



Northeast Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: April 2019

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INTRODUCTION

This report provides information about the purpose, methodology and findings of the Community Youth Justice (CYJ) practice audit that was conducted in the Northeast Service Delivery Area (SDA) in September and October 2018.

1. PURPOSE

Practice audits are conducted regularly by the Provincial Director of Child Welfare (PDCW) across several of the Ministry of Children and Family Development (MCFD) service lines, and for services provided by Delegated Aboriginal Agencies (DAAs) under the *Child, Family and Community Service Act* (CFCSA). The audits are designed to examine compliance with legislation, policy and standards, and to inform continuous improvements in practice, policy and overall service delivery. They provide quality assurance oversight and demonstrate public accountability.

The Community Youth Justice (CYJ) practice audit is designed to assess compliance with specific components of the CYJ Operations Manual and related practice directives and guidelines. The CYJ Operations Manual contains policies and procedures for MCFD youth probation officers, who have responsibility for the provision of community youth justice services across the province.

2. METHODOLOGY

This audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the Northeast 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 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 1 contained files that were open on December 1, 2017, 9 months prior to the audit start date, and
 - List 2 contained files that were open on December 1, 2016, 12 months prior to the date specified in List 1.
2. Files in List 2 that were also in List 1 (i.e., duplicate files) were removed from List 2.
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 6 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 Northeast 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 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 analysts 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 multiple 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 practice analysts with youth justice specialization, on the provincial Audit Team, in the Quality Assurance Branch.

The analysts used the CYJ audit tool to record the rating for each measure, and to collect categorical and qualitative data and information related to practice, as reflected in the records.

The CYJ audit tool is a SharePoint form designed by data specialists on the Monitoring Team, in the Child Welfare Branch.

The data collection phase of this audit took place in September and October, 2018.

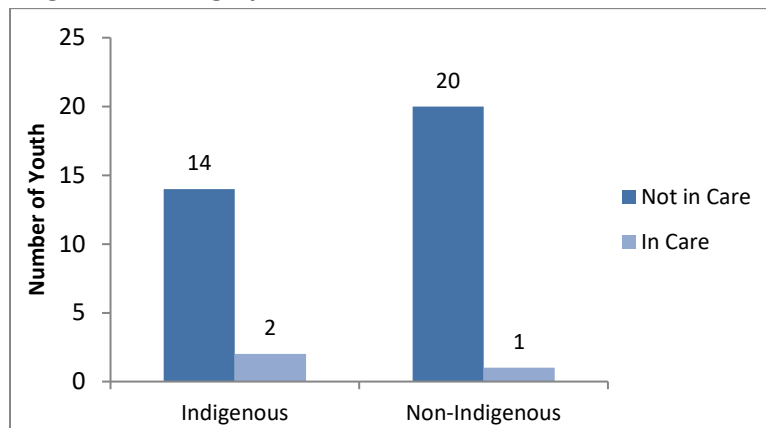
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the Child, Family and Community Service Act. During the audit process, the analysts watch for situations in which the information 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.

3. 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 of 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 37 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 of the measures in the audit tool were applicable to records in all 37 files. The “Total Applicable” column in the tables contains the total number of files that had records to which the measure was applied.

3.1 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. The compliance rate is the percentage of the files that had records to which the measure was applied and rated achieved.

Table 1: Initial interview with youth documented

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within 5 working days	37	28	76%	9	24%

CYJ 1: Initial interview with youth documented within 5 working days

The compliance rate for this measure was 76%. The measure was applied to records in all 37 files in the samples; 28 of the 37 files received a rating of achieved and 9 received a rating of not achieved. To receive a rating of achieved, the initial interview with the youth had to have been completed and documented in the CORNET Client Log within five working days.

Of the 9 files that received a rating of not achieved, 5 had at least one initial interview that was required and not documented in the CORNET Client Log; 3 had at least one initial interview that was required and documented but not within five working days; and 1 had a combination of these occurrences.

The measure was accompanied by the question, "Which components of the interview process were not documented in CORNET?" This question did not impact 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 37 files in which the initial interview was documented, 1 had complete documentation of the interview and 36 were missing at least one element. For example, 31 files had no documentation indicating that the youth was informed about the MCFD complaints process; 19 had no documentation indicating that the youth was informed that the victim would be notified and provided with a copy of the order; 19 had no documentation indicating that the court order was reviewed with the youth; and 10 had no documentation indicating that the date, time and manner of the next contact was communicated to the youth.

3.2 FASD Screening/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 compliance rate is the percentage of the files that had records to which the measure was applied and rated achieved. The note below the table provides the number of files to which the measure was not applicable, and explains why.

Table 2: FASD Screening/Referral Tool completed

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*	31	14	45%	17	55%

* This measure was not applicable to 6 files which contained documentation indicating that the FASD Screening/Referral Tool had been previously completed, and therefore the tool did not need to be completed again.

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

The compliance rate for this measure was **45%**. The measure was applied to records in 31 of the 37 files in the samples; 14 of the 31 files received a rating of achieved and 17 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that 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 17 files that received a rating of not achieved, 10 were missing FASD Screening/Referral Tools that were required; and 7 had FASD Screening/Referral Tools that were forwarded to the Asante Centre but had not been completed within 30 days of the initial interview with the youth.

3.3 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 compliance rate is the percentage of files that had records to which each measure was applied and rated as achieved. The note below the table provides the number of files to which one of the measures was not applicable and explains why.

Table 3: SAVRY completed and updated

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	37	21	57%	16	43%
CYJ 4: SAVRY updated every 6 months*	29	8	28%	21	72%

*This measure was not applicable to 8 files in which the length of the order did not require an update, or the period of supervision covered by the audit ended before an update was required on a subsequent order, etc.

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

The compliance rate for this measure was **57%**. The measure was applied to records in all 37 files in the samples; 21 of the 37 files received a rating of achieved and 16 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

- 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
- A consultation regarding the need for an extension to complete a required SAVRY occurred and direction was provided by the supervisor.

Of the 16 files that received a rating of not achieved, 10 had at least one occurrence when a required SAVRY was completed, but not within 30 days of an initial interview with the youth or after a transferred file was received; 5 had at least one occurrence when a required SAVRY was not completed at all; and 1 had a combination of these occurrences.

Of the 10 files with SAVRYs that were completed after the 30-day timeframe, 4 had SAVRYs that took more than 20 additional working days to complete.

The analyst who conducted this audit also noted how many comment boxes in the initial SAVRY were filled out by the youth probation officer. These comments provide the rationale or basis for the ratings in the SAVRY. All 37 files in the samples had an initial SAVRY in which comment boxes were filled out:

- 19 had more than half, but not all, of the boxes filled out
- 17 had fewer than half of the comment boxes filled out, and
- 1 had exactly half of the boxes filled out

The presence or absence of comments in the SAVRY comment boxes did not impact the compliance rate for this measure.

CYJ 4: SAVRY updated every 6 months

The compliance rate for this measure was **28%**. The measure was applied to records in 29 of the 37 files in the samples; 8 of the 29 files received a rating of achieved and 21 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

- The SAVRY was updated within 6 months of the completion date of the previous SAVRY; or
- A consultation regarding the need for an extension to complete a SAVRY update occurred and direction was provided by the supervisor.

Of the 21 files that received a rating of not achieved, 16 had at least one occurrence when a required SAVRY was updated but not within the 6-month timeframe; 3 had at least one occurrence when a required SAVRY was not updated at all; and 2 had a combination of these occurrences.

Of the 16 files with SAVRYs that were not updated within the 6-month timeframe, 6 had SAVRYs that took more than 20 additional working days to update.

3.4 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 6 months. The compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved. 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 completed, approved, reviewed and updated

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	37	12	32%	25	68%
CYJ 6: Service Plan approved by supervisor within 5 working days of receipt from youth probation officer	37	12	32%	25	68%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	37	0	0%	37	100%
CYJ 8: Service Plan updated every 6 months or when transferred file received*	28	7	25%	21	75%

*This measure was not applicable to 9 files in which the length of the order did not require an update, or the period of supervision covered by the audit ended before an update was required on a subsequent order, etc.

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 37 files in the samples; 12 of the 37 files received a rating of achieved and 25 received a rating of not achieved. To receive a rating of achieved the file had to contain documentation indicating that 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 after the SAVRY was completed.

Of the 25 files that received a rating of not achieved, 16 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; 3 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; and 5 had a combination of these occurrences.

Of the files with service plans that were completed after the 30-day timeframe, 6 had at least one service plan that took more than 20 additional working days to complete.

CYJ 6: Service plan approved by supervisor within 5 working days

The compliance rate for this measure was **32%**. The measure was applied to records in all 37 files in the samples; 12 of the 37 files received a rating of achieved and 25 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan was approved by a supervisor within five working days of receipt from the youth probation officer.

Of the 25 files that received a rating of not achieved, 21 had at least one occurrence when a service plan was approved by a supervisor, but not within five working days; 1 had at least one occurrence when a service plan was completed but not approved by a supervisor; and 3 had a combination of these occurrences.

Of the files that were approved but not within five working days, 5 had service plans that took more than 20 additional working days to approve.

Determining whether this measure was achieved was challenging for the analyst who conducted the audit because there was limited documentation in the CORNET Client Log indicating when service plans were provided to the supervisor for approval. The analyst often had to use the service plan and/or SAVRY completion dates to determine a timeframe for supervisory approval, which may have affected the compliance rate for this measure.

The following is an example of Client Log entries that contained clear documentation of supervisory approval of a completed service plan:

- Record Title - *05 MAR 2018 - CONDITIONAL DISCHARGE & CSW INTAKE SP EMAILED TO YPO TL [name of TL]*
- 2018.03.06 Record Title – *TL Approved Conditional Discharge Intake Service Plan*

The service plan was attached, and the analyst was able to see both the date on which it was sent to the TL and the date of approval.

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 37 files in the samples, and all 37 files received a rating of not achieved. To receive a rating of achieved, the file had to contain 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 37 files that received a rating of not achieved, 27 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/guardian; and 10 had at least one occurrence when the service plan was not reviewed with the youth and a copy was not provided to the youth.

The analyst who conducted the audit found a number of 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 documentation indicating that the service plan was reviewed during these meetings.

CYJ 8: Service plan updated every 6 months

The compliance rate for this measure was **25%**. The measure was applied to records in 28 of the 37 files in the samples; 7 files received a rating of achieved and 21 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan had been updated within 6 months of a previously completed service plan and after the SAVRY was updated.

Of the 21 files that received a rating of not achieved, 18 had at least one occurrence when a service plan was updated, but not within 6 months of a previously completed service plan; 1 had at least one occurrence when a service plan was not updated at all; 1 had at least one occurrence when a service plan was completed prior to the completion of the SAVRY; and 1 had a combination of these occurrences.

3.5 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. The compliance rate is the percentage of files that had records to which each measure was applied and rated as achieved.

Table 5: SAVRY risk and protective factors addressed in service plan

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	37	18	49%	19	51%
CYJ 10: Service Plan addressed SAVRY protective factors	37	26	70%	11	30%

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

The compliance rate for this measure was **49%**. The measure was applied to all 37 files in the samples; 18 of the 37 files received a rating of achieved and 19 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

- 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 19 files that received a rating of not achieved, 11 had at least one occurrence when a service plan did not address the highest rated risk factors; 1 had at least one occurrence when a service plan was completed prior to the completion of a required SAVRY; and 7 had a combination of these occurrences (one of which had a service plan that did not address any of the risk factors identified in the SAVRY).

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **70%**. The measure was applied to records in all 37 files in the samples; 26 of the 37 files received a rating of achieved and 11 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

- address at least one SAVRY protective factor, and
- identify strategies to be used, and
- have a plan for implementing the strategies.

Of the 11 files that received a rating of not achieved, 7 had at least one occurrence when the service plan was completed prior to the SAVRY being completed; 2 had at least one occurrence when the service plan did not describe how the identified strategies would be implemented; 1 had at least one occurrence when the service plan did not address any protective factors identified in the SAVRY; and 1 had a combination of these occurrences.

3.6 Other Issues 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. The compliance rate is the percentage of files that had records to which each measure was applied and rated as achieved.

Table 6: Other issues and youth's goals addressed in service plan

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.)	37	26	70%	11	30%
CYJ 12: Service Plan addressed Youth's goals	37	36	97%	1	3%

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

The compliance rate for this measure was **70%**. The measure was applied to records in all 37 files in the samples; 26 of the 37 files received a rating of achieved and 11 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

All of the 11 files that received a rating of not achieved addressed some, but not all, of the other issues/items related to the court order.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **97%**. The measure was applied to all 37 files in the samples; 36 of the 37 files received a rating of achieved and 1 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

- address at least one of the youth's goals, and
- include planned strategies/frequency of contact, and
- have a target date.

The file that received a rating of not achieved had at least one occurrence when the service plan did not address any of the youth's goals.

3.7 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 5 working days of receipt of the court order and addressing victim considerations in the service plan. The compliance rate is the percentage of files that had records to which a measure was applied and rated as achieved. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

Table 7: Victim contact and victim considerations addressed in service plan

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)*	23	5	22%	18	78%
CYJ 14: Service Plan addressed victim considerations**	26	25	96%	1	4%

* This measure was not applicable to 14 files in which there were no protective conditions.

**This measure was not applicable to 11 files in which there were no victim considerations that needed to be addressed.

CYJ 13: Victim contacted within 5 working days of receipt of order

The compliance rate for this measure was **22%**. The measure was applied to records in 23 of the 37 files in the samples; 5 of the 23 files received a rating of achieved and 18 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 18 files that received a rating of not achieved, 10 had at least one occurrence when the victim was contacted, but not within the required five working days; 7 had at least one occurrence when the victim was not contacted and the reason was not recorded in the CORNET Client Log; and 1 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **96%**. The measure was applied to records in 26 of the 37 files in the samples; 25 of the 26 files received a rating of achieved and 1 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan:

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

The one file that received a rating of not achieved had at least one occurrence when a service plan addressed some but not all of the victim considerations.

Some examples of victim considerations include potential victim offender meetings, restorative justice conferences, compensation, apology letters, no contact conditions, and victim notifications. Measure CYJ 13 specifically looks at the time requirement for notifying victims about protective conditions that apply to them, and CYJ 14 is about addressing victim considerations in the service plan.

3.8 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 compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved. 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 addressed in service plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous Youth*	16	15	94%	1	6%

* This measure was not applicable to 21 files because the youth were not identified as Indigenous in those files.

CYJ 15: Service Plan addressed considerations specific to Indigenous Youth

The compliance rate for this measure was **94%**. The measure was applied to records in 16 of the 37 files in the samples; 15 files received a rating of achieved and 1 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

- address cultural connectedness, and
- include strategies to be used to address cultural connectedness, and
- include a plan for implementing the strategies, and
- have a target date.

The one file that received a rating of not achieved had at least one occurrence when the section of the service plan entitled “Cultural Connectedness” was not completed.

3.9 Social History

Table 9 provides compliance rates for measure CYJ 16, which has to do with including a clearly identified social history, with all of the required information, in the service plan. The compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved.

Table 9: Youth's social history included in service plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	37	3	8%	34	92%

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

The compliance rate for this measure was **8%**. The measure was applied to records in all 37 files in the samples; 3 of the 37 files received a rating of achieved and 34 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to have:

- 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.

All 34 files that received a rating of not achieved had at least one occurrence when a service plan had a partially completed social history.

The measure was accompanied by the question, "If the social history was partially completed, what information was not included?" Of the 34 files that had at least one service plan with a partially completed social history, 22 had at least one social history that lacked information about the youth's relationship with parents/caregivers; 20 had at least one social history that lacked information about the youth's previous contact with the Justice System; 16 had at least one social history that lacked information about the youth's Indigenous heritage, connection to community, heritage and cultural practices, or identified community members or programs available to support the youth; and 13 had at least one social history that lacked relevant victim information.

3.10 Non-Enforcement of Breach or Violation of Court Order

Table 10 provides compliance rates 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 compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 10: Consultation regarding 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*	28	3	11%	25	89%

* This measure was not applicable to 9 files in which there was no indication that a supervisor consultation was required.

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

The compliance rate for this measure was **11%**. The measure was applied to records in 28 of the 37 files in the samples; 3 of the 28 files received a rating of achieved and 25 received a rating of not achieved. To receive a rating of achieved, the file had to contain 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.

All 25 files that received a rating of not achieved had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred, and one of these 25 files also had at least one occurrence when a consultation occurred but supervisor approval or direction was not recorded.

Determining whether this measure was achieved was challenging for the 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, and many of the files in the samples contained minimal documentation regarding supervisor consultations. As a result, the analyst had to examine all of the CORNET Client Log entries for the time period of supervision being reviewed to determine whether the measure was achieved.

The following is an example of a CORNET Client Log entry that contained clear documentation of a supervisor consultation, the rationale for the decision made, and supervisor approval:

- Record Title – *Consult w TL (name) re Potential Breach*

After receiving the report from (name) about (youth's) non-compliance while on holiday skiing with his (identity deleted), I consulted with TL (name). Reviewed the situation/information, the fact that (name) and I addressed the issue via telephone on (date) (youth) was not permitted to attend ski trip w school (direct consequence), and that he's returned to (community program's) high level of supervision/care. Moving forward, YJ/YFPS personnel to have another discussion w both parents about the gravity/risk involved. TL (name) satisfied that issue has been addressed and risk has been mitigated. No enforcement will be taken at this time.

3.11 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. The compliance rate is the percentage of files that had records to which each measure was applied and rated as achieved.

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	37	5	14%	32	86%
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	37	12	32%	25	68%

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

The compliance rate for this measure was **14%**. The measure was applied to records in all 37 files in the samples; 5 of the 37 files received a rating of achieved and 32 received a rating of not achieved. To receive a rating of achieved, the CORNET Client Log had to have:

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

Of the 32 files that received a rating of not achieved, 11 had at least one occurrence when a required document was not attached to the CORNET Client Log; 3 had at least one occurrence of a log entry that was titled, but the record content field was left blank or incomplete; and 18 had a combination of these occurrences (including 7 that had completed Client Log entries with the title left blank).

CYJ 19: Client logs recorded in CORNET within 5 working days

The compliance rate for this measure was **32%**. The measure was applied to records in all 37 files in the sample; 12 of the 37 files received a rating of achieved and 25 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

- CORNET Client Log entries were recorded within 5 working days, and
- CORNET Client Log entries were recorded in separate entries.

Of the 25 files that received a rating of not achieved, 7 had at least one occurrence when a client log was not recorded in CORNET at all; 5 had at least one occurrence when a client log was recorded in CORNET but not within five working days; 3 had at least one occurrence when a client log was recorded in CORNET in the form of an attachment; and 10 had a combination of these occurrences.

The analyst who conducted the audit 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.

Of the 37 files reviewed, 34 (92%) had up-to-date Client Log entries that were printed and placed in the physical file, and 13 (35%) had Client Log entries that were clearly written and that someone unfamiliar with the file would understand.

The analyst found that almost two thirds of the files contained log entries that used acronyms and abbreviations when referring to community partners and programs. 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.

Neither the absence of printed CORNET Client Log entries in the physical file nor the use of abbreviations and acronyms in the log entries affected the compliance rate for this measure.

4. OBSERVATIONS AND THEMES

This section contains observations and themes that emerged from the record reviews. The purpose of this section is to provide overall comments to inform the development of an action plan to improve practice.

The SDA overall compliance rate was **44%**.

4.1 Service Planning

There are eleven measures in the CYJ audit tool that apply to service planning. Three of these measures (CYJ 5, CYJ 6 and CYJ 8) have a timeframe requirement and will be discussed in sub-section 4.2 Meeting Required Timeframes. The other eight service plan measures (CYJ 7, CYJ 9, CYJ 10, CYJ 11, CYJ 12, CYJ 14, CYJ 15, and CYJ 16) are discussed below.

The analyst who conducted the audit observed that service plans consistently addressed the youth's goals (CYJ12) and victim considerations (CYJ14) as these measures both had high compliance rates (97% and 96% respectively).

The service plan measure related to SAVRY protective factors (CYJ10) had a moderate compliance rate of 70%. Of the 11 files that received a rating of not achieved for this measure, 7 had service plans that were completed prior to the completion of an updated SAVRY. If these service plans had been based on an updated SAVRY the compliance rate for this measure would have risen to 89%.

The service plan measure that has to do with addressing other issues or items related to the court order (CYJ 11) also had a moderate compliance rate of 70%. All of the 11 files that received a rating of not achieved for this measure addressed some, but not all, of the conditions in the orders. If all of the court-ordered conditions had been addressed in these service plans, the compliance rate for this measure would have risen to 100%. This finding raises questions about how youth probation officers decide which conditions to address in and which conditions to leave out of the service plan.

The measure that has to do with addressing SAVRY critical risk factors in the service plan (CYJ 9) had a low compliance rate of 49%. Of the 19 files that received a rating of not achieved for this measure, 10 had service plans that did not address the highest-rated SAVRY risk factors; if these risk factors had been addressed, the compliance rate for this measure would have risen to 76%.

The audit found that service plans did not consistently contain a social history that addressed all of the required elements. The measure that had to do with completing the social history (CYJ 16) had an extremely low (8%) compliance rate. The vast majority of the 34 files that received a rating of not achieved for this measure had service plans with social histories that were missing one or more of the required elements, and more than half (64%) of those files had service plans that were missing information about the youth's relationship with his or her parent or guardian.

In applying measure CYJ 7, the analyst who conducted the audit went through all of the CORNET Client Log entries in all 37 files looking for documentation indicating that the service plan had been reviewed with the youth, and that copies of the service plan had been provided to the youth and the youth's parent or guardian. Through the documentation in the files, the analyst observed that a total of 99 service plans were completed during the audit timeframe and, of these 99 service plans, 44 were copied and provided to a parent or guardian, 1 was copied and provided to a youth, and 2 were reviewed with a youth. There was no instance where all three components of this measure (i.e., plan reviewed with youth, copy provided to youth, and copy provided to parent or guardian) were achieved in any of the 37 files reviewed. This was the reason for the non-compliance (0%) rate for measure CYJ 7. It is unclear whether this is a practice concern or a documentation issue.

Careful attention to service planning could result in a youth being more responsive to available programs and services that have the potential to meet his or her needs.

4.2 Service Planning for Indigenous Youth

In the audit tool, measure CYJ 15 looks at cultural connectedness in the service plan. In that section of the service plan, the youth probation officer describes how involved a youth is with his or her culture, and considers strategies that can be used to enhance the youth's involvement, or ways in which the youth's cultural connections can be leveraged, to assist the youth. While the cultural connectedness section of the service plan can be applied to youth from all cultures, it is primarily designed to address the needs of Indigenous youth.

In this audit, measure CYJ 15 had a very high (94%) compliance rate, which indicated that the Cultural Connectedness section of the service plan was being consistently completed. However, the analyst who conducted the audit also noted that almost all of the 16 files pertaining to Indigenous youth had initial and updated service plans that contained identical information in the Cultural Connectedness section. In other words, the same information was being entered each time the plan was updated.

The analyst also found that none of the 16 files pertaining to Indigenous youth had service plans with a social history that included information about the youth's Indigenous heritage, or the youth's connections to community, heritage and cultural practices, or information about community members or culturally relevant resources that were available and could be of assistance to the youth.

Taken together, these findings appear to reflect a superficial approach to service planning for Indigenous youth that is inconsistent with policy in the CYJ Operations Manual.

4.3 Meeting Required Timeframes

The Community Youth Justice Operations Manual includes timeframes that youth probation officers are expected to adhere to when performing various case management functions. There are 9 measures in the CYJ audit tool that address timeframes; two of these measures (CYJ 1 and CYJ 19) focus on documentation and will be addressed in sub-section 4.3 Documenting Practice, and the other seven are discussed below.

Because court orders are bound by time and service planning is a dynamic process, delays in completing referrals, risk assessments and service plans can affect a youth probation officer's ability to make informed decisions about risk level and relevant strategies and interventions, potentially delaying provision of needed services—and opportunities for growth and development, responsible decision making, and other positive change—for a youth under community supervision.

In this SDA, the compliance rates for measures related to meeting required timeframes ranged from 57% to 22%.

The measure that has to do with completion of an initial SAVRY (CYJ 3) within a 30-day timeframe had a moderately low compliance rate of 57%. The audit found that more than half of the 16 files that received a rating of not achieved for measure CYJ 3 had initial SAVRYs that were completed after the 30-day timeframe. If these SAVRYs had been completed within the required timeframe, the compliance rate for this measure would have jumped from 57% to 84%.

The measure related to updating the SAVRY every 6 months (CYJ 4) had a very low (28%) compliance rate. More than three quarters of the files that received a rating of not achieved for this measure contained SAVRYs that were updated after the six-month timeframe had passed. If these SAVRYs had been completed within the required timeframe, the compliance rate for this measure would have risen to 83%.

When looking at the results for measures CYJ 3 and CYJ 4, the analyst had to question why the compliance rates were low given that youth probation officers are routinely notified of SAVRY due dates in CORNET.

Of the 17 files that received a rating of not achieved for the measure related to completing the FASD Screening/Referral Tool within a 30-day timeframe (CYJ 2), almost half had screening and referral tools that were completed after the 30 days had passed. Completing the FASD Screening/Referral Tool in a timely way helps ensure that youth who meet the criteria are given an opportunity to be assessed. If diagnosed, the youth and their families can be connected to supports and services that extend beyond their involvement with the youth justice system.

The measures that address completion of the initial service plan (CYJ 5) and completion of an updated service plan (CYJ 8) had compliance rates of 32% and 25% respectively. The audit found that more than half of the files in the samples had at least one service plan that was completed more than 30 days after the initial interview with the youth, or more than 30 days after receipt of a transferred file. In addition, more than half the files that required updated service plans had plans that were completed from 20 to 68 days after the required six-month timeframe.

Of the 25 files that received a rating of not achieved for the measure on supervisory approval of the service plan (CYJ 6), 21 had one or more plans that were approved after the required timeframe. If these plans had been approved within the required 5-day timeframe, the compliance rate for this measure would have almost tripled, from 32% to 89%.

Finally, the measure that has to do with contacting a victim within 5 working days of receipt of an order with a protective condition (CYJ 13) had a compliance rate of 22%. In more than half (10/18) of the files that had an order with a protective condition, the victims were not contacted within the required 5-day timeframe, and in 8 of these files there was at least one occurrence when the victim was not contacted at all. The purpose of the notification is to ensure that victims are aware of these protective conditions and how to report a violation.

4.4 Documenting Practice

There are two measures in the CYJ audit tool that have to do with how information is documented and attached in CORNET (CYJ 18) and how information is maintained in the physical file (CYJ 19). These measures relate to policy that requires youth probation officers to record and attach all relevant case information in CORNET and include a copy of the entire CORNET Client Log in the physical file. The CYJ Operations Manual states that this practice is critical not only for the day-to-day supervision of youth justice clients but also in the event of a file review by supervisors, managers, the Provincial Director, the Representative for Children and Youth, and others.

Measure CYJ 19, which has to do with recording client logs in separate entries in CORNET and maintaining printed copies of the logs in the physical file, had a low (32%) compliance rate. More than half of the 25 files that received a rating of not achieved for this measure had client logs that were not recorded within the required 5-day timeframe. However, apart from the timeframe issue, more than half (16) of the 25 files were missing log entries for youth appointments. The analyst found CORNET Client Log entries and/or slips for future appointments in the physical files, signed by the youth, but did not see corresponding entries in the CORNET Client Log. As a result, there was no way of knowing whether the youth attended these appointments, what was discussed, and if any further direction was given to the youth.

Measure CYJ 18, which has to do with recording and attaching relevant information in the CORNET Client Log, had a very low compliance rate of 14%. In assessing the extent to which this measure was achieved, the analyst reviewed the physical files and all of the CORNET Client Log entries, and cross-referenced documents that were required to be attached in CORNET.

The 32 files that received a rating of not achieved for this measure were missing attachments, or had record titles that were left blank, or had titled records with no content or incomplete content, or a combination of these kinds of issues. Missing information contributes to the challenge of responding to an inquiry about a youth when the primary case manager (PCM) is not available. It is also challenging for a new PCM to become familiar with a file when the title provides no indication of the information contained in a Client Log, or when there is a title and no content. Descriptive record titles and detailed entries are both good practice and essential for effective case management.

Documentation is a theme that emerged in other measures as well. For example, the measure that has to do with documenting the initial interview (CJY 1) had a moderately high (76%) compliance rate. However, of the 9 files that received a rating of not achieved for this measure, 6 had at least one occurrence when there was no documentation of an initial interview. Also, the analyst found that more than half of the 37 files in the samples lacked documentation confirming that the conditions of a court order, the consequences of non-compliance, the right to a review, and provisions related to information sharing were discussed with the youth during the initial interview. While this finding did not affect the compliance rate, it could have practice implications down the road if the youth probation officer is required to testify about a breach and has to rely on his or her memory to recall when and how the order was reviewed with the youth.

Documentation was also a theme in the findings related to measure CYJ 17, which has to do with the requirement that youth probation officers consult with their supervisors when they are considering not enforcing a breach or violation of the court order. This requirement came into effect in May 2016 and the analyst took this into consideration when applying the measure. The compliance rate for this measure was very low (11%). Of the 25 files that received a rating of not achieved, 24 had at least one occurrence when a breach or violation of an order was not enforced and there was no documentation indicating that a consultation had occurred. In making this finding, the analyst reviewed all of the entries in the CORNET Client Log, noting breaches and violations, and looking for subsequent consultations when no enforcement action was taken. The policy related to non-enforcement of breaches and violations does not provide a timeline within which these consultations have to occur. Consequently, the analyst had to search extensively for documentation in the CORNET Client Log, noting when a consultation had occurred, the rationale for the decision not to enforce, and the direction or approval provided by the supervisor. In addition, the policy applies to breaches and violations in general, 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. The fact that the policy is so broad may have contributed to the low compliance rate for this measure, because any indication of non-enforcement of a breach or violation that was noted in the Client Log had to have corresponding documentation of a consultation. Balancing accountability for public safety with the need to prevent youth from becoming entrenched in the criminal justice system simply due to social issues can be a challenge. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

Complete, up-to-date and accurate file documentation supports continuity of service to clients and helps ensure that the primary case manager and others who may be acting in that role have the information that they need to make appropriate decisions and respond to queries from partners in the community and within the justice system.

5. ACTIONS TAKEN TO DATE

Data collected by the Youth Justice (YJ) Team Leader in December 2018 revealed that the majority of youth who identified as Indigenous identified as Métis but were not connected to their culture. The YJ Team Leader has connected with the Aboriginal Policy and Practice Framework (APPF) team to ask for assistance in developing the YJ team's capacity to support Indigenous youth. Plans are in place to have the APPF team participate in a YJ team meeting to educate staff on how to help urban youth connect to their culture and to enhance the overall capacity of the YJ team in working with any Indigenous youth.

There have been discussions and planning with the YJ team as to what they can do in individual communities to improve their knowledge of the Indigenous culture within the SDA, and meetings have already occurred with the Blueberry River First Nation (November 2018) and the Doig River First Nation (February 2019). Also, in February 2019, the YJ Team Leader and a Youth Probation Officer (YPO) on the YJ team held meetings with various Indigenous support workers within the school district to encourage those connections.

6. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	COMPLETION DATE
<p>1. Develop with the Youth Justice Regional Consultant a training day for the Youth Justice team, to review how service plans are created, with a focus on the following aspects of service planning:</p> <ul style="list-style-type: none"> • Conditions in the court order • SAVRY critical risk factors • Comprehensive social history (create a “cheat sheet” for the YPOs) • Reviewing and providing a copy of the service plan to the youth and parent • Ensuring appropriate and timely victim notification 	YJ Team Leader	Youth and their families are more engaged in service-planning	May 31, 2019
<p>2. Review with the Youth Justice team the goals in the Provincial Youth Justice strategic plan, and how it impacts the work of the YPOs, particularly around service planning for Indigenous youth, including the detail that needs to be captured in the written description of the youth’s Indigenous heritage, and documenting when the youth is not expressing any desire to know and/or connect with their culture. Share the cultural information that has been gathered, with the support of the APPF team, for Métis youth.</p>	YJ Team Leader	Through improved connections and communication with their families, communities, bands and service providers, Indigenous youth under community supervision in the Northeast SDA are better supported to successfully transition out of the criminal justice system	May 31, 2019

<p>3. Review with the Youth Justice Regional Consultant all the timelines that will be captured in the training day (see above)</p> <ul style="list-style-type: none"> • Create a tracking mechanism or “cheat sheet” with timelines, for YPOs to use regularly • Review with YPOs that consultation with the YJ Team Leader is required and is to be clearly documented whenever an extension is required regardless of whether it’s for internal or external reasons • Review with YPOs the documentation that is required for client logs, including consultations with the YJ Team Leader regarding non-enforcement of breaches or violations • Review supports that Admin staff can provide to the Youth Justice team, including timelines, attachments, title of records, updated client logs on physical files 	<p>YJ Team Leader</p>	<p>Through the timely implementation and updating of the SAVRY and service plan, opportunity for growth and development for youth under community supervision is maximized</p> <p>Through careful assessment of and a proportionate response to breaches and violations, youth are being held accountable for matters directly related to criminal behaviour and/or public safety, and not being cycled through court for social issues</p>	<p>May 31, 2019</p>
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