of risk associated with wandering behaviour and the actual use (and usefulness) of PL during a wandering crisis. It is not about whether PL surveillance is, or even will be, required; it is about proactively putting the surveillance in place *in case* of a future (i.e., hypothetical) wandering emergency. Once this wandering 'safety net' is in place, the program's value is fulfilled as caregivers can feel a sense of relief over their wandering concerns just from program enrollment.

Interviews with Ontario PL program administrators and caregivers suggest that PL is indeed perceived as, more than anything else, a means for caregivers to assuage their wandering fears. These perceptions endured even among interviewees who reported that PL technology is not often (or in some cases, is never) used to locate a wandering program participant. Likewise, internal police documents obtained through FOI requests indicate that Ontario police view PL as beneficial—that it provides a felt sense of 'comfort' to caregivers and families—even while simultaneously acknowledging minimal pragmatic need for PL technology in their jurisdiction. This shared assumption among various Ontario PL stakeholders mirrors society's collective focus on (often unsubstantiated) risk and the pervasive underlying logic that the most effective strategy for safeguarding against any risk we face is to closely monitor it (see Bennett et al., 2014).

Interestingly, the program's value (that is, the caregiver 'peace of mind' it generates) is framed as both automatic and instantaneous; automatic in that the peace of mind occurs regardless of whether the technology has been (or ever would be) used as a wandering response, and instantaneous in that the peace of mind occurs for caregivers immediately upon their enrolling a dependent in the program. This suggests that PL, like other forms of surveillance, carries somewhat of a placebo effect, automatically and instantly generating a perceived sense of safety and, subsequently, relief, even in the absence of evidence that PL improves wandering risk outcomes. This observation aligns with broader surveillance research that describes a societal tendency toward implicitly perceiving the presence of surveillance as reassurance over some issue—or what Laurie and Maglione (2019) term 'symbolic reassurance.'

While PL may be perceived as symbolic wandering reassurance by those who deploy the surveillance, including caregivers, chapter 4 findings show that many elements of the program do not attend to individualized aspects of caregiver wandering support needs. For example, findings suggest

that caregivers of people enrolled in PL want to retain autonomy over when to involve police in a wandering search; this mirrors research showing caregivers can accurately identify when a wandering situation represents a critical emergency and wish to retain the ability to make this judgement call (Greene et al., 2019). Yet, official PL program requirements remove the capacity for caregivers to make such determinations; while such requirements may not always be heeded by caregivers, this stipulation shows how the design and idealized functioning of PL does not account for contextually specific caregiver needs. In fact, families who do not follow this requirement can be removed from the program altogether. Some elements of PL technology's design also appear to misalign with caregiver needs. Interview participants expressed a desire to alter the wearable transmitter bracelet in various ways, such as to have the bracelet include visible wearer 'ID' so that caregivers could be more easily notified by community members during a wandering event, or to better disguise the transmitter or have it attached to a keychain in order to reduce wearer agitation. These findings underscore literature showing the affordances of caregiver EM technologies are often not often adaptable to important, but contextually specific, elements of caring for people with cognitive differences (Gross et al., 2021; Wherton et al., 2019).

Chapter 4 findings also reveal a shared belief among PL program administrators that the program provides caregivers with much needed relief in ways that extend beyond their wandering concerns. Specifically, they felt the program offers caregivers more opportunities for respite and emotional support, though any such provisions seem to be merely incidental rather than built-in to the PL program. While administrators felt caregivers could take more 'time for themselves' knowing their loved ones were being monitored by the program, official PL program requirements serve to remove opportunities for caregiver respite by requiring caregivers to always remain with the monitored individual. Likewise, while some program administrators felt their monthly home visits to conduct PL battery checks provides caregivers with 'someone to listen to their story,' any such emotional support is the result of proactive and human-based interactions that are outside of mandatory program operations. Indeed, the intended purpose of these battery check visits is for administrators to maintain the surveillance technology, to gather additional information about the monitored person, and to ensure caregivers are complying with program requirements. There is nothing in the official design and implementation of PL to suggest that program administrators are required—or even encouraged—to check on the wellbeing of, and provide emotional support to, caregivers during these interactions. Thus, any additional support provided by PL to caregivers

beyond their wandering concerns appears to be incidental and can, at times, conflict with official program requirements. This once again highlights how the design and implementation of PL does not account for diverse caregiver needs. Further, PL may serve to add to caregivers' existing burden of care, is it requires caregivers to shoulder considerable program obligations, including financial costs, daily technology maintenance, managing the whereabouts of enrolled individuals, and any related program liabilities. Non-compliance with these obligations can result in program removal, thus jeopardizing any support that PL does offer to caregivers and their dependents. As scholars point out, the burdensome elements of caregiver EM that is governed by institutional actors can undermine any supportive benefits the technology offers to caregivers in the first place (Gross et al., 2021; Wherton et al., 2019).

Chapter 4 findings highlight the tremendous burden that caregivers of people with cognitive differences face and underscore the current pressing need for increased caregiver support infrastructure in Ontario, especially in rural communities (see also Cooke et al., 2019; Parmer et al., 2021). Yet, though PL may appease caregivers' wandering concerns, the program is not a substitute for more human-level support systems. Moreover, if PL technology is ever deployed during a critical wandering emergency, it is because human forms of monitoring have failed (i.e., the monitored person has left the caregiver's purview). Thus, while surveillance technologies are increasingly being deployed by the state as a stand-in for more traditional, human-led public support services (see, for example, Eubanks, 2018; Huckvale, Wang, Majeed, & Car, 2019; Lyon, 2007; Murakami Wood & Webster, 2009; Pink, Berg, Lupton, & Ruckenstein, 2022), chapter 4 findings suggest these technologies do not adequately *replace* human support structures. Moreover, findings illustrate that state surveillance programs delivered as a form of caregiver support can contribute to the responsibilization of caregivers, shifting duties for ensuring the safety and wellbeing of vulnerable populations away from the state and placing them squarely on the shoulders of caregivers. Specifically, the program actively promotes the notion that it is the moral and structural responsibility of caregivers to manage the safety of people with cognitive differences. For instance, PL marketing uses language that, first, amplifies the risk of wandering beyond that which is known, before suggesting that use of surveillance to manage this risk is an integral part of caring for people with cognitive differences. Importantly, the positioning of PL as integral to 'good' caregiving can temper any caregiver hesitations regarding the program, whether such hesitations are due to their questioning the need for PL or the coercive and problematic features of the program. Similar techniques are used

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to promote consumer forms of caregiver EM and to garner caregiver comfort with their use (Abu-Laban, 2014; Marx & Steeves, 2010; Widmer & Albrechstlund, 2021). While this discourse normalizes the use of surveillance in caregiving practices, it also responsibilizes caregivers by equating the choice not to monitor one's dependents with irresponsible caregiving. Hence, proactive enrollment of individuals with cognitive differences into PL by their caregivers becomes a moral imperative. Once their dependents have been enrolled in PL, this moral imperative transforms into the structural responsibilization of caregivers. As already described, caregivers are required to manage the bulk of the costs, duties, and liabilities associated with the PL program, while police agencies are effectively released from these obligations. The extensive structural caregiver obligations that accompany PL enrollment promote the idea that it is the caregiver's job to manage their own support as well as the location, behaviour, and safety of their dependents. This reflects a broader trend in governance whereby individuals and families are increasingly expected to take practical responsibility for managing their own health, safety, and wellbeing (Funk, 2013).

While chapters 3 and 4 of this thesis identify how PL relates to the needs of people with cognitive differences and their caregivers, respectively, chapter 5 explores the relationship between PL and the policing institution. Ultimately, this chapter shows that, while PL is marketed as a community intervention that helps keep vulnerable populations safe and, even more so, addresses caregiver wandering concerns, the program is, at its core, an intervention made by police, for police. For one thing, PL International, the organization that designs and markets PL, is heavily tied to the police institution. Several of the organization's key decision makers come from extensive policing backgrounds, including the CEO, Gene Saunders, who founded PL International after a decades-long career as a high-ranking and decorated police officer. Moreover, the PL program itself emerged from Saunders' policing experiences; it was developed in his department with the help of other officers. Finally, while PL is available to public safety agencies of any kind (including fire and rescue organizations), most programs are implemented and run either exclusively by police departments or as joint initiatives between police and other community organizations—in which case police tend to maintain authority over how to program operates. Therefore, PL is primarily designed, marketed, and implemented *by* representatives of the police institution.

Findings presented in this chapter also situate PL as a program *for* the police, as data reveals how PL operates in accordance with contemporary policing approaches and agendas. First, by framing wandering (and, to some degree, wanderers) as a threat to public safety, PL discourse

effectively transfers the management of a health-related concern into the jurisdiction of policework. Then, by presenting PL technology as an innovative and effective way for police to manage this public safety issue, the program is aligned with the current policing model that seeks to identify and manage security risks through innovative surveillance technology (see Brayne, 2017).

Second, study findings reveal how the PL program is tailored to suit a distinct set of police priorities. For instance, PL serves as a tool for police to manage their increasing service demands more efficiently; specifically, findings show how PL is designed, promoted, and implemented to help police streamline search and rescue events with minimal resource expenditures. Additionally, this improved efficiency comes at minimal cost to police agencies, as police can (and do) recoup financial costs of the program through fees collected from caregivers as well as from community donations and government grants. Relatedly, police also outsource the bulk of program labour (e.g., administrative duties and technology maintenance) to their communities—specifically to partnered agencies (e.g., search and rescue organizations or local aid societies), local volunteers, and caregivers of people enrolled in the program. Thus, PL responds to current police objectives that center on balancing their increased service demands in an era of fiscal restraint (e.g., Adlam, 2002; Schrader, 2019; Owens & Ba, 2021; Wood, 2020). PL also allows police to bolster their public image amidst current strained police-community relations and the current crisis of police legitimacy. The program offers police opportunities to engage in highly visible and community-oriented 'care' work—in this case, the protection of people with cognitive differences who may wander. This allows police to capitalize on the positive community associations that stem from their involvement in the protection of vulnerable populations. In fact, PL is explicitly promoted to police by PL International as a 'public relations tool' for their organization. Moreover, the image boost stemming from police involvement in PL is reinforced by the suggestion that officers involved in PL programs are engaging in particularly heroic policework—a sentiment that is promoted throughout PL International and local PL program marketing material and perpetuated through media coverage of PL promotional events. These facets of PL align the program with police priorities, as literature shows police seek opportunities to leverage their visibility in a way that promotes a pro-police sentiment to mitigate their current crisis of legitimacy (e.g., Sandhu, 2019). Finally, PL is also promoted to police by PL International as a way for police organizations to defend themselves against civil lawsuits pertaining to their public safety duties. During their mandatory PL training, police are reminded that they can be sued 'no matter what' and told to 'give themselves tools' (such as PL) that allow them to show that their

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actions during wandering searchers were 'reasonable and appropriate.' This legal protection provided to police is also codified in caregiver contracts which release police organizations from all liability related to the program, including liability related to searches for program participants.

Chapter 5 findings show that these police benefits—which are heavily promoted to police by PL International—can, at times, prioritize police interests over the interests of the public. For instance, while the improved search and rescue efficiency benefit of PL is publicly promoted as a means for police to save lives, it is internally promoted to police as a means for their organizations to save costs. This PL cost-benefit is then expanded by the fact that police can offload program financial and labour costs onto their communities. Thus, while PL can reduce police resource expenditures, these expenditures do not necessarily disappear but rather are relocated to communities. Next, while police can capitalize from public perceptions that they are protecting vulnerable populations through PL, there is limited empirical evidence showing that PL programs, once implemented, lead to increased safety for people enrolled in the program. At the same time, while these positive public perceptions can help police mitigate their current legitimacy crisis, PL does not in any way address the underlying community concerns (i.e., racialized police violence) and demands (i.e., systemic police reforms) that have spurred the crisis in the first place. Finally, while PL allows police to reduce their public safety liabilities and curb legal action from members of the public they serve, these liabilities are transferred to caregivers who, as a result of signing PL program contracts, are liable for the safety and whereabouts of their dependents with limited options for legal recourse if police do not fulfil their public safety duties. Altogether, these findings show how the PL program supports implicit police agendas and is therefore, by design, a 'tool' *for* police.

Another important finding discussed in Chapter 5 is that PL both reinforces, and is reinforced by, the militarization of police—a well-established trend whereby 'police increasingly draw from, and pattern themselves around, the tenets of militarism and the military model' (Kraska, 2007, p. 503; see also Kappeler & Kraska, 2015; Kraska & Kappeler, 1997; Mummolo, 2018; Roziere & Walby, 2018). Kraska (2007) identifies four indicators of police militarization, which are the adoption of cultural, organizational, material, and operational dimensions of a militarized ideology. Two of these dimensions—cultural and organizational—are highly visible in my analysis of PL, and both appear to stem from PL International's Founder and CEO, Gene Saunders, who has deep military ties and a reverence for militarized police ideology and practices. Observations from PL International events reveal the organization perpetuates cultural elements of the military model, which Kraska (2007)

describes as the adoption of 'martial language, style (appearance), beliefs, and values' (p. 503). For example, the presence of tactical weapons vendors and army veterans at the PL conference I attended was at once hyper-visible and routine and thus indicative of the entrenched military culture that permeated the conference milieu. Further, organizational elements of the military model—that is, the implementation of 'martial arrangements' such as 'elite squads of officers patterned after military special operations' (Kraska, 2007, p. 503)—are present in the structure of PL. The program itself was borne out of Saunders' enthusiasm for responding to risk and vulnerability with a 'disciplined mission mentality' and was, in fact, initially developed by, and tailored to suit, Saunders' own militarized police squadron. As such, elements of the program are patterned after specialized military operations, including the mandatory PL training program which bestows trained officers with an 'elite' status within their department (complete with militarized insignia) and the PL awards program which gives officers 'Mission Awards' or the 'Medal of Merit' to reward them for their 'outstanding performance' and 'dedication' to the program. Together, these organizational elements of PL are indicative of how Saunders has intentionally structured the program after martial arrangements. Indeed, he often draws comparisons between PL and other established para-military operations (i.e., the U.S. Navy SEALs or his own police SWAT unit), describing the program as a 'special unit' of highly trained officers that face challenges beyond the 'status quo.'

Altogether, findings show how PL International being an enthusiastic constituent of the police-military apparatus and the PL program is shaped by organizational and cultural dimensions of police militarization. However, material (i.e., militarized weaponry or technology) and operational (i.e., militarized activities or response tactics) are less discernable in PL discourse and practice. As described in chapter 5, these more overt elements of the military model have been replaced in PL by seemingly benign and care-based program components. In this way, PL represents a more subtle and complex form of police militarization than that which is typically the focus of this body of literature. It is, in fact, a militarized police response to wandering that has been cojoined with the care of vulnerable populations. Further, the 'caring' components embedded in the program, including the involvement of community organizations, or the value of PL as a form of protection and support for people with cognitive differences and their caregivers, work to temper (i.e., both 'soften' and legitimize) the facets of the program that are influenced by martial values and organizational arrangements. This tempering process is exemplified by the police hero archetype that is embedded in PL. By framing police protection of people with cognitive differences as heroic, the coercive

elements of PL are obscured and unquestioned. At the same time, mobilization of the police archetype—a concept with well-established militaristic connotations—strengthens the legitimacy of an already-militarized police apparatus (see Kraska, 2007) while normalizing the expansion of militarized police tactics into the domain of public health and the state's protection of vulnerable groups. Thus, while facets of police militarization are embedded in the PL program, the PL program also reinforces ongoing processes of police militarization.

6.2 Synthesis of Findings: Exploring the Surveillance Care–Control Nexus

Surveillance systems intended for care can also have operate as control mechanisms, encroaching upon the monitored person's autonomy and liberty (McLelland et al., 2020; Russell et al., 2022; Siqueira Cassiano et al., 2021). Conversely, surveillance used for control can have caring elements, such as when it is used for the purpose of offering rehabilitation or general population protection. Thus, in our increasing 'surveillance society' (Lyon, 2007), scholars emphasize the need to recognize that protective state surveillance mechanisms are embedded within broader societal contexts and to critically examine these practices for their social and ethical implications (e.g., French & Monahan, 2020; Marx, 2016). The current study contributes to this literature by providing a 'logical, empirical, and ethical critique' (Marx, 2016, p. 268) of police surveillance deployed in the context of protecting vulnerable populations. Empirical findings detailed in chapters 3, 4, and 5 of this thesis describe how PL relates to the interests of people with cognitive differences, their caregivers, and the police. Taken together, these findings render visible the needs and perspectives prioritized by this protective-coercive state intervention, along with the populations excluded altogether when (health)care and support is delivered in the form of police surveillance. These findings culminate in the characterization of PL as an extractive form of support for vulnerable populations and their caregivers and, ultimately, a technique of population control.

6.2.1 The Needs and Perspectives Prioritized by PL

Gross and colleagues (2021) argue that, given the complexities associated with caring for people with cognitive differences, research on EM used in these care contexts should consider 'what particular aspects of care the technology supports, who is being supported and empowered… and how' (p. 7). Findings from the current study address these prompts by identifying a hierarchy of needs and perspectives prioritized when surveillance is deployed by police to address the health-related needs of vulnerable populations. On the surface, PL appears to serve the interests of people with cognitive

differences, though findings show how the program fails to acknowledge the complex and nuanced needs of this vulnerable population. Moreover, while PL may, in some cases, help police to locate someone who has wandered and become endangered, this *potential* safety benefit comes at a significant cost to individuals monitored by the program. The current study illustrates how, through their enrollment in PL, people with cognitive differences are objectified and excluded from decisions made about their body, movement, and personal information. Consequently, they are subjected to an invasive police surveillance program without their expressed consent and despite their clear objection. As such, the wandering protection PL offers to these individuals—which, at present, is unsubstantiated—stands in direct contrast with what scholars and advocates claim are the most important facets of caring for vulnerable populations: facilitating the autonomy of these individuals (Mackenzie, 2014) and centering them in the care planning process (Wherton et al., 2019). These findings therefore indicate that PL does not actively prioritize the needs and perspectives of people with cognitive differences; in fact, the program actively disempowers them.

Upon closer inspection, however, PL appears to be less about responding to the needs of people with cognitive differences and more about responding to their caregivers' wandering fears. The value of the program is heavily framed and perceived in terms of the peace of mind it brings caregivers. Here, the support PL offers caregivers appears to outweigh any negative implications of the program for those being monitored. Caregiver perspectives (or, in this case, their concerns) are prioritized and addressed, and the value of PL becomes unrelated to the acute wandering risk faced by people with cognitive differences, whose needs and vocalized concerns are categorically dismissed. It seems, then, that—as with most caregiver EM practices—the needs and perspectives of caregivers take precedence over the needs and perspectives of those PL is designed to track and ostensibly protect. As a result, PL entrenches existing caregiver-dependent power imbalances. Moreover, caregivers decide whether, and to some degree when, to have the latter's location tracked and controlled by police. This power imbalance is inherently problematic as it undermines the autonomy and personhood of the person being cared for; it becomes even more concerning when taking into consideration the fact that people with cognitive differences are particularly vulnerable to abuse from those who care for them (Gill, 2010). However, though PL prioritizes caregivers' needs and perspectives over those of the monitored individuals, the program falls short as a meaningful form of caregiver support as elements of the program's design misalign with their contextual caregiving needs, and any supportive value of the program comes at an added cost. Additionally, the program

contributes to the responsibilization of caregivers by requiring them to formally manage and be accountable for the safety and protection of those they care while simultaneously absolving the state (i.e., the police) from any such obligations.

Ultimately, while the distribution of burdens and benefits associated with PL seem to favour caregivers over people with cognitive differences, findings show how the program predominantly serves an implicit police agenda that is, for the most part, unrelated to the interests of caregivers, their dependents, or the broader public. Through the program, police can reduce their operational resource expenditures while simultaneously drawing in new forms of community labour and funding. Police can also improve their public image by appearing to engage in the protection of vulnerable populations—whether or not this protection occurs in practice. This boost to their image can help them manage their ongoing legitimacy crisis and thus the program can help them to circumvent calls for structural police reforms and accountability regarding their unfounded use of violence toward racialized communities. Relatedly, PL can serve to protect police from liabilities related to searches involving missing people with cognitive differences. The program formally releases police from such liabilities through caregiver contracts and serves as a 'tool' to help police defend their actions during search-related legal actions. Finally, any costs associated with these police benefits (financial or otherwise) can be offloaded to caregivers and the wider community. Therefore, despite being framed as (primarily) a form of caregiver support and (secondarily) a mechanism for keeping people with cognitive differences safe, PL appears to be tailored to police needs that are unrelated to public interests and that come at little cost to police organizations implementing the program.

Just as important as determining whose needs and perspectives are prioritized by PL, findings from the current study render visible the populations excluded altogether when protective health interventions are delivered in the form of police surveillance. To illustrate this point, PL must first be understood as a form of privilege: despite its myriad negative implications, the program still confers certain advantages to enrolled individuals and their families. First, the program provides caregivers with support by alleviating their wandering concerns. Next, though the 'protective' value of PL for people with cognitive differences is largely unsubstantiated, it is possible that, in some cases, the program can help first responders to more quickly locate a wandering person that is endangered. The program also has the capacity to elicit a more appropriate (i.e., de-escalated) response from police when they encounter program participants; in cases where police are unaware of an individual's cognitive diagnosis, any 'odd' or 'unruly' behaviour displayed may be interpreted by police as a

challenge to their authority and may result in the application of force or other inappropriate response tactics (Hawkins, 2023; Laniyonu & Goff, 2021; Pugliese, 2017). By pre-emptively alerting police to an individual's cognitive status, PL may prime a more constructive police response, potentially safeguarding people with cognitive differences from police-induced harm and violence.[63] As such, PL offers people with cognitive differences and their caregivers certain advantages—albeit with considerable drawbacks. However, these advantages are likely only extended to certain segments of the population. Families from racialized and other marginalized communities that already bear the disproportionate brunt of aggressive police surveillance and violence are unlikely to voluntarily enroll in PL. These communities, who vocally reject the idea of receiving 'care' from the police, are thus excluded from any wandering protection and support provided by the program. This aligns with PL International's (inadvertent or not) imaginaries of targeted program participants, as the organization uses only all-white marketing images to construct their program as protection for people with cognitive differences and support for their families. This exclusion of racialized groups from PL support aligns with existing research that shows police institutions often apply the concepts of 'deservingness' to certain vulnerable populations over others, and that these designations are implicated in race (e.g., Harris, 2018). For instance, Harris (2018) uses the term 'racialized deservingness' to describe the ways in white people are often treated by police as more deserving of their assistance than BIPOC folk, who are, instead, viewed as inherently suspicious or criminal. PL similarly perpetuates this idea of 'racialized deservingness' by (inadvertently or not) excluding racialized groups from the program's protection. Likewise, Rodriguez and colleagues (2020) argue that police designations of 'vulnerability [are] constructed relationally' (p. 537), meaning that certain groups (namely, white, cis-gendered, economically secure, and able-bodied women and children) are considered deemed vulnerable and therefore worthy of police protection (even if the protection is paternalistic) while 'the invulnerable *other* [is] disproportionately funneled into corrections... incapacitation, or early death' (p. 538). In the case of PL, non-white and other marginalized families requiring wandering support that would likely 'opt out' of PL surveillance are at a double disadvantage: they miss out any benefits provided by PL and, as such, become even more vulnerable

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[63] Though, as discussed earlier, in instances where PL surveillance alerts police to information they interpret as threatening—such as an enrolled individual's access to weapons or history of violent behaviour—the opposite may take effect; police may respond to that individual in a more escalated (i.e., forceful) manner than they would if that information were unknown.

to wandering risks as well as the risks related to police violence. At the same time, their opportunities for alternative forms of support are reduced, given that PL draws on community and government funds that have been earmarked for the support of vulnerable persons. In other words, when community and government resources are directed toward support interventions that only appeal to privileged subpopulations of a vulnerable group in need of assistance, it means that these resources are, by proxy, being directed away from other, less-privileged vulnerable communities. In this way, PL is like other protective state initiatives that take a one-size-fits-all approach to the provision of population health (e.g., the state's response to COVID-19) that 'overlook alterity and inequality,' therefore excluding already-marginalized (i.e., racialized) groups from the state's protection strategy (Milan, 2020, p. 2).

The consequences of interventions like PL being geared toward already-privileged segments of the population extend beyond access to program benefits and include an increased propensity for less-privileged to become disproportionate recipients of police harms. Research demonstrates that racialized people with visible disabilities, mental health issues, and cognitive differences experience more intense forms of policing than their white counterparts due to police categorizations of suspiciousness and threat (e.g., Gamal, 2016; Watson & El Sabawi, 2023). This appeared to be the case in the 2020 incident involving Regis Korchinski-Paquet, a Black woman with epilepsy who died after falling from her balcony while 5 Toronto police were present in her home; police were responding to a domestic issue and reports show that Korchinski-Paquet, who had suffered two epileptic seizures earlier that day, was in an elevated mental state when police arrived (Special Investigations Unit, 2020). Family members and witnesses assert that police did not adequately de-escalate the situation upon their arrival and instead responded aggressively with their weapons drawn (Special Investigations Unit, 2020). Habtom and Scribe (2020) stress that Regis Korchinski-Paquet's death is not an isolated incident, but rather part of a pattern of police violence toward Black people with disability in Canada. The authors argue that both Korchinski-Paquet's race and epileptic symptoms were perceived as a threat by police which led to their escalated and inappropriate response. If Korchinski-Paquet had been enrolled in a protective police program like PL, police would have ostensibly entered her home with pre-existing knowledge of her health status and triggers and would likely have approached her as someone to protect. In other words, given that PL may prime a positive police interaction with people enrolled in the program, non-white folk with cognitive differences who decline to enroll in the program are not afforded the same priming effect. Moreover,

their cognitive needs may go unsupported and, as such, their behaviour may present as even more threatening to police. Thus, by targeting wandering support toward privileged segments of the population, PL may contribute to the ongoing disproportionate police violence experienced by racialized groups with disabilities or cognitive differences. This is not to say that racialized groups should be actively enrolled in PL, or that PL is beneficial for those (non-racialized groups) who are targeted by the program; the point being made here is that this initiative further entrenches existing social inequalities. This issue is compounded by the fact that PL strengthens patterns of police militarization which unequivocally contributes to hostile police-community interactions—the brunt of which occurs through targeted police violence toward racialized communities (Kraska & Kappeler, 1997; Mummolo, 2018; see also Shore, 2021). Moreover, it is these racialized communities that are currently leading calls for defunding the police and reducing their role in society (e.g., Black Lives Matter Canada, 2022). Such calls are actively ignored by PL given that it serves to expand police authority into areas related to public health and welfare while also increasing police surveillance capabilities, operating budgets, and public legitimacy. Thus, the needs and perspectives of racialized populations are not just de-prioritized by PL; these communities are removed from the conversation altogether. Here, we witness the effects of traditional police surveillance cojoined with the provision of care for vulnerable—*but still privileged*—groups.

6.2.2 Extractive Support for Vulnerable Populations and Caregivers

As described, study findings reveal how PL prioritizes state interests and benefits, often to the detriment of caregivers and the individuals subject to the surveillance program. Considering these observations, a related contribution of this study is that it highlights the extractive nature of state support delivered through police surveillance. First, the flow of resources within the PL program reveals pronounced asymmetry regarding the ostensible intended recipients of PL support and the entities doing the supporting, the latter of whom receive the bulk of PL benefits. While the program is broadly framed as an intervention that helps monitor a person's cognitive behaviour (i.e., wandering) to enhance their (and their family's) wellbeing, all information collected through the program is channeled away from these groups and their healthcare communities (e.g., their family physician or personal support worker). Indeed, people with cognitive differences, their caregivers, and their healthcare providers have no direct access to PL surveillance technology nor the personal data it generates. Instead, this data is routed towards police institutions (i.e., municipal police organizations and PL International). The financial resources enmeshed within the program tend to follow a similar

trajectory, moving away from families and communities and towards the police institutions receiving the bulk of program data and other program benefits previously mentioned (i.e., improved organizational efficiency and legitimacy, and reduced liabilities). Conversely, influence and control over how PL surveillance and funding is gathered and used stems from PL International and police and is imposed on those receiving PL 'support.' Overall, then, these inverted flows of resources involved in PL highlight the program's unequal distribution of power and benefits that favour the police institution to the disadvantage of the individuals and families in need of support, their healthcare providers, and communities more generally.

While police institutions retain the lion's share of program resources, benefits, and controls, PL also actively shifts program burdens away from these institutions and onto the individuals and communities it is proffered to support. That is to say, PL effectively absolves the state from the costs associated with the provision of wandering support for people with cognitive differences and their families, though these costs do not altogether dissolve; rather, they are absorbed by the support recipients. Further, PL draws focus away from any state obligations regarding the mitigation of the structural causes of caregiver strain and of the risks associated with wandering behaviour. Overall, then, while the relationship between PL International and the police appears symbiotic, as both parties gain stability in resources, legitimacy, and authority from one another, it is also parasitic, as any gains that are made are obtained by extracting resources from caregivers and communities—resources that could otherwise be directed toward more suitable (i.e., less extractive) wandering support mechanisms.

6.3 PL as Governance

Rose (1999) advocates for a departure from conventional state-centric approaches to the analysis of governance. Drawing on Foucauldian theory (Foucault, 1981; 2009), Rose (1999) posits that modern governance involves an intricate web of actors, objects, discourses, strategies, and practices involved in shaping human conduct. In this context, the role of the state is redefined as just one element in multiple circuits of power. Thus, in modern governance, power tends to manifest not through overt domination but rather via a series of rationalized practices aimed at shaping behaviour in accordance with desired outcomes (see also Foucault, 1980; 2009). As Rose (1999) reminds us, 'to govern humans is not to crush their capacity to act, but to acknowledge it and to utilize it for one's own objectives' (p. 4; see also Foucault, 2009).

With this framework in mind, this thesis situates PL as a form of governance that merges carceral systems, technologies, and techniques with the protection of vulnerable populations. Hence, PL can be viewed as an example of what Musto (2016) calls 'carceral protectionism.' However, PL is unique from other identified forms of carceral protectionism (e.g., the police protection of sex trafficking victims) that represent 'a process of carcerality inflected with care' (Musto, 2016, p. 5). Instead, PL functions as a care-oriented intervention encased by a carceral system. It therefore embodies a subtler form of governance—one that appeals to caregivers' rational interests to regulate their *and* their dependents' conduct according to predefined objectives and norms (Rose, 1999; see also Foucault 2009). Nonetheless, it reinforces the carceral state apparatus and thus it contributes to expansion of state power.

6.3.1 PL as a Carceral Practice

The carceral state embodies governance 'deployed around specifically punitive and carceral focused aims' (Lamble, 2013, p. 231). EM has been used in this way since the 1980s and remains a popular form of community sentencing to this day. This technology, typically worn around the ankle, allows state authorities to remotely monitor the location of people on probation or parole to ensure they are complying with their conditions of release (e.g., state-imposed curfews). In this capacity, EM 'superimposes the intentions of a carceral system on the [monitored person's] domain' (Gacek, 2022, p. 62). More precisely, its objective is to 'coerce, restrain, and potentially immobilise' (Gacek, 2022, p. 62) the freedoms of the monitored subject, to secure their compliance with state-imposed sanctions and broader state objectives (i.e., for 'offenders' to reform their deviant behaviour).

Findings from the current study reveal the myriad ways in which PL is both similar to and distinct from EM as it is used in a traditional sense. Perhaps, the most obvious of similarities is the physical form of the technology: a device worn around the wrist or ankle that is used to track the location of the wearer. However, while PL surveillance is similar to carceral EM in form, a comparison of how the technologies operate in practice is less straightforward. PL is similar to carceral EM in terms of the high level of state involvement, and both practices track and (to some degree) restrict the movement of the wearer by way of state monitoring. Carceral EM is typically intended to restrict the wearer to their home based on state-mandated sanctions; PL is intended to prevent the wearer from wandering too far from their caregiver's purview. In either case, authorities are alerted in the event the wearer is not where someone else expects them to be. As with carceral

EM, then, PL operates as a form of governance that transforms the home into a 'penal space' (Nellis 2009) where the wearer is deprived of the liberty to come and go as they please—albeit with far less punitive consequences than with carceral EM violations. Further, as with the EM of people on probation and parole, there are notable carceral undertones present during these home visits. For one, the wearers of PL are outfitted with the technology without their given consent and despite their voiced objections. State representatives also check during home visits to see that caregivers are following strict program protocols. If, on three separate occasions, caregivers fail to adhere to program requirements, they, and those they care for, face removal from the PL program. Taken together, these program features—along with the fact that the program is implemented through the police—highlight the carceral nature of this protective form of governance.

Nellis (2009) posits that state-facilitated EM can be conceptualized as a socio-technical practice in that the state involves monitored individuals in the control process while retaining ultimate authority over its parameters (see also Paterson 2007). Here, Nellis describes how carceral EM is deployed with the expectation that the wearer will engage in 'self-restraint.' In other words, the restrictive elements of the technology are, in some ways, dependent on the wearers' capacity to exercise self-control (Nellis 2009). Thus, carceral EM operates as a form of panoptic surveillance in that the target of the surveillance (the device wearer) is removed from the watcher (state agents) to such a degree that the possibility of state tracking is omnipresent. It is this omnipresence of surveillance that encourages the surveillant subject to govern their own behaviour in line with expected norms. PL similarly removes the surveillance subject from state surveillance agents (in this case, the police) in such a way that, though the location tracking is not continuous, the possibility of such monitoring is. However, unlike carceral EM where the wearer is acutely conscious of the technology's panoptic elements (Richardson 2002), people with cognitive differences wearing PL technology may not be fully cognizant of the normative behaviour being required of them (i.e., that they refrain from wandering). Therefore, self-governance is not expected of wearers of PL technology. In fact, the technology operates under the premise that people with cognitive differences cannot or will not engage in locational self-restraint. Consequently, PL differs from traditional EM in that it transfers a certain amount of self-governance to caregivers, who are required to follow a strict set of program protocols such as remaining within proximity of their dependents, ensuring the technology is in working order, and alerting the authorities if ever their dependent's location becomes unknown. However, while PL shifts requirements for self-regulation from the device wearer to

caregivers—who, as a result, become both subjects *and* agents of control—state authorities (in this case, police) retain ultimate control over the parameters of the practice. Overall, then, the general functioning and impacts of PL are heavily reliant on human agency and state-directed internalized norms, and so the practice operates as a form of state governance.

Because PL merges ideas of protection with elements of carcerality and control, it also constitutes an example of what Musto (2016) calls 'carceral protectionism,' a term that describes protective state interventions aimed at vulnerable populations and merged with carceral systems and logics. Musto's work on carceral protectionism underscores that, while employing a carceral apparatus for the purpose of protection carries with it a capacity to generate harms for those it targets, the 'protective ends [are used to] justify the means' (Musto, 2016, p. 22). In other words, any coercive features and negative impacts of the practice are rationalized as necessary to achieve the protective aims of the intervention. Like the protective police interventions for domestic sex trafficking victims explored by Musto (2016), the invasive police surveillance involved in PL is justified as a necessary mechanism in the safeguarding of people with cognitive differences. This rationalization of a hyper-coercive approach to vulnerability underscores Musto's observation that protective police interventions culminate in 'protective logics fus[ing] with carceral systems' (Musto, 2016, p. 46).

Musto (2016) further highlights the integral role of collaboration with nonstate actors as a hallmark of carceral protectionism, noting how police can leverage these partnerships to soften and therefore augment their protective efforts. In her analysis Musto (2016) underscores that nonstate actors, such as community organizations, serve as vital intermediaries, bridging the gap between at-risk individuals and the systems equipped for their control. The carceral features of PL are similarly mediated through partnerships between police and nonstate actors. PL International, for instance, not only provides the program, including the requisite technology and training, to police, but also furnishes the narratives that rationalize the practice. Various community organizations and advocacy groups, like the Alzheimer's Association, help administer and legitimize the program and, in some cases, provide police with referrals for new program participants. Finally, caregivers play a pivotal role in the functioning of PL, first by proactively enrolling their dependents in the program and then by serving as a proxy for the monitored person's consent, effectively portraying the police surveillance as entirely voluntary despite its imposition on the monitored person. Further, and as described already, caregivers engage in the behavioural control process, ensuring the surveillance is

implemented, maintained, and, when necessary, deployed. Overall, these collaborations help to soften and naturalize this protective-coercive police program.

Musto (2016) identifies additional components of carceral protectionism that lend support to police protective efforts. These include the adaptation of police surveillance technology and tactics for protective purposes, as well as the designation of vulnerable populations as both 'victims' and 'offenders' (or, 'victim-offenders') (Musto, 2016). PL operates in a similar way. First, the program centers around police surveillance practices that have been reimagined as a safeguard for people who wander. This surveillance extends beyond PL's RF transmitters and antenna and includes the collection of personal information that is permanently stored in police databases. As emphasized by O'Neil and Loftus (2013) the collection of such routine data through seemingly innocuous bureaucratic procedures serves to normalize invasive police surveillance mechanisms that provides police with 'all the crucial personal data needed to closely monitor, and even control, many aspects of a person's life' (p. 448). Second, PL is rationalized through the classification of people with cognitive differences as victims. Yet, unlike the domestic sex trafficking victims that were the focus of Musto's (2016) study, people with cognitive differences do not represent an already carcerally-involved population and thus they are not 'caught between competing notions of how victims and offenders ought to behave' (Musto, 2016, p. 4); they are, however, classified as both inherently vulnerable to health-related risks *and* dangerous on account of their health condition. This indicates a similar application of carceral logic: in both circumstances, the targets of the police's protective efforts are classified as both in-need or at-risk and risky or threatening. In the case of PL, though, the dual classifications of vulnerability and dangerousness applied to people with cognitive differences reflects a more subtle manifestation of carceral logic. The absence of an 'offender' status—and with it, the absence of explicitly punitive police tactics—makes for a softer and more obscured iteration of carceral police protection. This is reflective of the fact that PL is not a 'process of carcerality inflected with care' (Musto, 2016, p. 4) but, rather, it is a healthcare initiative nested within a carceral apparatus. Consequently, the practice operates squarely within the intersection of population health and control, rendering it an exemplary model of biopower—that is, a modern form of state power that

appears geared toward improving the health and vitality of the citizenry[64] through the regulation of biological aspects of life as well as entire populations (Foucault, 1980; 2009).

6.3.2 PL's Mobilization of Risk as a Biopolitical Technique

The goal of biopower is to align individual health and wellbeing with the state's desire for a healthy and productive citizenry (Foucault, 2009). To do this, biopower establishes standards for what is considered a 'healthy' and 'normal' population. These norms are then exerted through biopolitical techniques—that is, political rationalities and practices that govern human conduct through subverted forms of coercion (Foucault, 2009). Scholarship drawing on Foucauldian theory identifies the mobilization of risk as a particularly marked biopolitical technique (e.g., Bell, 2006; Gagnon et al., 2010; Lupton, 1993; see also Foucault, 2009). Indeed, governments and institutions make use of risk logics to encourage specific forms of self-governance that align with broader objectives for a healthy and well-regulated populace (Foucault, 1991, 2009).

PL International makes use of language centering on vulnerability and risk to characterize people with cognitive differences as particularly susceptible to the life-threatening behaviour of wandering due to their cognitive condition. This positions PL surveillance as being in the best interests of this population, regardless of the coercive or carceral nature of the surveillance practice. In fact, this characterization presents coercive police surveillance as a form of population 'care.' This aligns with existing scholarship that draws on Foucauldian theory to examine the state's use of risk in the context of public health which highlights how such discourses tend to pathologize health conditions while normalizing their control through ostensibly benevolent state surveillance mechanisms (Lupton, 1993; 2014; see also Bell, 2006; Siqueira Cassiano et al., 2021). Other scholars similarly demonstrate the role of risk logics as a governance technique deployed across a range of social domains to encourage self-regulation (e.g., Bell, 2006; Bennett et al., 2014; Henne & Troshynski, 2013; Monahan, 2017; Lyon, 2003).

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[64] Though, as discussed, there is no empirical evidence supporting the claim that PL 'saves lives' that is repeated throughout PL marketing; additionally, the current study reveals subverted program objectives that appear to be unrelated to the wellbeing of people with cognitive differences and their caregivers (i.e., to reduce police operational costs and public safety liabilities, and to improve their public legitimacy). Indeed, findings situate PL as an extractive form of care that usurps resources which could otherwise be routed toward more meaningful population health and care interventions.

While the expression of biopolitical techniques may exert a positive influence over life at a population level, it retains the capacity to target any sub-population that threatens the health of the citizenry (Foucault, 2009; see also Valverde, 2017). In essence, as these techniques pursue wider objectives of population governance, they can target certain subpopulations as 'biomedical dangers to the nation's survival' (Valverde, 2017; p. 70). This can materialize in the state's abandonment of segments of the citizenry that jeopardize a healthy society (Foucault, 2009). Indeed, by pathologizing cognitive diagnoses, PL's construction of risk relocates the source of the wandering person's risk from external factors to characteristics internal to the individual. This underscores how PL's formation of risk operates as a biopolitical technique that is tied to established norms regarding what constitutes a healthy cognitive state. Individuals deviating from this norm are consequently subjected to mechanisms of control designed to regulate or 'correct' their atypical behaviour. In accordance with Foucauldian theory, we see here how PL's construction of risk treats people with cognitive differences as a threat to the health of the populace (i.e., they are characterized as dangerous or threatening). This process positions the regulation of people with cognitive differences as being in the best interests of the citizenry. It also contributes to the exclusion of people with cognitive differences from facets of society and humanity. This aligns with Bell's observation that state surveillance predicated on risk logics operate as a biopolitical technique wherein 'the care and protection of life becomes tied to the purging of constituted threats to the whole' (Bell, 2006, p. 152).

In contrast to most forms of risk logics employed as biopolitical techniques, the risk discourse embedded in PL does not necessarily serve to drive the 'at-risk' population toward their own self-regulation. Instead, PL shifts this self-regulation over to caregivers, who are expected to manage their dependent's behaviour in accordance with program norms. Indeed, caregivers are urged to first 'recognize' the life-threatening nature of wandering and then to 'prevent' such behaviour by enrolling potential wanderers in the PL program. Caregivers are then required to remain with their dependent to closely monitor (i.e., regulate) their movement. In instances where wandering does occur, caregivers are obligated to immediately involve authorities who can then 'correct' this behaviour. This transfer of regulatory duties thus aligns the practice with Foucauldian theories of governance (Foucault, 2009); it also aligns with what Moore and Haggerty (2001) argue is a larger trend in governance 'towards mobilizing private entities like the family to engage in regulatory practices that were previously concerns of the state' (p. 377); in their examination of the rise in home drug tests, the authors show how state-facilitated techniques of control are increasingly situated 'in the

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compassionate embrace of the family' (p. 383). Likewise, PL mobilizes caregivers to engage in the regulatory process—a process that occurs, for the most part, in the confines of their home and, as such, (seemingly) away from the coercive reach of the state. This, in turn, reinforces the perception of PL as an embodiment of 'care' and not 'state coercion.'

To incentivize caregivers' active engagement in the PL surveillance (regulatory) process, PL International directs its risk logics toward caregivers' fears, amplifying their pre-existing concerns about wandering (see Greene et al., 2019). Subsequently, PL surveillance is presented as a solution that addresses these wandering risks and alleviates caregivers' anxieties. This framing of PL effectively aligns the wellbeing of people with cognitive differences *and* their caregiver with PL's objectives; caregivers are thus urged to 'voluntarily' opt for the regulation of their dependent's wandering behaviour through a police surveillance program. This aligns with Moore and Haggerty's (2001) observation that governance techniques deployed from a distance (i.e., within the home environment) offer a more subtle form of coercion that 'structure[s] the context of decision making, creating an environment where individuals freely choose to act in the manner desired by governing authorities' (Moore & Haggerty, 2001, p. 383). Nonetheless, these strategies still function as mechanisms of control. By extending wandering risks to caregivers, a sense of moral obligation (or responsibilization) is imposed upon them to govern not only their own conduct but also that of their dependents in accordance with state objectives (see also Funk, 2013; Juhila & Raitakari, 2019; Moore & Haggerty, 2001). As Barnett (2003) highlights, this process of responsibilization 'links subjects to their own subjection' (p. 31). In the case of PL, caregivers are compelled to shoulder a considerable share of the responsibilities, costs, and liabilities associated with the program while simultaneously managing the safety of their dependents. Meanwhile, the state effectively absolves itself of the responsibility for ensuring the holistic wellbeing of individuals with cognitive differences and the provision of comprehensive support to their caregivers (see Funk, 2013; Juhila & Raitakari, 2019; Marx & Steeves, 2010).

In summary, this expanded use of EM, from a justice-oriented security mechanism to a health-oriented form of protection, represents more than the adaptation of a carceral technology to address population health needs. It exemplifies the flow of carceral ideology, bolstered by biopolitical techniques of care *and* control, into the state's management of vulnerable populations. This, in turn, extends the reach of an increasingly militarized police apparatus (see Kraska, 2007; Roziere & Walby, 2017) into population health and welfare as well as into the private domain of caregiving. As

Harris and Wood (2008) assert, a politically motivated focus on risk 'necessitates a highly active and dominated state apparatus that readily wields its coercive power' (p. 333). Importantly, though, it is the 'caring' aspects of PL that buttress this expansion of the state's carceral machinery; the population coercion, dehumanization, and responsibilization inherent in PL are veiled by constructions of vulnerability and risk, as well as by routine care practices, which effectively position the technology as an essential care mechanism that enhances the wellbeing of all who engage with it. As Bennett and colleagues (2014) point out, such processes, predicated on risk logics, reinforce the normalization of surveillance and allow the state to escape any culpability of wrongdoing—a process of obfuscation that simultaneously extends and conceals the power of the state. The authors surmise: 'the important thing to point out in this context [of surveillance used for care and control] is that a society focused on risk and security easily turns to surveillance to better manage behaviours that are viewed as risky' (p. 42). Further, this obscuring of the growth of militarized state power through risk logics and care practices is a testament to what Gottschalk (2015) has described as the 'tenacity' of the carceral state.

6.4 Limitations and Future Work

Due to structural limitations related to the onset of COVID-19 the current study was unable to include the direct perspectives of people with cognitive differences enrolled in PL programs. Caregiver perspectives were also limited in this research due to reasons beyond my control (refer to footnote 17 in chapter 1 for more on this). Thus, future research should examine lived experiences of people with cognitive differences and their caregivers in order to identify how PL is perceived and experienced in practice by these groups. Such research will also assist in identifying alternatives to care for people with cognitive differences that are less coercive in nature—a valuable endeavour in light of current findings and given the known importance of facilitating individual autonomy for vulnerable populations lest 'discourses of vulnerability' be used to 'justify paternalistic and coercive forms of state intervention that generate pathogenic forms of vulnerability' (Mackenzie, Rogers, and Dodds, 2014, p. 15). Vulnerable populations and their caregivers increasingly require formal support structures, a need likely to intensify with an aging population.

Importantly, future research should also examine the racialized dimensions of EM as a paternalistic surveillance practice because it is communities of color that are most likely to be adversely affected by coercive state surveillance mechanisms and to be disproportionately targeted by the violent effects of expanded police/state power. An intersectional analysis of police use of EM to

track people with cognitive differences can also help to shed light on the complex ways in which different forms of oppression intersect to shape protective policing practices and their outcomes. By considering the ways in which race, disability, and other social identities interact with policing practices, it is possible to develop more nuanced and effective strategies for supporting vulnerability in ways that also address existing social inequalities.

6.5 Concluding Thoughts

The current study underscores the importance of examining whose voices are valued, whose needs are prioritized, and which segments of the population stand to benefit (or be burdened) through protective state interventions delivered through a coercive state apparatus like the police. Findings also underscore the importance of examining these practices within a wider socio-cultural context that attends to the hegemonic elements implicit these practices. As Nellis stresses, it is imperative that researchers attend to the 'role we [as a society] give to culture and politics in shaping the way technology is used, and indeed in shaping and sustaining justice, democracy and decency in society itself' (p. 15). Tracing power in this way is particularly important considering the rapid expansion of twenty-first-century surveillance. As Eubanks (2014) reminds us, a deep understanding of how current surveillance operates and is experienced—particularly in the context of vulnerability—is essential since such practices are clear markers of 'surveillance-to-come' (p. 3; see also Eubanks, 2018).

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Appendix A
Copy of Ethics Clearance

Your application has been reviewed by Delegated Reviewers. We are pleased to inform you the **Initial application for 41349 Surveillance for Protection and Security: A Qualitative Study of Electronic Monitoring Technology** has been given ethics clearance.

This research must be conducted in accordance with the most recent version of the application in the research ethics system and the most recent versions of all supporting materials.

Ethics clearance for this study is valid until Wednesday, October 21st 2020.

The research team is responsible for obtaining any additional institutional approvals that might be required to complete this Expedited study.

University of Waterloo Research Ethics Committees operate in compliance with the institution's guidelines for research with human participants, the Tri-Council Policy Statement for the Ethical Conduct for Research Involving Humans (TCPS, 2nd edition), Internalization Conference on Harmonization: Good Clinical Practice (ICH-GCP), the Ontario Personal Health Information Protection Act (PHIPA), and the applicable laws and regulations of the province of Ontario. Both Committees are registered with the U.S. Department of Health and Human Services under the Federal Wide Assurance, FWA00021410, and IRB registration number IRB00002419 (Human Research Ethics Committee) and IRB00007409 (Clinical Research Ethics Committee).

Appendix B

Project Lifesaver Program Contract

Below is the 'Program Contract' PL International supplies to newly partnered agencies; organizations implementing PL can use this as a template, tailoring it to their specific program and needs.

Project Lifesaver®
Program Contract

If applicant is accepted into the Project Lifesaver Program, the following terms shall apply as agreed to upon the signing of the Project Lifesaver contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of Project Lifesaver. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care is attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

1. I understand that when I enroll an Applicant in Project Lifesaver, that it does not replace the need for constant supervised care of the person. I am, and remain, primarily responsible for supervised care and take full responsibility of protecting this person from wandering. I also understand that I, or a family member, must be present in the home with the Applicant at all times.

2. I understand that Project Lifesaver equipment is designed to be an additional aid to help locate a missing person and that there is no warranty, representation or guarantee that a person will be found because they are wearing a Project Lifesaver bracelet. Project Lifesaver equipment is designed to provide law enforcement personnel with an additional technology in attempting to locate the Applicant. I also acknowledge that this is an experimental program for aiding in the search and rescue of persons suffering from diminished mental capacity or other disability.

3. In order for Project Lifesaver to work, I have a responsibility to obey the instructions of the Program, follow all training, and make sure that the person that I enroll is wearing the Project Lifesaver transmitter bracelet. If the bracelet has been removed or is defective; I will call Project Lifesaver immediately.

4. When I notice that the Applicant enrolled has wandered off, I must immediately call the emergency number supplied by Project Lifesaver and report the Applicant as a missing person. Project Lifesaver teams will respond to search. I understand and acknowledge that the Project Lifesaver device cannot predict or report that the Applicant has wandered off. It is used solely as an aid for emergency personnel when notified the Applicant is missing.

5. A monthly maintenance fee of up to $ 25 shall be paid to the member agency enrolling client

6. I understand that while Project Lifesaver is an electronic tracking device that assists in locating persons who wear the bracelet device, there may be unforeseen times or

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circumstances when individuals cannot be located even while wearing the transmitter bracelet. I will not hold Project Lifesaver or any of its employees or volunteers, Provincial or city Law Enforcement or Fire and Rescue Agencies (collectively the "Releases") involved liable for failure to locate the person using the system, and hereby release all such Releases from any claim, cause of action, loss or damages arising from any inability or delay in locating the Applicant.

7.   I understand that all information I have provided in this application may be shared among Local Law Enforcement, Fire and Rescue, and other necessary agencies in the community where I reside. Therefore, I understand that none of the information I have provided or will provide in the future can be considered confidential or protected or private when used for the purposes of the Project Lifesaver Program, [notwithstanding the provisions of the Personal Information Protection and Electronic Documents Act].

8.   I specifically waive any rights to confidentially to the Applicant's medical records by Project Lifesaver International or any of Project Lifesaver's member agencies which includes dissemination of such information. I confirm that I have the authority by which to waive such rights.

9.   I understand that Project Lifesaver is a program administered by:
_____. I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Project Lifesaver Program.

10.   I understand that the transmitter and tester remain the property of Project Lifesaver and when no longer being used by the Applicant to whom it was assigned will be returned undamaged to Project Lifesaver to be assigned to another participant in the Program. I shall remain liable for any loss or damage to all such equipment and for the replacement cost of all such equipment until returned to Project Lifesaver.

11.   I understand that if I fail to use the tester device at least once per day and record the results on the supplied test result monthly inspection sheet, or if I fail to notify Project Lifesaver immediately when I discover the Applicant missing, or if I fail to notify Project Lifesaver if I test the transmitter device and find no signal indication, or if the Applicant refuses to wear or removes the device 3 (three) times, then the Applicant may be involuntarily removed from the program. All property will then be returned to Project Lifesaver and I will return to the original security measures, which were in place prior to enrollment in Project Lifesaver, and without recourse to Project Lifesaver.

_____
CAREGIVERS NAME (PRINTED)

_____
CAREGIVERS SIGNATURE

_____
DATE

_____
(WITNESS)

_____
APPLICANTS NAME

_____
FOR PROJECT LIFESAVER

_____
(AFFILIATE NAME)

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Appendix C

Descriptive Table of Project Lifesaver Programs in Ontario

Below is a table that characterizes each of the 8 Ontario PL programs that were included in this study. Most information in these tables came from police FOI data (hence the variation in available information across programs) though some data was publicly sourced. Due to the size of the table, it begins on the next page and extends for several pages.

Program Name	Project Lifesaver (Bruce, Grey, Perth)	Project Lifesaver (Greater Sudbury)	Project Lifesaver Halton	Project Lifesaver Niagara	Project Lifesaver Simcoe	Project Lifesaver Wellington	Windsor-Essex Project Lifesaver	York Regional Police Project Lifesaver
Date of Inception	2014	2018	2017	2006	2018	2011	2005	2005
Program Option	Unclear (1 or 2)	Unclear (1 or 2)	Unclear (1 or 2)	1	1	Unclear (1 or 2)	1	3
Program Model	B (Collaborative)	B (Collaborative)	A (Not Collaborative)	A (Not Collaborative)	B (Collaborative)	B (Collaborative)	B (Collaborative)	A (Not Collaborative)
Police Organizations Involved	Stratford Police Service; OPP (Perth County Detachment)	Greater Sudbury Police Service	Halton Regional Police Service	Niagara Regional Police Service	Barrie Police Service; South Simcoe Police Service; OPP (Norfolk County Detachment)	Guelph Police Service; OPP (Wellington County Detachment)	Windsor Police Service; OPP (Essex County Detachment); LaSalle Police Service	York Regional Police Department
Equipment Purchased	Unknown	Unknown	Unknown	Unknown	Barrie: '2 FM frequency hand held receivers and 3 training bracelets'	Wellington OPP purchased: 1 start-up equipment package; currently has: 3 PL 3000 Receivers, 3 sets of headphones, 3 mobile antennas, 3 yagi antennas, 3 D/C adaptors, receiver cases and battery testers. Guelph purchased: 1 start-up equipment package	Windsor: '3 handheld units as well as 3 omnidirectional mobile units' (supplied by local PL chapter; not purchased by police)	Unknown
# of Trained Officers	OPP Perth: min. 2	Unknown	Unknown	Unknown	Barrie: 25 (9 instructors)	Wellington OPP: 20 (2 instructors)	Windsor: 6 officers + 1 civilian	Approximately 200
Police Role	Lead on search and rescues involving people enrolled in PL; ensure officers are trained on PL equipment; house and maintain PL antenna and receivers	Lead on search and rescues involving people enrolled in PL; ensure officers are trained on PL equipment; oversee program administration; perform financial transactions	Lead on search and rescues involving people enrolled in PL; ensure officers are trained on PL equipment; oversee and perform program administration through their in-house Victim Services division	Lead on search and rescues involving people enrolled in PL; ensure officers are trained on PL equipment; oversee program administration through their in-house Victim Services division	Lead on search and rescues involving people enrolled in PL; ensure officers are trained on PL equipment; house PL equipment; perform minimal administration duties	Lead on search and rescues involving people enrolled in PL; house and maintain PL equipment; assist with program administration	Lead on search and rescues involving people enrolled in PL; oversee program administration; Windsor Police Service oversees enrollment and	Lead on search and rescues involving people enrolled in PL; oversee and perform program administration; financial transactions and equipment maintenance are coordinated through PL International

Program Name	Project Lifesaver (Bruce, Grey, Perth)	Project Lifesaver (Greater Sudbury)	Project Lifesaver Halton	Project Lifesaver Niagara	Project Lifesaver Simcoe	Project Lifesaver Wellington	Windsor-Essex Project Lifesaver	York Regional Police Project Lifesaver
Community Organizations Involved (Role)	Victim Services Bruce Grey Perth (separate entity from police) (oversee and perform program administration; house PL transmitters and related supplies) Alzheimer's Society Perth County (perform some program administration)	Autism Ontario; Alzheimer Society Sudbury-Manitoulin North Bay & Districts; Down Syndrome Association of Sudbury (provide program referrals; screen potential enrollments; provide client feedback; provide police training on individuals with special needs; share knowledge of funding opportunities) North Shore Search and Rescue (assist with program administration [battery changes/maintenance]; assist with search and rescues involving people enrolled in PL)	N/A	Search and Rescue Niagara (SARN) (minimal role- possibly just assist with search and rescues involving people enrolled in PL) Volunteers (conduct battery checks and perform other administration duties like answer client questions)	Georgian Bay Volunteer Search and Rescue (assist with search and rescues involving people enrolled in PL; assist with program administration) Seniors Helpers Volunteers (perform client enrollment and battery checks/changes) PL Simcoe (its own entity) (oversee and perform program administration; perform financial transactions; fundraising; community & government advocacy; train and oversee volunteers; maintain PL equipment)	Victim Services Wellington (separate entity from police): oversees program administration Volunteers perform enrollment & batter checks/changes	Volunteers (program administration) Alzheimer's Society of Windsor-Essex (primary sponsor)	Alzheimer Society of York Region, Autism Ontario, & Kerry's Place all listed as 'partners' but unclear what their role is

Program Name	Project Lifesaver (Bruce, Grey, Perth)	Project Lifesaver (Greater Sudbury)	Project Lifesaver Halton	Project Lifesaver Niagara	Project Lifesaver Simcoe	Project Lifesaver Wellington	Windsor-Essex Project Lifesaver	York Regional Police Project Lifesaver
Program Eligibility Requirements	- must live in Bruce/Grey/Perth - must have a history of wandering and have been diagnosed by a physician or referred by a caretaking facility.	- Must be diagnosed with neurocognitive disorder - Must live in private residence with 24-hr caregiver	- History of wandering OR physician indicates may wander because of cognitive difference - Resident of Halton Region - Has 24/7 caregiver - (Possibly?) has legal guardian or substitute decision maker	- History of wandering OR physician indicates may wander because of cognitive difference	- The program is suitable for vulnerable Simcoe County residents of any age. Examples of vulnerable people include those with Alzheimer's Disease/Dementia, Autism Spectrum Disorder, Acquired Brain Injury, or a mental health condition - Be registered with the <u>Barrie Police Vulnerable Persons Registry</u> - Be living with a cognitive impairment such as Alzheimer's, dementia, autism, or another condition that may place them at risk of wandering - Reside with a caregiver or in the non-secure section of a facility - Reside in the City of Barrie	- Has 'program criteria' screening but unclear what criteria is	- Project Lifesaver clients must have a tendency to bolt or wander and be confirmed by a physician to be suffering from one of the following: - Alzheimer's Disease - Autism Spectrum Disorder - Dementia Related - Special Needs	- Reside in York Region - Be living with a cognitive impairment such as Alzheimer's, dementia, autism, or another condition that may place them at risk of wandering - Be monitored by a caregiver - Reside with a caregiver or in the non-secure section of a facility - Not be involved in unescorted activities that would increase the risk of wandering - Not operate a motor vehicle - The Caregiver represents and warrants that they have full power and authority as a duly authorized representative of the Participant to enter into this agreement and to act on behalf of the Participant.

Program Name	Project Lifesaver (Bruce, Grey, Perth)	Project Lifesaver (Greater Sudbury)	Project Lifesaver Halton	Project Lifesaver Niagara	Project Lifesaver Simcoe	Project Lifesaver Wellington	Windsor-Essex Project Lifesaver	York Regional Police Project Lifesaver
Number of People Enrolled in Program at Time of Data Collection	7 (plus 16 'inactive' enrollments)	Unknown	Unknown (50 enrollments as of 2018)	Unknown (21 enrollments as of 2018)	8	(Wellington OPP states 9 enrollments at time of data collection) (down from 35 enrollments in 2018)	27 (approx. 40 enrollments as of 2010)	Unknown (27 as of 2018)
Calls for Service	From Stratford: '7 requests to locate since implementation of program and all 7 were located' From OPP: 2 calls both located prior to activation of technology From YRP doc: 'never had to do a track with the equipment' (as of 2018)	Unknown	Unknown	Unknown	1 ('located by conventional means')	Unknown (at least 14)	5 calls for service involving PL clients since program inception, in each the client OR their equipment have been successfully located BUT at least 3 (if not all) located without using PL equipment (see below) Only 2 calls between 2010-2020 (unclear whether required equipment) (3 between 2005-2010 but all 3 located without using PL equipment)	3

Program Name	Project Lifesaver (Bruce, Grey, Perth)	Project Lifesaver (Greater Sudbury)	Project Lifesaver Halton	Project Lifesaver Niagara	Project Lifesaver Simcoe	Project Lifesaver Wellington	Windsor-Essex Project Lifesaver	York Regional Police Project Lifesaver
Funding Sources	Some equipment funded by Rotary/Kiwanis Club (they also fund subsidies); 'International Plowing Match' donated $2500 in 2013; Community and private donations sourced through Victim Services Bruce Grey Perth	Proceeds of Crime Frontline Policing Grant (rec'd $84,040 in 2017/18)	Halton Region funds subsidies	Community donations; gov'n't funding (municipal)	Various community & municipal gov'n't organizations (raised $32,000 in 2018; Towns of Bradford West Gwillimbury and Innisfil each invested $3500USD)	Lions Club Guelph; '100 Women Who Care' donated $13,000 to program in 2017	Alzheimer Society of Windsor-Essex County; local businesses, organizations; private donations; equipment not purchased by police	'PAN Funding' application submitted in 2018; 'Funding requests sent to Magna, Rotary clubs, Lions club, President's Choice Children Charity Financial Assistance, Autism Ontario, etc.'
Caregiver Program Fees	$400 + 60USD (battery fee) for first year, then $120 annually	Unknown	$400-$460 annual fee (includes $60 annual battery & strap charge)	$49 enrollment fee (+ $100 deposit); $25/month	$500 one-time payment for first year; $120/year thereafter	$400 CAD/year (+ $60USD/year?)	$200 initial fee (includes $100 deposit) then $20/month starting second month	$100 initial start-up + $20/month
Yearly Caregiver Costs	Approx. $480 for first year, then $120 per year thereafter	Unknown	$400-$460 per year	$449 per year (includes $100 deposit)	$500 for first year; $120 per year thereafter	$400-$481 per year	$420 for first year (includes $100 deposit) then either $240 or $440 per year thereafter	$340 per year
Subsidies to Families	Available for low-income families (funded through Rotary/Kiwanis Club)	Unknown	Available for those who need it (through Halton Region)	Available for low income families	None	Yes (provided by Lions Club)	Yes (subsidies funded by community partners)	None
Referral Source	Victim Services & Alzheimer's Society	Community Organizations (mandated to give referrals, see above)	Officers; Victim Services scans all police reports and does outreach	Officers; community organizations (e.g., Alzheimer's Society, Autism Society)	Officers	Retirement homes; victim services (automatically follow up on missing person reports from police)	Word of mouth, doctors, Autism, Alzheimer & Children Centers	Police & community organizations (Alzheimer's Society of York Region, Community Living York South)

Appendix D
Project Lifesaver Client Profile

Below is a sample of the 'Client Profile' that PL International supplies to newly partnered agencies; organizations implementing PL can use this as a template, tailoring it to their specific program and needs. This is the information that is collected when a person is enrolled in the PL program. The information is entered into police records. It is also shared with other agencies and with PL International.

Client Number: _____   Frequency: _____

Project Lifesaver®
Client Profile

Personal Data Questionnaire
This form is designed for Custodial Care Givers to provide, in advance, certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information to establish a more effective search response.

Resident: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Date Transmitter Placed: _____
Facility/Organization: _____ Phone: _____
Address: _____
PL Servicer filling out this form: _____
PL Servicer that places transmitter on: _____

Resident's Personal Data
Birthday: _____ Sex: Male/Female   Race: _____
Nickname(s): _____
Most recent address: _____
Most recent place of work: _____
Most recent occupation: _____
Name of Spouse: _____ Living/deceased (circle)

Family/Friend Information
Other persons the resident might contact (family, friends, etc.)

Name: _____ Phone: _____
Address: _____
Relationship to client: _____
Name: _____ Phone: _____
Address: _____
Relationship to client: _____

Responsible Party Paying for client: _____

Diagnosis: _____
_____
_____
_____

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Physical Description

Height _____ft. _____in.   Weight _____lbs.   Build _____

Hair color _____   Hair Style _____   Eye Color _____

Complexion _____   Beard   Yes/No   Sideburns   Yes/No

Mustache   Yes/No   Balding   Yes/No   False Teeth Yes/No
Shape of facial features: Round/Square/Oval/Other _____
Distinguishing marks, scars, tattoos, etc. Describe _____
General Appearance _____
If Resident does not understand English, what language is understood? _____

Spoken word only   Yes/No   or   Written/Spoken

Does Resident wear glasses? Yes/No   Contacts? Yes/No   Sunglasses Yes/No.
If yes to any of the above what style: _____
If resident wears glasses or corrective eyewear what degree of vision does he/she have not using the eyewear? None/Poor/Fair (circle one)

Personal Data Questionnaire

Does Resident wear a hearing aid? _____ what style? _____
If yes, what type of hearing without Aid? None/Poor/Fair (circle one)

Health/Psychological Condition

Any known physical handicaps? _____
        (Describe please)
Any known medical problems? _____
        (Describe please)
Medications taken regularly? _____

List any medication using correct name of drug and dosage being taken: _____
_____
_____
_____
_____
_____

Consequences of NOT taking medications? _____
_____

Attending Physician _____ Phone No. _____

Any Psychological Problems? Yes/No Nature _____

If Alzheimer's disease has been diagnosed, Answer the following:

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Experience

Familiar with area? Yes/No   How recently _____ Days/Months/Years

If not local, what other areas are known to Resident? _____

_____

Taken outdoor classes? Yes/No Where? _____ When? _____

Taken first-aid training? Yes/No Where? _____ When? _____

Involved in Scouting? Yes/No Explain _____

Military Experience? Yes/No Where? _____ When?_____

Recreational Outdoor Experience? Yes/No _____

Overnight Camping Experience? Yes/No _____

Ever been lost before? Yes/No Where _____

When _____ Time of Day _____

Located by searchers or walk out by himself/herself? _____

Location found_____

Actions taken _____

Ever go out alone? Yes/No stay on trails? Yes/NO

General Athletic Interest/Abilities _____

Personality Habits

Smoke? Yes/No How often _____ what _____ Brand _____

Drink Alcohol? Yes/No   What Type? _____ Brand _____

Use Illicit Drugs? Yes/No How often _____ Type _____

Hobbies/Interests _____

Outgoing or Quiet; Likes Groups or being alone?

Evidence of Leadership Yes/No Explain _____

Ever been in trouble with the law? Yes/NO What _____

Religious? Yes/No what faith _____

What does Resident value most? _____

Which family member is resident closest to? _____ Relationship_____

Where was Resident born and raised? _____

Has Resident received any letter recently? Yes/No from Whom _____

Is resident afraid of Dogs? Yes/No The dark? Yes/No Noises? Yes/NO (circle one beside each)

Horses? Yes/No   People? Yes/No   Other (explain) _____What

actions taken hurt? (Cry, shout, etc.?) _____

_____

Will Resident talk to strangers? Yes/No(circle one)

Is the Resident DANGEROUS to him/herself or others? Yes/No(circle one)

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- **PROJECT LIFESAVER®**
- **LOST SUBJECT PROFILE**

• INCD. NAME	DATE	TIME	INCD. CMDR.

- **PERSONAL**

• NAME	NICKNAME	AGE	RACE	SEX
• HOME ADDRESS		CITY	STATE	
• NAMES OF FAMILY OR				
• NEAREST RELATIVES				

- **PHYSICAL DESCRIPTION**

• HEIGHT	WEIGHT	COMPLEXION	HAIR COLOR
• HAIR STYLE	FACIAL HAIR		EYE COLOR
• DISTINGUISHING MARKS			

- **CLOTHING**

• SHIRT ☐ STYLE & COLOR	•	• NOTES
• DRESS ☐ STYLE & COLOR	•	• NOTES
• SWEATER ☐ STYLE & COLOR	•	• NOTES
• PANTS ☐ STYLE & COLOR	•	• NOTES
• COAT ☐ STYLE & COLOR	•	• NOTES
• HAT ☐ STYLE & COLOR	•	• NOTES
• SHOES ☐ STYLE & COLOR	•	• NOTES
• SHOES SIZE	SOLE STYLE	TREAD PATTERN

- **PERSONAL ITEMS IN POSSESSION**

•
• WALLET/PURSE ☐
• JEWELRY ☐
• TOBACCO ☐
• CANDY/GUM ☐
• EYE GLASSES ☐
• KNIFE/TOOLS ☐
• CANE STICK ☐
• OTHER ☐

ADDITIONAL NOTES OR PICTURE

- **PHYSICAL/MENTAL CONDITION**

• PHYSICAL	•
• MENTAL	•
• MEDICATION	• ☐
• ALCOHOL	• ☐
• ILLICIT DRUGS	• ☐
• NOTES	

Additional Information:

_____

_____

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