



North Fraser Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: April 2021

Table of Contents

INTRODUCTION	3
1. SUMMARY OF FINDINGS	3
1.1 Initial Interview with Youth	3
1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral	4
1.3 Structured Assessment of Violence Risk in Youth (SAVRY)	5
1.4 Service Plan	5
1.5 SAVRY Risk and Protective Factors	6
1.6 Other Issues Related to Court Order and Youth's Goals	7
1.7 Victim Contact and Victim Considerations	7
1.8 Considerations Specific to Indigenous Youth	8
1.9 Social History	8
1.10 Non-enforcement of Breach or Violation of Court Order	9
1.11 Documentation in CORNET	10
2. ACTION PLAN	10
APPENDIX	12
A. METHODOLOGY	12
B. DETAILED FINDINGS AND ANALYSIS	13
b.1 Initial Interview with Youth	14
b.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral Tool	15
b.3 Structured Assessment of Violence Risk in Youth (SAVRY)	16
b.4 Service Plan	17
b.5 SAVRY Risk and Protective Factors	19
b.6 Other Issues Related to Court Order and Youth's Goals	21
b.7 Victim Contact and Victim Considerations	22
b.8 Considerations Specific to Indigenous Youth	23
b.9 Social History	23
b.10 Non-enforcement of Breach or Violation of Court Order	24
b.11 Documentation in CORNET	26

INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the North Fraser Service Delivery Area (SDA) in May–September 2019.

Practice audits are conducted regularly by practice analysts in the Quality Assurance branch of the Provincial Director of Child Welfare and Aboriginal Services division across several of the Ministry of Children and Family Development (MCFD) service lines and for services provided by a Delegated Aboriginal Agency (DAA) under the *Child, Family and Community Service Act* (CFCSA). The audits inform continuous improvements in policy, practice, and overall service delivery. They provide quality assurance oversight and demonstrate public accountability.

CYJ practice audits are designed to assess the practice of MCFD youth probation officers in relation to key components of the CYJ Operations Manual and related practice directives and guidelines. The CYJ Operations Manual contains policy and procedures for MCFD youth probation officers, who have responsibility for the provision of community youth justice services across the province.

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the North Fraser SDA. The audit included a review of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The samples contained a combined total of 85 files. The review focused on practice within a three-year timeframe that started on May 1, 2016 and ended on April 30, 2019. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice analyst who conducted the audit within the context of the policy, standards and procedures that informed the audit design and measures.

1.1 Initial Interview with Youth

When a youth is the subject of a court order that requires the youth to report to a probation officer, MCFD youth justice policy requires that an initial interview is completed by the date stipulated in the order, or within five days of the issuance of the order if a date is not stipulated in the order itself. The intended outcomes of this policy are that youth understand their orders and the consequences of not complying with their orders. The initial interview process is repeated for each new order.

The standard for an initial interview is that a youth probation officer: confirms the identity of the youth; explains the conditions in the order and the consequences of not complying with those conditions; explains the ministry's complaints process; communicates the date, time and manner of the next contact the youth will have with a youth probation officer; and, if there is a victim, informs the youth that the victim will be contacted and informed about the conditions in the order. There are other more procedural and documentary requirements that are part of standard practice for completing an initial interview. For this measure, all Client Logs must be recorded in CORNET as soon as it is practical to do so, but within five working days.

The practice analyst found that a clear majority of the files had all initial interviews documented in the CORNET Client Log within the required timeframe. The remaining files had at least one initial interview that was either not documented or not documented in the CORNET Client Log within five working days of their occurrences.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. Of the files audited, two had confirmations that all the initial interviews contained all the required components. In almost all the remaining files, there were initial interviews that had no indications that the ministry's complaints process was explained to the youth. In addition, over three quarters (81%) of the files contained orders with conditions requiring victim notifications and, in almost all of those files (83%), there were no indications that the youth were told that the victims would be notified and provided with copies of the orders.

1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

Youth justice policy requires that a youth probation officer complete the FASD Screening and Referral Tool once for every youth who is sentenced and ordered to report to a youth probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that the youth was screened in for FASD, the policy requires a youth probation officer to refer the youth, with consent, to The Asante Centre for a comprehensive assessment. The intended outcome is that youth who are diagnosed with FASD, and their families, will have access to potentially effective treatments and services while the youth are involved with the criminal justice system and afterwards.

The standard is that a youth probation officer completes the FASD Screening and Referral Tool within 30 days after the initial interview with the youth.

Of the applicable files, the practice analyst found that almost one third contained completed and submitted FASD Screening and Referral Tools that adhered to the required timeframe. However, more than half of the applicable files did not contain the required FASD Screening and

Referral Tools and a minority of the files contained the Screening/Referral Tools, but they were completed after the 30-day time requirement.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

A youth probation officer is required to continually assess risk and protective factors by completing a SAVRY for every youth who is sentenced and required to report to a youth probation officer, and by updating the SAVRY on a regular basis. The intended outcomes are reduced recidivism and public protection.

The standard is that a youth probation officer completes a SAVRY within 30 days after the initial interview with the youth, when the youth is the subject of a new court order and/or when the youth's file is transferred to a youth probation officer, and every six months thereafter, for the time that the youth is under supervision.

More than half the files had SAVRYs that were completed within the required timeframes. Almost all the remaining files had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between two to 165 days, with the average being 53 days.

Most of the files in the samples required updated SAVRYs. In almost two thirds of the applicable files, all the required updates to the SAVRYs were completed, namely every six months. Almost all the remaining files had SAVRY updates, but one or more of the updates were not completed every six months. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one to 137 days, with the average being 22 days. It should be noted that youth probation officers are notified of SAVRY due dates automatically in the CORNET electronic system. These notifications would have been sent for SAVRYs in all but 16 of the 85 files reviewed for this audit (these 16 files had been transferred and, therefore, the due dates were out of sync with CORNET).

1.4 Service Plan

When a youth is sentenced and under community supervision, a youth probation officer is required to develop a service plan that identifies goals, objectives and strategies that are relevant to the youth's needs and reduce the risk of further offending. With few exceptions, a new service plan is required for each new court order and, therefore, there can be multiple service plans within a file. The intended outcome is effective management of the risks presented by youth in ways that protect the public and bring about positive changes in the youths' offending behaviours.

The standard is that a youth probation officer completes a service plan within 30 days of an initial interview with the youth or within 30 days of a file transfer, and updates the service plan

every six months thereafter for as long as there is an supervision order. The standard also requires that the service plan be approved by a supervisor within five working days of receipt from a youth probation officer, and that a youth probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

This audit found that almost a third of the files had service plans that were completed within 30 days of the initial interviews with youth and, if required, within 30 days of receiving transferred files. More than a third of the files had one or more service plans that were completed more than 30 days after an initial interviews or more than 30 days after receiving transferred files and more than a quarter of the files did not have one or more required service plans. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between one and 377 days, with the average being 62 days.

Of the applicable files that required the service plans to be updated every six months: just over one quarter had all service plans updated every six months; one third had all service plans updated, but one or more were not updated every six months; and more than one third had one or more service plans that were not updated. Of the service plans that were completed after the six-month timeframe, the extra time they took to complete was between two and 160 days, with the average being 51 days.

The audit found that a small minority of files had service plans that were all approved by supervisors within the required five-day timeframe. Almost two thirds of the files had service plans that were approved by supervisors, but not within the required five-day timeframe and more than one quarter had one or more service plans that were not approved by supervisors. Of the service plans that were approved by supervisors, but not within five working days, the extra time they took to approved was between three and 227 days, with the average being 50 days.

In addition, no files confirmed that service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parents or guardians, as required. To assess this documentation, the analyst reviewed all Client Log entries.

1.5 SAVRY Risk and Protective Factors

A service plan that targets SAVRY risk and protective factors related to the youth's offending behaviour is required to be developed by the youth probation officer. The intended outcomes are reduced recidivism and public protection.

The standard is that a youth probation officer uses the results of the SAVRY to identify risk factors that are most likely to contribute to the youth's offending behaviour and protective factors that are likely to support the youth in avoiding further offending.

The analyst found that more than three quarters of the files had service plans that addressed one or more protective factors. Just under half the files had service plans that consistently addressed the highest rated risk factors, including risk factors rated high and risk factors designated critical by the youth probation officers while more than one third of the files had at least one service plan that did not address the highest rated risk factors. Eight files had no service plans at all.

1.6 Other Issues Related to Court Order and Youth's Goals

Youth justice policy requires that all conditions in an order are addressed in the youth's service plan. These conditions could involve, among others, maintaining a curfew, abstaining from carrying a weapon, abstaining from consuming alcohol or drugs, completing community work service, and residing where directed. The intended outcomes are compliance with orders, reduced recidivism, and public protection.

The standard is that a youth probation officer includes each condition in the service plan and identifies the strategies that will be used to monitor the youth's compliance with each condition.

The analyst found that almost half of the files had service plans that addressed all the conditions related to an active order. A similar number of files had service plans that addressed some, but not all, of the conditions in the orders, while the remainder of the files had no service plans at all.

Youth justice policy also requires that a youth probation officer recognize the capacity of the youth to determine and meet their self identified needs, when feasible. The intended outcome is to provide opportunities for the youth to engage and participate in service planning.

The standard is that a youth probation officer has a conversation with the youth about specific goals the youth would like to work toward or accomplish and includes in the service plan the youth's goals and the strategies that will be used to support the youth in accomplishing their goals.

In a clear majority of the files, the analyst found service plans that included the youths' goals, along with strategies to support the youth in attaining their goals.

1.7 Victim Contact and Victim Considerations

According to policy a youth probation officer is required to provide the victim with information about court proceedings and the opportunity to participate and be heard throughout the youth's involvement with the justice system. The intended outcomes are victim safety, youth accountability, and opportunities for youth to make amends for harm caused to victims.

The standard is for a youth probation officer to inform the victim, within five working days of receiving an order, about any relevant conditions imposed on the youth, including protective conditions and how to report violations of protective conditions. The standard also requires a youth probation officer to address in the service plan any victim considerations in an order.

In more than half the files that had orders with protective conditions, the victims were notified within the required timeframe. However, in about one quarter of the files, the victims were notified, but not within the required timeframe. In the remainder of the files, at least one order had no confirmation that the victim was notified.

Almost two thirds of the files that had orders with victim considerations, such as apology letters, restorative justice processes or restitution, had service plans that addressed these conditions. The remaining files addressed some, but not all, victim considerations while a small minority of files had at least one service plan that did not address any victim considerations.

1.8 Considerations Specific to Indigenous Youth

A youth probation officer is required by policy to consult with, and involve, Indigenous communities to make services more relevant and responsive to the needs of Indigenous youth who are under community supervision and required to report to a youth probation officer. The intended outcome is that the roles of Indigenous families and communities, including the importance of Indigenous values, traditions, and processes in resolving harm, are acknowledged.

The standard associated with this policy is that a youth probation officer complete the cultural connectedness section in the service plan, including the youth's current level of involvement with their culture and community, the level of involvement the youth would like to have, and the strategies that a youth probation officer will use to provide opportunity for the youth to be involved, and to maintain or enhance their involvement, with their culture and community.

A clear majority of the files pertaining to Indigenous youth had service plans with the cultural connectedness section completed. The analyst observed that the same ratings, strategies, and implementation plans related to cultural connectedness were repeated in subsequent service plans. This raises the question about whether these strategies are not being acted upon in a timely manner or whether the ratings, strategies and/or implementation plans are not being updated after being acted upon.

1.9 Social History

Each service plan must have a social history that contains comprehensive information about the youth, including the youth's connections to their culture and cultural community. The intended outcome is that youth justice staff have access to all the information they need to provide continuous service and make informed decisions related to case planning and public safety.

The standard is that a youth probation officer completes a social history with detailed information about the youth and the youth's family, behaviour, relationships, education, employment, peers, leisure activities, substance use, mental health, medical history, current offences, victim considerations, and any previous contact with the justice system, etc. If the youth is Indigenous, the social history must include information about the youth's connection to their culture and identify Indigenous community members or programs that might be available to support the youth.

In this audit, more than half the files had service plans with social histories containing all the required elements and over one third had service plans with social histories that were missing one, often more, of the required elements. Specifically, many files with incomplete social histories were missing offence information and/or relevant victim information.

Of the files pertaining to Indigenous youth, most had service plans that had the cultural connectedness section completed, however, more than half of the applicable records had at least one service plan that had a social history that lacked information about the youths' Indigenous heritages, connections to their communities, heritages or cultural practices, or which Indigenous community members or programs that could be available to support the youth. This raises the question about the extent to which youths' cultural connections and practices were considered in the development of the service plans and if they were able or supported to access culturally relevant services.

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and a youth probation officer decides not to send a report to Crown Counsel, the youth probation office is required to consult with a supervisor. A similar process applies when the youth violates conditions of supervision in the community or a conditional supervision order. The intended outcomes are that youth are held accountable in ways that take into consideration both the circumstances surrounding the breaches or violations and public protection.

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or violation and public protection can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

In a small minority of the files in which breaches or violations of orders were not enforced by youth probation officers, the practice analyst found that consultations with supervisors were documented. When applying this measure, the analyst reviewed all entries in the CORNET Client Log, noting breaches and violations, and looked for subsequent consultations when no enforcement actions were taken.

1.11 Documentation in CORNET

Policy requires that a youth probation officer is to record and attach all relevant client information in CORNET. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and public protection.

The standard is that a youth probation officer records information in the CORNET Client Log within five working days of an event in a way that allows someone unfamiliar with the file to understand what occurred and attaches all relevant documents to the log. In addition, client logs are printed and placed in the physical file at least once a month.

The practice analyst found that almost half of the files had all CORNET Client Log entries within the required five-day timeframe. Of the remaining files, more than one third were missing CORNET Client Log entries for scheduled appointments and some of these were also missing past appointment slips and more than one quarter had log entries that were recorded after the five-day timeframe. The combination of missing log entries and missing appointment slips meant that there was no way of knowing whether the youth attended these appointments, what was discussed, and if any further directions were given to the youth.

The practice analyst found that a small minority of the files had the required documents attached in the CORNET Client Log. In addition, three quarters of the files had at least one occurrence of a record title within the CORNET Client Log that did not contain content. When applying this measure, the practice analyst reviewed the physical files and all the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET.

2. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	COMPLETION DATE
1. Develop with the Youth Justice Regional Consultant a training day for the Youth Justice Team, to discuss the new YCJA amendments, with a focus on the following: <ul style="list-style-type: none"> – documenting supervisor consults on the CORNET logs – timelines – breaches 	Director of Operations	Staff will be refreshed on the YJ policy requirements	September 30, 2021

2. Develop with the Youth Justice Regional Consultant a training day for the Youth Justice Team, to review service plans, with a focus on the following: <ul style="list-style-type: none"> – Service planning and content – Intake process – Critical/high risk items from SAVRY – Victim considerations – RJ considerations – Indigenous considerations – Ensuring all intake/social history information is entered – Service Plan addresses court ordered conditions. 	Director of Operations	All policy requirements for service plans will be met.	September 30, 2021
3. Ensure full and complete documentation around service plans are being provided to the youth/parents/caregivers and documented on CORNET logs for all youth on current caseloads.	Director of Operations	All policy requirements for service plans will be met.	September 30, 2021
4. Complete all SAVRYs, as per policy, for all sentenced youth on current caseloads.	Director of Operations	Timely assessments and documentation.	September 30, 2021
5. Ensure the ASANTE screening tools are completed and uploaded into CORNET for all applicable youth.	Director of Operations	ASANTE screening tool is completed within 30-day timeframe of an order coming into effect.	September 30, 2021
6. All required documents/referrals/ reports are uploaded onto CORNET logs.	Directors of Operations	All appropriate documentation is in place.	September 30, 2021

APPENDIX

This appendix contains a description of the audit methodology and a detailed breakdown of the findings for each of the measures in the audit tool.

A. METHODOLOGY

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the North Fraser SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place between May and September 2019.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
 - List one contained files that were open on August 1, 2018, nine months prior to the audit start date, and
 - List two contained files that were open on August 1, 2017, twelve months prior to the date specified in list one.
2. Files in list two that were also in list one were removed from list two.
3. Files that were labelled CS number not found (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than six months in length, orders in which the majority of supervision occurred in another SDA, and/or orders in which less than 6 months of supervision was provided by the North Fraser SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool is a SharePoint based form, designed by data specialists on the Monitoring Team, in the Child Welfare Branch, that contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual. Each measure contains a scale with “achieved” and “not achieved” as rating options as well as ancillary questions designed to assist the practice analyst in collecting categorical and qualitative data that explain or provide context for the ratings.

The measures in the CYJ audit tool apply to practice that occurred within the time period of community supervision defined by the most significant court order in effect during the audit timeframe, which was 36 months prior to the audit start date. The most significant court order was identified through the following process:

- If there was one court order in effect within the audit timeframe, that order was selected.
- If there were orders in effect within the audit timeframe, the longest order was selected.
- If the orders were roughly of the same length, selection was based on the severity of the offence (i.e., personal harm offences over property offences).
- If the orders were roughly of the same length and for the same type of offence, the most recent order was selected.

The records in the selected files were reviewed and assessed by a practice analyst with youth justice experience and specialization, on the provincial Audit Team, in the Quality Assurance Branch.

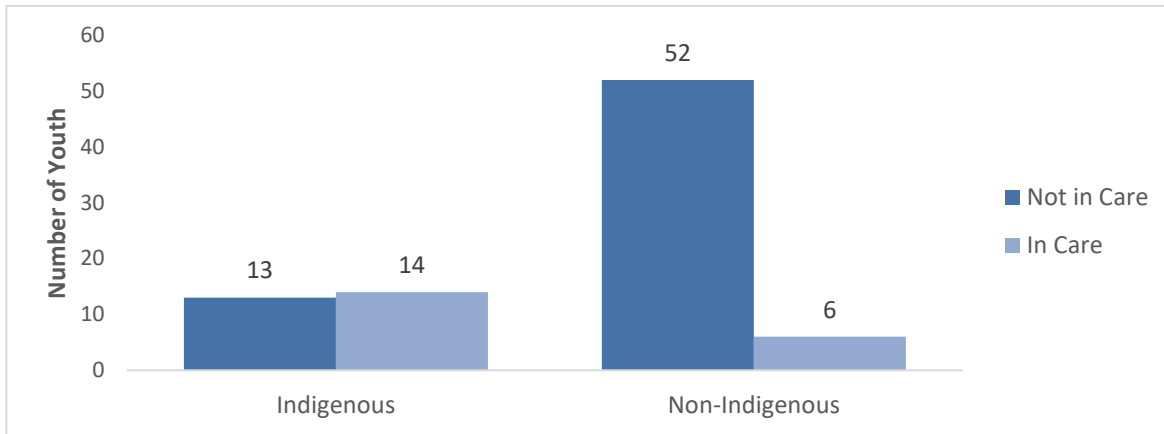
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET.

B. DETAILED FINDINGS AND ANALYSIS

In this section of the report, findings are presented in tables that contain counts and percentages of ratings of achieved and not achieved for all the measures in the audit tool (CYJ 1 to CYJ 19). The measures correspond with specific components of the CYJ Operations Manual and are labelled accordingly. Each table is followed by an analysis of the findings presented in the table. The analysis includes a breakdown of the reasons why a measure was rated achieved or not achieved. It is important to note that some measures can result in a rating of not achieved for more than one reason.

Combined, there were 85 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included in the samples.

Figure 1: Demographic Characteristics of Youth



Not all the measures in the audit tool were applicable to records in all 85 files. The “Total Applicable” column in the tables contains the total number of files that had records to which the measure was applied.

The overall compliance rate for this SDA was **46%**.

b.1 Initial Interview with Youth

Table 1 provides the compliance rate for measure CYJ 1, which has to do with documenting the initial interview with the youth.

Table 1: Initial Interview with Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within five working days	85	72	85%	13	15%

CYJ 1: Initial interview with youth documented within five working days

The compliance rate for this measure was 85%. The measure was applied to records in all 85 files in the samples; 72 were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the required initial interviews with the youth were documented in the CORNET Client Log within five working days of their occurrences.

Of the 13 files rated not achieved, 8 had at least one initial interview that was required and not documented in the CORNET Client Log; and 5 had at least one initial interview that was required and documented, but not within five working days.

The measure was accompanied by the question, “Which components of the interview process were not documented in CORNET?” This question did not affect the compliance rate for the measure but was designed to verify whether all required aspects of an initial interview were documented in the client log.

Of the 85 files in the samples, 2 had complete documentation of all initial interviews and 83 were missing at least one element. Specifically, 25 files had at least one initial interview that lacked documentation indicating that the youth was informed about the MCFD complaints process; 1 had at least one initial interview that lacked documentation indicating that the youth was informed that the victim would be notified and provided with a copy of the order; and 51 lacked documentation of both of these elements. The remaining 6 files lacked documentation of a combination of elements, including that the court order was reviewed with the youth; that the youth was informed of the manner and time of their next contact with the youth probation officer; that the youth was informed that the victim would be notified and provided with a copy of the order; and/or that the youth was informed about the MCFD complaints process.

b.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral Tool

Table 2 provides the compliance rate for measure CYJ 2, which has to do with completing the FASD Screening/Referral Tool within 30 days of intake and forwarding the results to The Asante Centre. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening and Referral

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre	71*	22	31%	49	69%

* This measure was not applicable to 14 files because FASD Screening/Referral Tool had been previously completed.

CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake

The compliance rate for this measure was 31%. The measure was applied to records in 71 of the 85 files in the samples; 22 were rated achieved and 49 were rated not achieved. To receive a rating of achieved, the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 49 files rated not achieved, 40 did not contain the required FASD Screening and Referral Tools, and 9 contained FASD Screening and Referral Tools that were forwarded to The Asante Centre but they were not completed within 30 days of the initial interviews with the youth.

b.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Table 3 provides compliance rates for measures CYJ 3 and CYJ 4, which have to do with completing and updating the SAVRY. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: Structured Assessment of Violence Risk in Youth (SAVRY)

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	85	48	56%	37	44%
CYJ 4: SAVRY updated every six months	76*	46	61%	30	39%

*This measure was not applicable to 9 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

CYJ 3: SAVRY completed within 30 days of initial interview with youth

The compliance rate for this measure was 56%. The measure was applied to records in all 85 files in the samples; 48 were rated achieved and 37 were rated not achieved. To receive a rating of achieved:

- the SAVRY was completed within 30 days of the initial interview with the youth;
- the SAVRY was completed within 30 days of receiving a transferred file; or
- an extension to the timeframe to complete the SAVRY was approved by a supervisor and their direction was documented.

Of the 37 files rated not achieved, 20 had at least one occurrence when a required SAVRY was completed but not within 30 days of an initial interview with the youth; 7 had at least one occurrence when a required SAVRY was completed but not within 30 days after a transferred file was received; 1 had at least one occurrence when a SAVRY was not completed after an initial interview with a youth; 1 had at least one occurrence when a SAVRY was not completed after a transferred file was received; and 8 had a combination of these occurrences. Of the 35 files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between two and 165 days, with the average being 53 days.

The measure was accompanied by the question, “How many comment boxes in the initial SAVRY were filled out by the youth probation officer?” This question did not impact the compliance rate for the measure but was designed to provide feedback on how frequently rationales are provided for the ratings in the SAVRYs. The practice analyst found the following results:

- 42 had more than half, but not all, of the boxes filled out
- 26 had fewer than half of the boxes filled out, and

- 17 had all the boxes filled out

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was 61%. The measure was applied to records in 76 of the 85 files in the samples; 46 were rated achieved and 30 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within 6 months of the completion date of the previous SAVRY; or
- an extension to the timeframe to update the SAVRY was approved by a supervisor and their direction was documented.

Of the 30 files rated not achieved, 28 had at least one occurrence when a required SAVRY was updated, but not within the 6-month timeframe; and 2 had at least one occurrence when a required SAVRY was not updated at all. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one and 137 days, with the average being 22 days.

b.4 Service Plan

Table 4 provides compliance rates for measures CYJ 5, CYJ 6, CYJ 7 and CYJ 8, which have to do with completing the service plan within 30 days of an initial interview with the youth, obtaining approval for the plan from a supervisor, reviewing the plan with the youth and parent/guardian, and updating the plan every six months. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 4: Service Plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	85	27	32%	58	68%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	85	10	12%	75	88%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	85	0	0%	85	100%
CYJ 8: Service Plan updated every 6 months or when transferred file received	70*	20	29%	50	71%

*This measure was not applicable to 15 files because the length of the orders did not require updates or the periods of supervision extended beyond the timeframe covered by the audit

CYJ 5: Service plan completed within 30 days of initial interview with youth

The compliance rate for this measure was 32%. The measure was applied to records in all 85 files in the samples; 27 were rated achieved and 58 were rated not achieved. To receive a rating of achieved, a service plan was completed within 30 days of an initial interview related to a new order or within 30 days of receiving a transferred file, and each service plan was developed after the SAVRY was completed.

Of the 58 files rated not achieved, 20 had at least one occurrence when a service plan was completed, but not within 30 days of an initial interview, or not within 30 days from the time that a transferred file was received; 11 had at least one occurrence when a service plan was not completed for a new order or when a transferred file was received; 1 had at least one occurrence when a service plan was completed prior to the completion of a SAVRY; 1 had at least one occurrence of a service plan being incomplete; 17 had a combination of these occurrences; and 8 had no service plans. Of the service plans that were completed after the 30-day timeframe, the extra time they took to complete was between one and 377 days, with the average being 62 days.

CYJ 6: Service plan approved by supervisor within five working days

The compliance rate for this measure was 12%. The measure was applied to records in all 85 files in the samples; 10 were rated achieved and 75 were rated not achieved. To receive a rating of achieved, the service plan was approved by a supervisor within five working days of receipt from the youth probation officer.

Of the 75 files rated not achieved, 43 had at least one occurrence when a service plan was approved by a supervisor, but not within five working days; 12 had at least one occurrence when a service plan was completed but not approved by a supervisor; 12 had a combination of these occurrences; and 8 had no service plans. Of the service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between three and 227 days, with the average being 50 days.

CYJ 7: Service plan reviewed with youth and parent/guardian

The compliance rate for this measure was 0%. The measure was applied to records in all 85 files in the samples, and none of the files were rated achieved. To receive a rating of achieved, the file contained documentation indicating that:

- each service plan was reviewed with the youth, and
- a copy was provided to the youth, and
- a copy was provided to the parent/guardian.

Of the 85 records rated not achieved, 72 had a combination of occurrences when a service plan was not reviewed with the youth, a copy of the service plan was not provided to the youth, and a copy of the service plan was not provided to a parent or guardian; 3 had at least one occurrence when the service plan was not reviewed with the youth and a copy was not provided to the youth; 1 had at least one occurrence when copies of the service plan were not provided to the youth and the youth's parent or guardian; 1 had at least one occurrence when a required service plan was not completed; and 8 had no service plans.

The practice analyst found many examples of Integrated Case Management (ICM) and other meetings taking place, where the youth was in attendance and case planning was discussed; however, there was no indication that the service plans were reviewed during these meetings.

CYJ 8: Service plan updated every six months

The compliance rate for this measure was 29%. The measure was applied to records in 70 of the 85 files in the samples; 20 were rated achieved and 50 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan had been updated within six months of a previously completed service plan and after the SAVRY was updated.

Of the 50 files rated not achieved, 23 had at least one occurrence when a service plan was updated, but not within 6 months of a previously completed service plan; 19 had at least one occurrence when a service plan was not updated at all; and 8 had no service plans. Of the service plans that were completed after the six-month timeframe, the extra time they took to complete was between two and 160 days, with the average being 51 days.

b.5 SAVRY Risk and Protective Factors

Table 5 provides compliance rates for measures CYJ 9 and CYJ 10, which have to do with addressing SAVRY critical and/or other risk factors and SAVRY protective factors in the service plan.

Table 5: SAVRY Risk and Protective Factors

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	85	41	48%	44	52%
CYJ 10: Service Plan addressed SAVRY protective factors	85	69	81%	16	19%

CYJ 9: Service plan addressed SAVRY critical and/or other risk factors

The compliance rate for this measure was 48%. The measure was applied to all 85 files in the samples; 41 were rated achieved and 44 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

- the service plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour, focusing on the higher rated factors, and
- the service plan identified strategies that would be used, and
- the service plan described how the strategies would be implemented.

Of the 44 files rated not achieved, 15 had at least one occurrence when a service plan did not address the highest rated risk factors; 14 had at least one occurrence when a service plan did not address critical or other risk factors; 4 had at least one occurrence when a service plan was completed prior to the SAVRY being completed; 3 had a combination of these occurrences; and 8 had no service plans.

CYJ 10: Service plan addressed SAVRY protective factors

The compliance rate for this measure was 81%. The measure was applied to records in all 85 files in the samples; 69 were rated achieved and 16 were rated not achieved. To receive a rating of achieved, each service plan:

- addressed at least one SAVRY protective factor, and
- identified strategies to be used, and
- had a plan for implementing the strategies.

Of the 16 files rated not achieved, 5 had at least one occurrence when the service plan was completed prior to the SAVRY being completed; 2 had at least one occurrence of a service plan not addressing at least one protective factor; 1 had a combination of these factors and at least one occurrence when the service plan did not describe how the identified strategies would be implemented; and 8 had no service plans.

b.6 Other Issues Related to Court Order and Youth's Goals

Table 6 provides compliance rates for measures CYJ 11 and CYJ 12, which have to do with addressing other issues/items related to the court order and addressing the youth's goals in the service plan.

Table 6: Other Issues Related to Court Orders Youth's Goals

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	85	38	45%	47	55%
CYJ 12: Service Plan addressed Youth's goals	85	76	89%	9	11%

CYJ 11: Service plan addressed other issues/items related to the court order

The compliance rate for this measure was 45%. The measure was applied to records in all 85 files in the samples; 38 were rated achieved and 47 were rated not achieved. To receive a rating of achieved each service plan:

- addressed all the other issues/items related to the court order, such as reporting frequency, curfew, no contacts, referrals to programs, community work service, etc., and
- identified the strategies that would be used to address the issues/items.

Of the 47 files rated not achieved, 39 had at least one occurrence when the service plan addressed some, but not all, of the other issues/items related to the court order; and 8 had no service plans.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was 89%. The measure was applied to all 85 files in the samples; 76 were rated achieved and 9 were rated not achieved. To receive a rating of achieved, each service plan:

- addressed at least one of the youth's goals, and
- included planned strategies/frequency of contact, and
- had a target date.

Of the 9 files rated not achieved, 1 had at least one occurrence when the service plan did not address any of the youth's goals, and 8 had no service plans.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which the measures were not applicable and explain why.

Table 7: Victim Contact and Victim Considerations

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within 5 working days of receipt of court order, if order included protective conditions (i.e., no contact)	69*	37	54%	32	46%
CYJ 14: Service Plan addressed victim considerations	76**	49	64%	27	36%

*This measure was not applicable to 16 files in which there were no protective conditions.

**This measure was not applicable to 9 files in which there were no victim considerations that needed to be addressed.

CYJ 13: Victim contacted within five working days of receipt of order

The compliance rate for this measure was 54%. The measure was applied to records in 69 of the 85 files in the samples; 37 were rated achieved and 32 were rated not achieved. To receive a rating of achieved, the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 32 files rated not achieved, 20 had at least one occurrence when the victim was contacted, but not within the required five working days; 9 had at least one occurrence when the victim was not contacted and the reason was not recorded in the CORNET Client Log; and 3 had a combination of these occurrences. Of the files where victim notification took longer than five working days, the extra time it took was between one and 286 days, with the average being 46 days.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was 64%. The measure was applied to records in 76 of the 85 files in the samples; 49 files were rated achieved and 27 were rated not achieved. To receive a rating of achieved, each service plan:

- addressed victim considerations, and
- identified the strategies that would be used to address victim considerations.

Of the 27 files rated not achieved, 17 had at least one occurrence when a service plan addressed some, but not all, of the victim considerations; 3 had at least one occurrence when a service plan did not address the victims' considerations; and 7 had no service plans.

Examples of victim considerations include potential victim-offender meetings, restorative justice conferences, compensation, apology letters, no contact conditions, and victim notifications.

b.8 Considerations Specific to Indigenous Youth

Table 8 provides compliance rates for measure CYJ 15, which has to do with addressing considerations specific to Indigenous youth in the service plan. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 8: Considerations Specific to Indigenous Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous Youth	27*	23	85%	4	15%

* This measure was not applicable to 58 files because the youth were not identified as Indigenous.

CYJ 15: Service plan addressed considerations specific to Indigenous youth

The compliance rate for this measure was 85%. The measure was applied to records in 27 of the 85 files in the samples; 23 were rated achieved and 4 were rated not achieved. To receive a rating of achieved, each of the required service plans:

- addressed cultural connectedness, and
- included strategies to be used to address cultural connectedness, and
- included a plan for implementing the strategies, and
- had a target date.

Of the 4 files rated not achieved, 2 had least one occurrence when the cultural connectedness section of the service plan was not completed; and 2 had no service plans.

b.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all the required information, in the service plan.

Table 9: Social History

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	85	45	53%	40	47%

CYJ 16: Service plan includes social history with all required information

The compliance rate for this measure was 53%. The measure was applied to records in all 85 files in the samples; 45 were rated achieved and 40 were rated not achieved. To receive a rating of achieved, each of the required service plans contained:

- a clearly identified social history with all the required elements, or
- a reference to a pre-sentence report or youth forensic assessment with a social history that was less than 6 months old, or
- an update to a social history that was more than 6 months old.

Of the 40 files rated not achieved, 32 had at least one occurrence when a service plan had a partially completed social history; and 8 had no service plans.

The measure was accompanied by the question, “If the social history was partially completed, what information was not included?” This question did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to social histories. Of the 32 files that had at least one service plan with a partially completed social history, 3 had at least one social history that lacked information about the offence; 2 had at least one social history that lacked information about the youth’s previous contact with the justice system; and 2 had at least one social history that lacked information about the youth’s Indigenous heritage or connection to community, heritage and cultural practices, or community members or programs available to support the youth. The remaining 25 files had at least one social history that was missing a combination of elements, including those described above as well as the following: other professionals involved with the youth; the youth’s behaviour at home, school and in the community; the youth’s family and caregivers; and the youth’s relationships with their parents or caregivers.

Of the 27 files pertaining to Indigenous youth, 9 had at least one social history that lacked information about the youth’s Indigenous heritage, and connection to community, heritage and cultural practices, or community members or programs available to support the youth.

b.10 Non-enforcement of Breach or Violation of Court Order

Table 10 provides the compliance rate for measure CYJ 17, which has to do with consulting a supervisor regarding non-enforcement of a breach or violation of a court order. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 10: Non-Enforcement of Breach or Violation of Court Order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred	55*	9	16%	46	84%

* This measure was not applicable to 30 files because there was no indication that supervisor consultations were required.

CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation of court order

The compliance rate for this measure was 16%. The measure was applied to records in 55 of the 85 files in the samples; 9 were rated achieved and 46 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that:

- consultation with a supervisor regarding non-enforcement of a breach or violation had occurred, and
- the rationale for the decision was noted, and
- supervisor direction/approval was noted.

Of the 46 files rated not achieved, 45 had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred; and 1 had documentation indicating that a consultation occurred, but supervisor approval or direction was not recorded.

Determining whether this measure was achieved was challenging for the practice analyst who conducted the audit because the CYJ Operations Manual does not provide a timeframe within which supervisor consultation for non-enforcement of a breach or violation is required. As a result, the practice analyst examined all the CORNET Client Log entries for the time periods of supervision to determine whether the measure was achieved.

b.11 Documentation in CORNET

Table 11 provides compliance rates for measures CYJ 18 and CYJ 19, which have to do with maintaining client records in CORNET.

Table 11: Required documents attached and client logs recorded in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	85	2	2%	83	98%
CYJ 19: Client logs recorded in CORNET, in separate entries and required manner, within 5 working days, and printed and placed on file once a month	85	36	42%	49	58%

CYJ 18: Required documents attached to Client Log in CORNET and entries correspond with title

The compliance rate for this measure was 2%. The measure was applied to records in all 85 files in the samples; 2 were rated achieved and 83 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

- the required documents attached, and
- the record titles completed for log entries, and
- information in the record content that was related to the record title.

Of the 83 files rated not achieved, 17 had at least one occurrence when a required document was not attached to the CORNET client log; 6 had at least one occurrence of a log entry that was titled, but the record content field was left blank or incomplete; and 60 had a combination of these occurrences, including 1 file that had Client Log entries with the titles left blank.

CYJ 19: Client logs recorded in CORNET within five working days

The compliance rate for this measure was 42%. The measure was applied to records in all 85 files in the sample; 36 were rated achieved and 49 were rated not achieved. To receive a rating of achieved:

- the CORNET Client Log entries were recorded within five working days, and
- the CORNET Client Log entries were recorded in separate entries.

Of the 49 files rated not achieved, 26 had at least one occurrence when a client log was not recorded in CORNET at all; 14 had at least one occurrence when a client log was recorded in CORNET, but not within five working days; and 9 had a combination of these occurrences.

The analyst noted whether CORNET Client Log entries were printed and placed in the physical file on a monthly basis, and if the log entries were recorded in a manner that made it easy for someone unfamiliar with the file to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of the documentation related to CORNET Client Logs. Of the 85 files reviewed, 65 (76%) had up-to-date Client Log entries that were printed and placed in the physical file, and 52 (61%) had Client Log entries that were clearly written and that someone unfamiliar with the file would understand. The analyst found that almost a quarter of the files contained log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.