



North Vancouver Island Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: May 2022

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INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the North Vancouver Island Service Delivery Area (SDA) in June to October 2021.

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.

The 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 Vancouver Island SDA. The audit included a review of electronic records and attachments in the CORNET client management computer system, as well as documents in the physical files. The samples contained a combined total of 55 files. The review focused on practice within a three-year timeframe that started on June 1, 2018 and ended on May 31, 2021. 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 analysts 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 right to apply to the court for a review of the conditions in the order and the provisions for records disclosure and non-disclosure; 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's 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 more than half of the files in the samples had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. Almost one in five of the files did not contain documentation of one or more required initial interviews. The remaining files had at least one initial interview that was not documented in the CORNET Client Log within five working days of their occurrences or had a combination of both noted reasons.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. In almost three quarters of the files, there were no indications that the ministry's complaints process was explained to the youth. In addition, the majority of the files contained orders with conditions requiring victim notifications and in about three quarters of those files there were no indications that the youth were told that the victims would be notified and provided with copies of the orders. Further, close to half of the files had no indications that the court orders and the relevant provisions were reviewed with the youth. Lastly, about one in five of the files had no indications that the dates, times and manners of the next contacts were communicated to the youth. There were two files that had the initial interviews documented and contained all the required components.

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 quarter contained completed and submitted FASD Screening and Referral Tools. More than half of the applicable files did not have the Screening/Referral Tools completed and close to one in five contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth.

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 to support public safety.

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 two thirds of the files had SAVRYs that were completed within the required timeframes and more than one quarter 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 was between three to 265 days, with the average being 52 days.

A majority 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. Most of the remaining applicable 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 was between four to 122 days, with the average being 28 days.

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 and within 30 days of a file transfer and updates the service plan every six months thereafter for as long as there is an active 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 less than half of the files had service plans that were completed within 30 days of the initial interviews with youth, or within 30 days of receiving transferred files, as required. More than a third had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files, and 5 were missing one or more service plans. Of the service plans that took longer than 30 days to complete, the extra time they took was between four and 286 days, with the average being 56 days.

A majority of the files required the service plans to be updated every six months. Almost half had all service plans updated every six months and almost one third of the remaining applicable files had all service plans updated, but one or more were not updated every six months. One in six had one or more service plans that were never updated. Of the service plans that took longer than 6 months to complete an update, the extra time they took was between 12 and 228 days, with the average being 64 days.

The audit found that about one in five of the files had service plans that were all approved by supervisors within the required five-day timeframe. More than three quarters of the remaining files had service plans that were approved by supervisors, but not within the required five-day timeframe. Of the approvals that took longer than five days to complete, the extra times they took was between one and 77 days, with the average being 15 days.

Three files had all the service plans reviewed with the youth and copies of the service plans were provided to the youth and their parents or guardians, as required. The practice analyst reviewed all CORNET Client Logs and the physical file to confirm whether this had occurred.

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 to support public safety.

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 practice analyst found that more than two thirds had service plans that fully addressed one or more protective factors. The practice analyst also found that about one third of the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers.

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 to support public safety.

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.

Almost three quarters of the files had service plans that addressed all the conditions in the court orders. Almost one in five of the remaining files addressed some but not all, of the conditions in the court orders.

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 more than three quarters of the files, all the service plans included the youths' goals along with strategies to support the youth in attaining their goals. Six did not identify the strategies to be implemented, and five files had one or more service plans that did not address any of the youths' 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.

A majority of the files had orders with protective conditions and in half of the applicable files the victims were notified within the required timeframe. In almost one quarter of the applicable files, the victims were notified, but not within the required timeframe and in a similar number of files the victims were not contacted, and the reasons were not recorded in the CORENT Client Log.

Of the applicable files with court orders containing victim considerations, such as apology letters, restorative justice processes or restitution, the majority had service plans that addressed these 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 completes 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.

More than half of the files required considerations specific to Indigenous youth. In conducting this audit, the practice analyst found that the majority of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed however, 5 files had one or more service plans that did not address "Cultural Connectedness".

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, less than half of the files had service plans with social histories containing all the required elements. Most of the remaining files were missing one, often more, of the required elements.

Of the files pertaining to Indigenous youth, the majority had service plans that had the cultural connectedness section completed. However, two thirds of the files pertaining to Indigenous youth had one or more service plans that had social histories that lacked information about the youths' Indigenous heritages, connection to their communities, 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 violate 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 safety.

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 safety can be challenging.

Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

In almost two thirds 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 not documented. When applying this measure, the practice analyst read all entries in the CORNET Client Logs, noting breaches and violations, and looked for corresponding 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 to support public safety.

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 a minority of the files had CORNET Client Log entries that were recorded within the required timeframe and required manner. More than two thirds of the remaining files had log entries that were recorded after the required timeframe and one quarter of the files had instances of log entries that took an extra 30 days to enter. This included numerous files that had entries on one date that referenced multiple records from previous dates. This may pose a problem when data is not entered on CORNET or available in the physical file if information when the supervising youth probation office is not available.

The practice analyst also found that a minority of the files had the required documents attached in the CORNET Client Logs. 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	DATE TO BE COMPLETED
<p>1. Director of Operation (DOO), YJ Team Leader (YJTL) and Youth Justice Consultant (YJC) will have QA YJ Practice Analyst(s) who completed the File Audit meet with YJTL, YJC and Youth Probation Officers (YPO's) to review and discuss audit results, including Action Plan. Confirmation of completion will be sent, via email, to the manager of audit.</p>	<p>Director of Operations</p>	<p>YJ team NI SDA has a chance to review the audit results and provincial expectations.</p> <p>To ensure clarity on expectations with particular attention to documentation requirements for initial interviews, complaints process, timelines for victim notification, and FASD screening.</p>	<p>May 26, 2022</p>
<p>2. All Youth Probation Officers in the SDA and YJ Team Leader will have SAVRY and Service Plan refresher training provided by the Youth Justice Consultant. Confirmation of completion will be sent, via email, to the manager of audit.</p>	<p>Director of Operations</p>	<p>Staff will be refreshed on the YJ policy requirements regarding the SAVRY and Service Plan. Specific areas will be reviewed.</p> <p>Ensure relevant material is considered for the SAVRY and contained in the Service Plan and, the identified high critical and/or other risk factors are addressed and protective factors" are included.</p> <p>Ensure time frames for completion of SAVRY and Service Plans are reviewed. Ensure requirements for reviewing and providing a copy of the Service Plan to the legal guardian and youth and the requirements for the Social History included in Service Plans are reviewed.</p>	<p>June 30, 2022</p>
<p>3. YJTL and YJC will review policy and expectations for consultation with supervisor regarding non enforcement of breach or violation of court orders.</p>	<p>Director of Operations</p>	<p>Decisions on non-enforcement of non-compliance will consistently involve Team Leader consultation and decisions/outcomes will be explained and documented into CORNET and/or the Service Plan.</p>	<p>June 30, 2022</p>

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 audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the North Vancouver Island 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 in June through October 2021.

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 September 1, 2020 nine months prior to the audit start date, and
 - List two contained files that were open on September 1, 2019 12 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 six months of supervision was provided by the Vancouver/Richmond 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 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 selected files were reviewed and assessed by practice analysts 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. During the course of this audit, no file was identified for possible follow up.

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

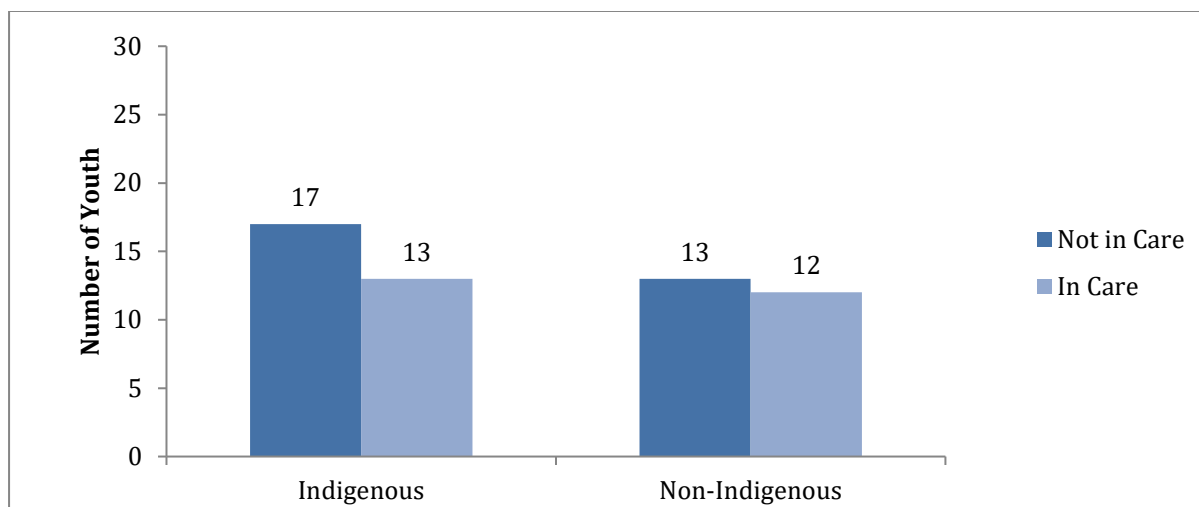


Figure 1: Demographic Characteristics of Youth

Not all the measures in the audit tool were applicable to records in all 55 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 the North Vancouver Island SDA was 48%.

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	55	32	58%	23	42%

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

The compliance rate for this measure was **58%**. The measure was applied to all 55 files in the samples; 32 were rated achieved and 23 were rated 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 their occurrences. Those files that took longer than 5 working days to document ranged from 2 to 17 additional days with the average being 8 days.

Of the 23 files rated not achieved, 12 contained documentation of all the required initial interviews but at least one initial interview was not documented in the CORNET Client Log within five working days of its occurrence, 10 did not contain documentation of one or more required initial interviews and 1 had a combination of the above noted reasons.

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 the initial interviews were documented in the Client Log. Of the 55 files, 48 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented and 5 did not have any initial interviews documented. Of the 48 files that did not describe one or more of the components of the interview process for one or more of the initial interviews: 40 did not confirm that the youth were informed about the MCFD complaints process; 33 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 24 did not confirm that the court orders were reviewed with the youth, 10 did not confirm that the dates, times and manners of the next contacts were communicated to the youth and 1 did not have a current photo of Youth placed on the CORENT and in the physical file. 2 files had the initial interview with the youth completed and documented in the CORNET Client Log within five working days of their occurrences and had all elements covered. The total adds to more than 48 because 37 files had combinations of the above noted reasons.

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	38*	9	24%	29	76%

* This measure was not applicable to 17 files because the 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 **24%**. The measure was applied to of the 38 of the 55 files in the samples; 9 were rated achieved and 29 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 29 files rated not achieved, 22 did not contain the required FASD Screening/Referral Tools, and 7 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth. The files that took longer than 30 days of an initial interview to complete and forward to the Asante Center ranged from 3 to 524 additional days with the average being 75 days.

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	55	38	69%	17	31%
CYJ 4: SAVRY updated every six months	49*	30	61%	19	39%

*This measure was not applicable to 6 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 **69%**. The measure was applied to all 55 files in the samples; 38 were rated achieved and 17 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 17 files rated not achieved, 15 had one or more SAVRYs that were not completed within 30 days of the initial interviews with the youth or within 30 days after transferred files were received, 1 file did not have one or more of the required SAVRY's, and 1 had a combination of the above noted reasons. Of the files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between three and 265 days, with the average being 52 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 analysts found the following results:

- 35 had more than half, but not all, of the comment boxes filled out,
- 19 had less than half of the comment boxes filled out,
- 4 had all the comment boxes filled out
- 1 had half of the boxes filled out, and
- 1 had no comment boxes filled out

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **61%**. The measure was applied to 49 of the 55 files in the samples; 30 were rated achieved and 19 were rated not achieved. To receive a rating of achieved:

- the SAVRY was updated within six 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 19 files rated not achieved, 16 had SAVRY updates, but some or all the updates were not completed every six months, and 3 had one or more SAVRYs that were not updated. Of the SAVRY updates that took longer than six months to complete, the extra time they took was between four and 122 days, with the average being 28 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	55	25	45%	30	55%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	55	12	22%	43	78%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	55	3	5%	52	95%
CYJ 8: Service Plan updated every six months or when transferred file received	44*	21	48%	23	52%

* This measure was not applicable to 11 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 **45%**. The measure was applied to records in all 55 files in the samples; 25 were rated achieved and 30 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 after the SAVRY was completed.

Of the 30 files rated not achieved, 20 had one or more service plans that were not completed within 30 days of initial interviews or within 30 days after transferred files were received, 5 did not have one or more service plans completed for new orders or when transferred files were received, 1 had one or more service plans with no service plan at all, and 4 had a combination of the above reasons including 2 that had service plans completed prior to the SAVRY being completed. Of the service plans that were completed after the 30-day timeframe, the extra time they took was between four and 286 days, with the average being 56 days.

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

The compliance rate for this measure was **22%**. The measure was applied to records in all 55 files in the samples; 12 were rated achieved and 43 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 43 files rated not achieved, 42 had one or more service plans approved by supervisors, but not within five working days, and 1 had no service plan at all. Of the files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between one and 77 days, with the average being 15 days.

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

The compliance rate for this measure was **5%**. The measure was applied to records in all 55 files in the samples; 3 were rated achieved and 52 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating:

- 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 52 records rated not achieved, 43 had one or more occurrences when the service plan was not reviewed with the youth, and one or more occurrences when the service plan was not provided to the youth, and one or more occurrences when the service plan was not provided to the parent/guardian, 8 files had one or more occurrences when the service plan was provided to the parent/guardian, but was not reviewed with the youth or a copy provided to the youth, and one file had no service plan at all.

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

CYJ 8: Service plan updated every six months

The compliance rate for this measure was **48%**. The measure was applied to 44 of the 55 files in the samples; 21 were rated achieved and 23 were rated not achieved. To receive a rating of achieved, the file had to contain 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 23 files rated not achieved, 11 had one or more service plans that were updated, but not within six months of a previously completed service plan, 7 had one or more service plans that were not updated every six months, 3 had a combination of the above noted reasons, 1 had one or more required service plans not completed and 1 had no service plan at all. Of the service plan updates that took longer than six months to complete, the extra time they took was between twelve and 228 days, with the average being 64 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	55	19	35%	36	65%
CYJ 10: Service Plan addressed SAVRY protective factors	55	38	69%	17	31%

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

The compliance rate for this measure was **35%**. The measure was applied to all 55 files in the samples; 19 were rated achieved and 36 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

- the service plan addressed the 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 36 files rated not achieved, 13 had one or more service plans that did not address the highest rated risk factors, 11 had one or more service plans that did not address critical or other risk factors, 4 had one or more service plans that did not describe how the selected strategies would be implemented, 1 had no service plan at all and 7 files had a combination of the above noted reasons including 1 that had a service plan completed before the SAVRY was completed.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **69%**. The measure was applied to records in all 55 files in the samples; 38 were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

- the service addressed at least one SAVRY protective factor, and
- the service plan identified strategies to be used, and
- the service plan described how the strategies would be implemented.

Of the 17 files rated not achieved, 9 had one or more service plans that did not address protective factors identified in the SAVRYs, 4 had one or more service plans that did not describe how the identified strategies would be implemented, 2 had one or more service plans that did not identify strategies that will be used, 1 file had no service plan at all, and 1 had a combination of the above noted reasons including a service plan that was completed before SAVRY completed.

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 and 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.)	55	39	71%	16	29%
CYJ 12: Service Plan addressed Youth's goals	55	43	78%	12	22%

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

The compliance rate for this measure was **71%**. The measure was applied to records in all 55 files in the samples; 39 were rated achieved and 16 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 16 files rated not achieved, 10 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders, 3 had one or more service plans that addressed other issues but did not identify strategies, 2 had one or more service plans that did not address any of the other issues/items related to the court orders, and 1 had no service plan at all.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **78%**. The measure was applied to all 55 files in the samples; 43 were rated achieved and 12 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 12 files rated not achieved, 6 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented, 5 had one or more service plans that did not address any of the youths' goals, and 1 had no service plan at all.

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 two of 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 five working days of receipt of court order, if order included protective conditions (i.e., no contact)	45*	23	51%	22	49%
CYJ 14: Service Plan addressed victim considerations	49**	48	98%	1	2%

*This measure was not applicable to 10 files because there were no protective conditions.

**This measure was not applicable to 6 files because 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 **51%**. The measure was applied to 45 of the 55 files in the samples; 23 were rated achieved and 22 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 22 files rated not achieved, 11 had one or more occurrences when the victims were contacted, but not within the required five working days; 10 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log, and 1 had a combination of the above noted reasons.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **98%**. The measure was applied to 49 of the 55 files in the samples; 48 were rated achieved and 1 was 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.

The 1 file rated not achieved, had one or more service plans that addressed victim considerations but did not identify strategies to be used.

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	30*	25	83%	5	17%

* This measure was not applicable to 25 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 **83%**. The measure was applied to 30 of the 55 files in the samples; 25 were rated achieved and 5 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 5 files rated not achieved, all had one or more service plans that did not address “Cultural Connectedness”.

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	55	25	45%	30	55%

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

The compliance rate for this measure was **45%**. The measure was applied to records in all 55 files in the samples; 25 were rated achieved and 30 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 six months old, or
- an update to a social history that was more than six months old.

Of the 30 files rated not achieved, 28 had one or more service plans with partially completed social histories, 1 had at least one or more service plans that did not include a social history, and 1 had no service plan at all.

The measure was accompanied by the question, “If the social history was partially completed, what information was not included?” This question was designed to provide feedback on the quality of documentation related to social histories. Of the 28 files that had one or more service plans with partially completed social histories, 18 were missing information about the youths’ families and other caregivers, the youths’ relationships with their caregivers, and/or the youths’ behaviours in their homes and/or in their communities, 18 were missing relevant victim information, 15 were missing offences information, and 15 were missing information about the youths’ previous contacts with the justice system. The total adds to more than the number of

files that had one or more service plans with partially completed social histories because 27 files had combinations of the above noted reasons.

Of the 30 files pertaining to Indigenous youth, 20 had one or more social histories that lacked information about the youths' Indigenous heritages, and/or the youths' connection to their communities, heritages, and cultural practices, and/or community members or programs that might be 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	46*	16	35%	30	65%

* This measure was not applicable to 9 files because there were no indications 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 **35%**. The measure was applied to 46 of the 55 files in the samples; 16 were rated achieved and 30 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 30 files rated not achieved, 27 had one or more occurrences where there was no documented indication a consultation occurred 2 had one or more occurrences when consultations occurred but the supervisors' approvals and/or directions were not noted, and 1 had a combination of the above noted reasons.

Determining whether this measure was achieved was challenging for the practice analysts 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 analysts 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: Documentation 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	55	9	16%	46	84%
CYJ 19: Client Logs recorded in CORNET, in separate entries and required manner, within five working days, and printed and placed on file once a month	55	8	15%	47	85%

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

The compliance rate for this measure was **16%**. The measure was applied to records in all 55 files in the samples, 9 were rated achieved and 46 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 46 files rated not achieved, 9 had one or more occurrences when CORNET Client Log entries were titled, but the records' content fields were left blank or incomplete, 2 had one or more occurrences when required documents were not attached to the CORNET Client Logs, and 35 had a combination of the above noted reasons including 3 that had one or more occurrences when the log entries were complete, but the titles were left blank.

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

The compliance rate for this measure was **15%**. The measure was applied to records in all 55 files in the sample; 8 were rated achieved and 47 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 separately.

Of the 47 files rated not achieved, 33 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days, 4 were missing entries in the CORNET Client Logs, and 6 files had a combination of the above noted reasons, 4 that had a combination of client logs recorded in attachment in CORNET and Client Logs were recorded in CORNET, but not within five working days. Of the files that had entries that were not recorded within 5 working days, 14 of those files had entries that were recorded between 30 days and 60 days later.

The practice analysts noted whether CORNET Client Log entries were printed and placed in the physical files on a monthly basis and if the log entries were recorded in manners that made it easy for someone unfamiliar with the files to understand. These data sets did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to CORNET Client Logs. Of the 55 files reviewed, 49 had up-to-date Client Log entries that were printed and placed in the physical files and none had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analyst found that 3 of the files were particularly difficult to follow due to a large volume of information that covered several months documented in the client log within a few days. The practice analyst found that 40 files had Client 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.