



Thompson Cariboo Shuswap Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: June 2021

Table of Contents

INTRODUCTION.....	3
1. SUMMARY OF FINDINGS.....	3
1.1 Initial Interview with Youth	3
1.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral.....	4
1.3 Structured Assessment of Violence Risk in Youth (SAVRY).....	5
1.4 Service Plan	5
1.5 SAVRY Risk and Protective Factors	6
1.6 Other Issues Related to Court Order and Youth's Goals	7
1.7 Victim Contact and Victim Considerations	8
1.8 Considerations Specific to Indigenous Youth	8
1.9 Social History.....	9
1.10 Non-enforcement of Breach or Violation of Court Order.....	9
1.11 Documentation in CORNET	10
2. ACTION PLAN	11
APPENDIX	14
A. METHODOLOGY.....	14
B. DETAILED FINDINGS AND ANALYSIS.....	15
b.1 Initial Interview with Youth	16
b.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral Tool.....	17
b.3 Structured Assessment of Violence Risk in Youth (SAVRY).....	18
b.4 Service Plan	19
b.5 SAVRY Risk and Protective Factors	21
b.6 Other Issues Related to Court Order and Youth's Goals	22
b.7 Victim Contact and Victim Considerations	23
b.8 Considerations Specific to Indigenous Youth	24
b.9 Social History.....	25
b.10 Non-Enforcement of Breach or Violation of Court Order.....	26
b.11 Documentation in CORNET	27

INTRODUCTION

This report contains information and findings related to the community youth justice (CYJ) practice audit that was conducted in the Thompson Cariboo Shuswap Service Delivery Area (SDA) in January through March 2020.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of files in two samples of Correctional Service (CS) files obtained from the Thompson Cariboo Shuswap SDA. The audit included a review of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The samples contained a combined total of 61 files. The review focused on practice within a three-year timeframe that started on January 1, 2017 and ended on December 31, 2019. All documentation during the timeframe of supervision for the selected order, including concurrent orders, is assessed for compliance to the audit measures.

The following sub-sections contain the findings and observations of the practice 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 analysts found that almost two thirds of the files had all the required initial interviews documented in the CORNET Client Log within five working days of their occurrences. Less than one quarter had at least one initial interview that was documented in the Client Log, but not within five working days, and less than one quarter had at least one initial interview that was required and not documented.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. Half of the files had no documentation indicating that the ministry's complaints process was explained to the youth and one quarter had no documentation indicating that the date, time and manner of the next contact was communicated to the youth. Further, two thirds of the files contained orders with conditions requiring victim notifications and in the majority 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.

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 analysts found that one quarter contained completed and submitted FASD Screening and Referral Tools. Less than one quarter of the files had the

Screening/Referral Tools completed after the 30-day time requirement and the rest were either not completed or had no confirmation of being sent to The Asante Centre.

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 one third of the files had SAVRYs that were completed within the required timeframe. Most of the remaining files had SAVRYs that was completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between three to 232 days, with the average being 51 days.

More than three quarters of the files required updated SAVRYs. In more than one third of the applicable files, all the required updates to the SAVRY were completed, namely every six months. All the remaining files had SAVRY updates, but one or more of the updates were not completed every six months. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between three to 232 days, with the average being 51 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 or 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 one fifth 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. Almost half the files 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. In addition, close to one third of the files were missing one or more service plans, and less than one fifth had one or more service plans that were completed prior to the SAVRYs being completed. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between two and 185 days, with the average being 62 days.

Of the applicable files that required the service plans to be updated every six months: more than one quarter had all service plans updated every six months; more than one third had all service plans updated, but one or more were not updated every six months; and almost one quarter had one or more service plans that were never updated. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between three and 132 days, with the average being 44 days.

The audit found that more than one third of the files had service plans that were all approved by supervisors within the required five-day timeframe. However, half the files had service plans that were approved by supervisors, but not within the required five-day timeframe, and a few had one or more service plans that lacked supervisory approvals. Of the approvals that took longer than five days to complete, the extra time they took to complete was between two and 190 days, with the average being 26 days.

In a small minority of the files the practice analysts were able to confirm that the service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parents or guardians, as required. The practice analysts reviewed all Client Log entries in these files 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 analysts found less than one quarter of the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers. More than half had one or more service plans that did not address the highest rated risk factors and more than one quarter had one or more service plans that did not describe how the strategies selected to address the risk factors would be implemented. It should be noted that a minority of the files contained service plans that were not informed by recently completed SAVRYs.

The practice analysts also found that half the files had service plans that fully addressed one or more protective factors. More than one quarter had service plans that identified at least one protective factor but did not describe how the strategies selected to address or leverage a protective factor would be implemented.

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.

One third of the files had service plans that addressed all the conditions in the court orders. More than half of the files had one or more service plans that did not address any of the conditions in the court orders or they addressed some but not all 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, the service plans included the youths' goals along with strategies to support the youth in attaining their goals. A small minority 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.

In less than half the files that had orders with protective conditions, the victims were notified within the required timeframe. In more than one third of the applicable files, the victims were notified, but not within the required timeframe. Further, in about one quarter of the applicable files, there were orders with a protective condition with no indications the victims were notified.

Most of the files with court orders containing victim considerations, such as apology letters, restorative justice processes or restitution, 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 complete the cultural connectedness section in the service plan, including the youth's current level of involvement with their culture and community, the level of involvement the youth would like to have, and the strategies that a youth probation officer will use to provide opportunity for the youth to be involved, and to maintain or enhance their involvement, with their culture and community.

In conducting this audit, the practice analysts found that two thirds of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed. Another one quarter of the applicable files had one or more service plans in which the cultural connectedness section was left blank and the remaining files were either missing service plans or had service plans with the cultural connectedness section incomplete.

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, a small minority of the files had service plans with social histories containing all the required elements. Three quarters of the files were missing one, and often more, of the required elements and the rest of the files either missing service plans or had service plans with no social histories.

Of the files pertaining to Indigenous youth, two thirds had service plans that had the cultural connectedness section completed. However, just over half of the applicable files had one or more service plans that had social histories that lacked information about the youths' Indigenous heritages, connection to their communities, heritages or cultural practices, or which Indigenous community members or programs that could be available to support the youth. This raises the question about the extent to which youths' cultural connections and practices were considered in the development of the service plans and if they were able or supported to access culturally relevant services.

1.10 Non-enforcement of Breach or Violation of Court Order

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

The standard requires a youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with a supervisor, and the rationale for the decision not to initiate the enforcement process. The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of

consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or violation and public protection can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

In more than one quarter of the files in which breaches or violations of orders were not enforced by youth probation officers, the practice analysts found that consultations with supervisors occurred. When applying this measure, the practice analysts 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.

In conducting this audit, the practice analysts found that almost one third of the files had CORNET Client Log entries that were recorded within the required timeframe and required manner. Half the files had log entries that were recorded after the required timeframe and almost one quarter had log entries that were typed in WORD documents and attached in the Client Log. The practice analysts also observed that some client information, such as missed appointments, was not consistently recorded in the Client Log.

The practice analysts found that very few of the physical files had the required documents attached in the CORNET Client Log. In addition, almost half of the files had at least one occurrence of a record title within the CORNET Client Log that did not contain content. When applying this measure, the practice analysts 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

On May 26, 2020, the Executive Director of Service (EDS), the Director of Operations (DOO) responsible for Community Youth Justice (YJ) Services, the YJ Team Leader and the YJ Practice Consultant reviewed the findings of this audit with the practice analyst and manager in the Quality Assurance Branch who conducted the audit and finalized the report. Following the review, the YJ leadership team developed the following action plan.

It should be noted that this report was originally prepared for sign off in December 2020. However, feedback on the draft report from the Specialized Intervention and Youth Justice Branch was received and, as a result, changes were made in early 2021. These changes were made to the analysis sections but did not affect the findings or action plan. During that interim period, Quality Assurance was notified by the Thompson Cariboo Shuswap SDA that the actions, originally set for completion in December 2020, were completed by August 13, 2020.

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	COMPLETION DATE
<p>1. Youth probation officers will attach the FASD Screening/Referral Tool in CORNET and note any delays and the date the screening tool was faxed to the Asante Centre, if needed.</p> <p>The YJ team leader will monitor the completion of the FASD Screening/Referral Tool in CORNET during quarterly file reviews. The YJ team leader will review these expectations with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Youth probation officers consistently attach the FASD Screening/Referral Tool on CORNET to confirm that process was completed within 30 days of intake	Completed August 13, 2020.
<p>2. Youth probation officers will document on CORNET Log when the service plan is reviewed with the parent/youth, and if mailed, attach the cover letter.</p> <p>The YJ team leader will monitor the service plans at the sign off and approval stage and/or during quarterly file reviews. The team leader will review these expectations with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Youth probation officers consistently review all service plans with the youth and provide a copy to the youth and their parent/guardian.	Completed August 13, 2020.

<p>3. Youth probation officers will monitor the Notification Slate on CORNET for initial and/or upcoming expiry of the SAVRY and note on CORNET the reasons for any delays in completing or updating the SAVRY.</p> <p>The YJ team leader will monitor the SAVRY during quarterly file reviews. The team leader will review these expectations with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Youth probation officers consistently complete and update the SAVRY prior to completing and updating a service plan.	Completed August 13, 2020.
<p>4. Youth probation officers contact victims within five working days of receipt of order and document any difficulty meeting this requirement.</p> <p>The YJ team leader will monitor the contacts with victims during quarterly file reviews. The team leader will review these expectations with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Victims are informed as per policy.	Completed August 13, 2020.
<p>5. Youth probation officers ensure that each service plan addresses considerations specific to Indigenous youth.</p> <p>The YJ team leader will monitor the service plans at the sign off and approval stage and/or during quarterly file reviews. The team leader will review this expectation with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Service Plans include strategies to address cultural connectedness consistent with the Ministry Strategic Plan.	Completed August 13, 2020.
<p>6. Youth probation officers include in service plans social history with all required information.</p> <p>The YJ team leader will monitor the service plans at the sign off and approval stage and/or during quarterly file reviews. The team leader will review this expectation with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	Director of Operations, Team Leader	Service plans include social histories with all required information.	Completed August 13, 2020.

<p>7. Youth probation officers ensure that supervisor consults are documented in CORNET.</p> <p>The YJ team leader will monitor the supervisor consults documented in CORNET during quarterly file reviews. The team leader will review this expectation with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	<p>Director of Operations, Team Leader</p>	<p>Youth probation officers consult with a supervisor about a breach and document the consult and any direction given.</p>	<p>Completed August 13, 2020.</p>
<p>8. Youth probation officers ensure that documents listed in the policy manual are attached in CORNET and “Attached Documents” is used.</p> <p>The YJ team leader will monitor “Attached Documents” in CORNET during quarterly file reviews. The team leader will review this expectation with all YJ probation officers. Confirmation of completion will be sent to the manager of audit, Quality Assurance.</p>	<p>Director of Operations, Team Leader</p>	<p>Required documents are consistently attached to the CORNET Client Log, each log entry corresponds with the title, and as a result, the information can be found quickly and efficiently when needed.</p>	<p>Completed August 13, 2020.</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 files in two samples of Correctional Service (CS) files obtained from the Thompson Cariboo Shuswap 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 data collection phase of this audit took place in January, February, and March 2020.

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 April 1, 2019, nine months prior to the audit start date, and
 - List two contained files that were open on April 1, 2018, 12 months prior to the date specified in list 1.
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 Thompson Cariboo Shuswap 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:

1. If there was one court order in effect within the audit timeframe, that order was selected.
2. If there were multiple orders in effect within the audit timeframe, the longest order was selected.
3. 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).
4. 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.

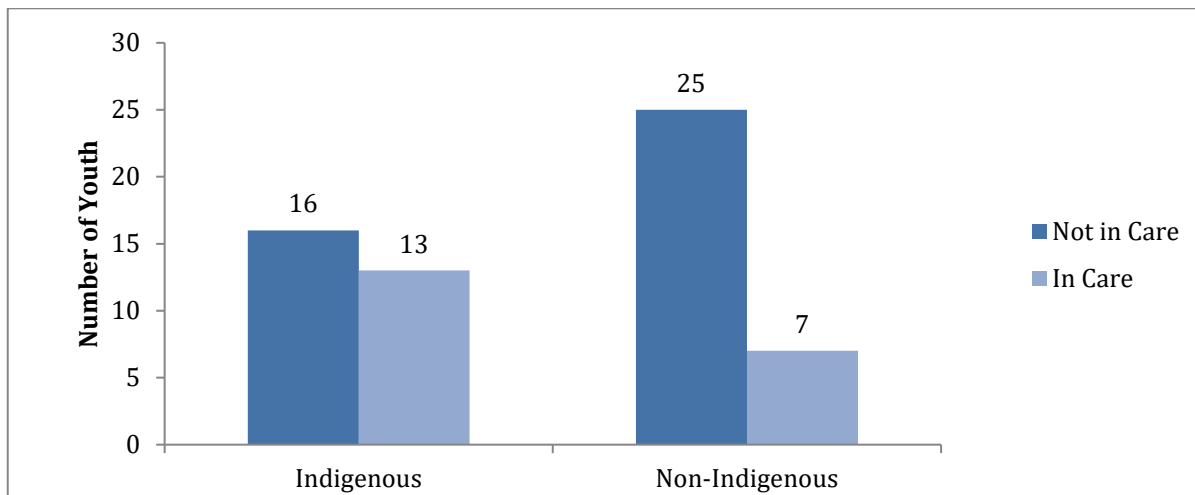
Quality assurance policy and procedures require that practice analysts identify for action any file that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the analysts watch for situations in which the information in the file suggests that a child may have been left in need of protection. When identified, the file 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 file that suggests there may be a current public safety concern, and when a document, 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 61 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 all 61 files. The “Total Applicable” column in the tables contains the total number of files to which the measure was applied.

The overall compliance rate for this SDA was **36%**.

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	61	39	64%	22	36%

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

The compliance rate for this measure was **64%**. The measure was applied to all 61 files in the samples; 39 were rated achieved and 22 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.

Of the 22 files rated not achieved: 14 had at least one initial interview that was required and documented in the CORNET Client Log, but not within five working days; and 9 had at least one initial interview that was required and not documented. The total adds to more than the number of not achieved files because 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 an initial interview were documented in the client log. Of the 61 files, 6 had complete documentation of all initial interviews, 2 had no documentation of any initial interviews, and 53 were missing at least one element. Specifically, 35 files had no documentation indicating that the youth were informed that the victims would be notified and provided with copies of the orders; 31 had no documentation indicating that the youth were informed about the MCFD complaints process; 15 had no documentation indicating that the dates, times and manner of the next contacts were communicated to the youth; and 7 had no documentation indicating that the court orders were reviewed with the youth. The total adds to more than the number of files with at least one missing element because 29 had a combination of the above noted elements.

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	36*	9	25%	27	75%

* This measure was not applicable to 25 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 **25%**. The measure was applied to 36 of the 61 files in the samples; 9 were rated achieved and 27 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 27 files rated not achieved: 19 were missing required FASD Screening/Referral Tools; 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; and 1 had a FASD Screening/Referral Tool that was completed within 30 days of the initial interview but not forwarded to the Asante Centre.

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	61	22	36%	39	64%
CYJ 4: SAVRY updated every six months	48*	17	35%	31	65%

* This measure was not applicable to 13 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 **36%**. The measure was applied to all 61 files in the samples; 22 were rated achieved and 39 were rated not achieved. To receive a rating of achieved:

- the SAVRY was completed within 30 days of the initial interview with the youth; or
- 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 39 files rated not achieved: 21 had at least one required SAVRY that was completed, but not within 30 days of an initial interview with the youth; 16 had at least one required SAVRY that was completed, but not within 30 days after a transferred file was received; 6 had at least one required SAVRY that was not completed after a transferred file was received; and 2 had at least one required SAVRY that was not completed after an initial interview. The total adds to more than the number of not achieved files because 6 had a combination of the above noted reasons. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between three to 232 days, with the average being 51 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:

- 34 had more than half, but not all, of the boxes filled out; and
- 22 had fewer than half of the boxes filled out; and
- 3 had approximately half of the boxes filled out; and
- 2 had all the comment boxes filled out.

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **35%**. The measure was applied to 48 of the 61 files in the samples; 17 were rated achieved and 31 were rated of 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.

All 31 files rated not achieved had the SAVRY updated as required, but not within the six-month timeframe. Of the SAVRYs that took longer than six months to complete, the extra time they took to complete was between three to 232 days, with the average being 51 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	61	12	20%	49	80%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	61	23	38%	38	62%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	61	4	7%	57	93%
CYJ 8: Service Plan updated every six months or when transferred file received	46*	12	26%	34	74%

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

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

The compliance rate for this measure was **20%**. The measure was applied to all 61 files in the samples; 12 were rated achieved and 49 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 49 files rated not achieved: 22 had at least one service plan that was completed, but not within 30 days of an initial interview; 10 had at least one service plan that was completed, but not within 30 days from the time that a transferred file was received; 12 had at least one service plan that was not completed for a new order; 7 had at least one service plan that was not completed after a transferred file was received; 11 had at least one service plan that was completed prior to the completion of a SAVRY; 3 had at least one incomplete service plan; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because 16 had a combination of the above noted reasons. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between two and 185 days, with the average being 62 days.

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

The compliance rate for this measure was **38%**. The measure was applied to all 61 files in the samples; 23 were rated achieved and 38 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 38 files rated of not achieved: 31 had at least one service plan that was approved by a supervisor, but not within five working days; 5 had at least one service plan that was completed, but not approved by a supervisor; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because 1 had a combination of the above noted reasons. Of the approvals that took longer than five days to complete, the extra time they took to complete was between two and 190 days, with the average being 26 days.

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

The compliance rate for this measure was **7%**. The measure was applied to all 61 files in the samples; 4 were rated achieved and 57 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that:

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

Of the 57 files rated not achieved: 52 had at least one service plan that was not provided to the youth; 51 had at least one service plan that was not provided to the parent/guardian; 51 had at least one service plan that was not reviewed with the youth; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because 52 had a combination of the above noted reasons.

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

CYJ 8: Service plan updated every six months

The compliance rate for this measure was **26%**. The measure was applied to 46 of the 61 files in the samples; 12 were rated of achieved and 34 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 34 files rated not achieved: 19 had at least one service plan that was updated, but not within six months of a previously completed service plan; 11 had at least one a service plan that was not updated at all; 1 had at least one service plan that was completed prior to the completion of an updated SAVRY; and 3 had no service plans completed during the audit timeframe. Of the service plans that took longer than six months to update, the extra time they took to complete was between three and 132 days, with the average being 44 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	61	13	21%	48	79%
CYJ 10: Service Plan addressed SAVRY protective factors	61	29	48%	32	52%

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

The compliance rate for this measure was **21%**. The measure was applied to all 61 files in the samples; 13 were rated achieved and 48 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

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

Of the 48 files rated not achieved: 12 had at least one service plan that was completed prior to the SAVRY; 28 had at least one service plan that did not address any critical or other risk factors; 12 had at least one service plan that did not address the highest rated risk factors; 1 had at least one service plan that did not identify any strategies that would be used; 17 had at least one service plan that did not describe how the identified strategies would be implemented; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because 19 had combinations of the above noted reasons.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **48%**. The measure was applied to records in all 61 files in the samples; 29 were rated achieved and 32 were rated not achieved. To receive a rating of achieved, the SAVRY was completed prior to the service plan and:

- the service plan 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 32 files rated not achieved: 12 had at least one service plan that was completed prior to the SAVRY; 1 had at least one service plan that did not address any SAVRY protective factors; 5 had at least one service plan that did not identify any strategies to be used; 17 had at least one service plan that did not describe how the identified strategies would be implemented; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because six had combinations of the above noted reasons.

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.)	61	20	33%	41	67%
CYJ 12: Service Plan addressed Youth's goals	61	48	79%	13	21%

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

The compliance rate for this measure was **33%**. The measure was applied to records in all 61 files in the samples; 20 were rated achieved and 41 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 41 files rated not achieved: 31 had at least one service plan that addressed some, but not all, of the other issues/items related to the court order; 5 had at least one service plan that did not address any of the other issues/items related to the court order; 2 had at least one service plan that did not identify any strategies to be used; and 3 had no service plans completed during the audit timeframe.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **79%**. The measure was applied to all 61 files in the samples; 48 were rated achieved and 13 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 13 files rated not achieved: 6 had at least one service plan that did not address any of the youth's goals; 4 had at least one service plan that included the youth's goals but did not identify any strategies; and 3 had no service plans completed during the audit timeframe.

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)	43*	19	44%	24	56%
CYJ 14: Service Plan addressed victim considerations	47**	37	79%	10	21%

*This measure was not applicable to 18 files because there were no protective conditions.

**This measure was not applicable to 14 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 **44%**. The measure was applied to 43 of the 61 files in the samples; 19 were rated achieved and 24 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 24 files rated not achieved: 16 had at least one occurrence when the victim was contacted, but not within the required five working days; and 10 had at least one occurrence when the victim was not contacted and the reason was not recorded in the CORNET Client Log. The total adds to more than the number of not achieved files because 2 files had combinations of the above noted reasons.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **79%**. The measure was applied to 47 of the 61 files in the samples; 37 were rated achieved and 10 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 10 files rated not achieved: 4 had at least one service plan that addressed some, but not all, of the victim considerations; 3 had at least one service plan that addressed the victim considerations but did not identify strategies; 3 had at least one service plan that did not identify victim considerations; and 1 file that had victim considerations had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because 2 files had combinations of the above noted reasons.

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	29*	16	55%	13	45%

* This measure was not applicable to 32 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 **55%**. The measure was applied to 29 of the 61 files in the samples; 16 were rated achieved and 13 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 13 files rated not achieved: 7 had at least one service plan that did not have the required “Cultural Connectedness” section completed; 1 had at least one service plan that did not include strategies to be used to address the “Cultural Connectedness” section; 2 had at least one service plan that did not describe how identified strategies would be implemented; and 3 had not service plans completed during the audit timeframe.

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	61	7	11%	54	89%

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

The compliance rate for this measure was **11%**. The measure was applied to all 61 files in the samples; 7 were rated achieved and 54 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 54 files rated not achieved: 47 had at least one service plan that had a partially completed social history; 5 had at least one service plan that had no social history; and 3 had no service plans completed during the audit timeframe. The total adds to more than the number of not achieved files because one had a combination of the above noted reasons.

The measure was accompanied by the question, “If the social history was partially completed, what information was not included?” This question did not impact the compliance rate for the measure but was designed to provide feedback on the quality of documentation related to social histories. Of the files that had at least one service plan with a partially completed social history, 45 were missing more than one required element of a social history. There were 32 files with at least one service plan where the social history was missing offence information. There were 25 files with at least one service plan where the social history was missing relevant victim information and 24 files that were missing information about the youth’s previous contact with the justice system. There were also 25 files where the social history was missing information about the youth’s family and other caregivers, the youth’s relationship with their caregiver, and/or the youth’s behaviour at home and in the community. The total adds to more than the number of records that had service plans missing one or more required elements of a social history because 42 files had service plans that were missing combinations of the above noted elements.

Of the 29 files which pertained to Indigenous youth, 15 had at least one social history that lacked information about the youth’s Indigenous heritage and/or the youth’s connection to their community, heritage 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	35*	10	29%	25	71%

* This measure was not applicable to 26 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 **29%**. The measure was applied to 35 of the 61 files in the samples; 10 were rated achieved and 25 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 25 files rated not achieved: 23 had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred; 1 had at least one occurrence where a consultation occurred but the details of the alleged breach and the youth probation officer's rationale were not recorded; and 1 had at least one occurrence where a consultation occurred but the supervisor approval or direction was not recorded.

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	61	6	10%	55	90%
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	61	19	31%	42	69%

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

The compliance rate for this measure was **10%**. The measure was applied to all 61 files in the samples, 6 were rated achieved, 55 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 55 files rated not achieved, 52 had at least one required document not attached to the CORNET client log; 27 had at least one log entry that was titled, but the record content field was blank or incomplete; and 9 had at least one log entry with record content but no record title. The total adds to more than the number of not achieved files because 32 files had combinations of the above noted reasons.

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

The compliance rate for this measure was **31%**. The measure was applied to all 61 files in the sample; 19 were rated achieved and 42 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 42 files rated not achieved, 31 had at least one client log that was recorded in CORNET, but not within five working days; 13 had at least one client log that was attached in CORNET; and 13 had no client logs recorded in CORNET. The total adds to more than the number of not achieved files because 13 files had combinations of the above noted reasons.

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 61 files reviewed, 43 (70%) had up-to-date Client Log entries that were printed and placed in the physical file, and 23 (38%) had Client Log entries that were clearly written and that someone unfamiliar with the file would understand. The analysts found that almost one quarter (15/61) of the files contained log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.