



South 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 South Vancouver Island Service Delivery Area (SDA) in June – December 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 South 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 86 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 two thirds 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 quarter of the files had no initial interview documented.

The audit also identified whether all the required components were covered by the youth probation officers during the initial interviews. Of the files that documented initial interviews, two contained all the required components. In more than three quarters of the files there was no indication that the ministry's complaints process was explained to the youth. In addition, about two thirds of the files contained orders with conditions requiring victim notifications and, in a clear 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. Further, slightly more than one tenth of the files had no indications that the dates, times and manners of the next contacts were communicated to the youth.

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 less than one half of the files contained completed and submitted FASD Screening and Referral Tool. The same number of files did not

contain a completed Screening/Referral tools and the rest were either completed after the 30 day time requirement 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 half of the files had SAVRYs that were completed within the required timeframes. More than one third of the files had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between two to 361 days, with the average being 89 days.

Most of the files in the samples required updated SAVRYs. In almost one quarter of the applicable files, all the required updates to the SAVRYs were completed, namely every six months. Almost half had SAVRY updates, but one or more of the updates were not completed every six months, and one quarter did not have any required updates. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between three to 193 days, with the average being 45 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 one third of the files had service plans that were completed within 30 days of the initial interviews with youth and, if required, within 30 days of receiving transferred files. Of the remaining files, one quarter 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, almost one quarter had no service plan at all during the timeframe reviewed, and less than one quarter of the files were missing one or more required service plans. Of the service plans that took longer than 30 days to complete, the extra time they took to complete was between two and 240 days, with the average being 59 days.

Of the applicable files that required the service plans to be updated every six months, less than one tenth had all service plans updated every six months, almost one half had one or more service plans that were never updated, almost one quarter had no service plan at all during the timeframe reviewed, and one fifth had all service plans updated, but one or more were not updated every six months. Of the service plans that were updated after the 6-month timeframe, the extra time they took to complete was between three and 245 days, with the average being 91 days.

The audit found that more than half of the files had service plans that were all approved by supervisors within the required five-day timeframe. Almost one quarter had no service plan during the timeframe reviewed, and one fifth 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 time they took to complete was between three and 62 days, with the average being 17 days.

In addition, only one file confirmed that all the service plans were reviewed with the youth and copies of the service plans were provided to the youth and their parent(s) or guardian(s), as required. The practice analyst reviewed all Client Log entries in the 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 analyst found that slightly more than 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. More than one third had at least one service plan that did not address the highest rated risk factors and risk factors designated critical by the youth probation officers and one quarter did not contain a service plan during the timeframe reviewed.

The practice analyst also found that less than two thirds (53/86) of the files had service plans that consistently addressed one or more protective factors. Almost one quarter (19/86) did not contain a service plan during the timeframe reviewed and one tenth (8/86) did not address any protective factors.

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.

More than half of the files had service plans that addressed all the conditions in the court orders. Almost one quarter contained no service plans during the timeframe reviewed and almost one fifth had at least one service plan that addressed some, but not all, of the conditions in an order.

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 two thirds of the files, the service plans included the youths' goals along with strategies to support the youth in attaining their goals. One quarter contained no service plans during the timeframe reviewed and the rest had the youth's goals documented, but no identified strategies.

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 half the files that had orders with protective conditions, the victims were notified within the required timeframe. In one fifth of the files there was no indication the victim was ever notified and in almost one fifth of the files, victims were notified but not within the required timeframe.

More than two thirds of the files that had orders with victim considerations (47/68), such as apology letters, restorative justice processes or restitutions, had service plans that addressed these conditions. One fifth of the files (14/68) contained no service plans during the timeframe reviewed.

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 analyst found that most of the files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed.

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 one quarter of the files had service plans with social histories containing all the required elements. Almost half of the files were missing one, often more, of the required elements and almost one quarter contained no service plans during the timeframe reviewed. The remaining files had service plans with no social history.

Of the files pertaining to Indigenous youth, most had service plans that had the cultural connectedness section completed. However, more than two thirds of the applicable records were either missing a service plan, the service plan had no social history, or the service plan had a partial social history. One third of the applicable files had at least one service plan that had social histories that lacked information about the youths' Indigenous heritages, connections to their communities, heritages or cultural practices, or which Indigenous community members or programs that could be available to support the youth.

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 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.

The practice analyst found, after a review of CORNET log entries, less than one fifth of the files in which breaches or violations of orders were not enforced by youth probation officers, had consultations with supervisors that were documented.

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 more than one third of the files had all CORNET Client Log entries recorded within the required five-day timeframe. Of the files with log entries entered after 5 working days, more than one quarter had log entries that were entered more than a month after the information was received.

The practice analyst found that a small minority of the files had the required documents attached in the CORNET Client Log. In addition, more than 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

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	DATE TO BE COMPLETED
<p>1. Practice Analyst will be invited to a team meeting to review and discuss audit results, including the Action Plan.</p> <p>DoO will confirm meeting has occurred between YPOs, TL, RC, and practice analyst.</p> <p>Analyst will confirm meeting has occurred.</p>	Director of Operations	<p>The South Island Youth Justice team will be informed of the audit results and provincial expectations.</p> <p>YPOs will be clear on expectations with particular attention to: documentation requirements for initial interviews, complaints process and FASD screening</p>	June 30, 2022
<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.</p> <p>List of participants will be maintained and shared with MQA.</p> <p>DoO will inform QA manager once staff training has been completed</p>	Director of Operations	<p>Staff will complete SAVRYs and develop Service Plans with specific attention to: required timelines for initial and 6 month updates, social history and risk factors, and the completion of a new service plan every time a new order is issued; ensure relevant material is considered for the SAVRY; and Service Plans are reviewed with youth and copies provided to youth and their guardians.</p>	June 30, 2022
<p>3. YJ TL will review at a team meeting policy and expectations regarding documentation in CORNET. List of participants will be maintained and shared with MQA.</p> <p>DOO will inform QA manager once expectations have been reviewed with staff</p>	Director of Operations	<p>CORNET client logs contain running records that are complete, entered within required timelines, and include all necessary attachments.</p>	June 30, 2022
<p>4. YJ TL will have a training session to review policy and expectations with YPOs and YJ RJ Conferencing Specialist regarding victim contact and notification. List of participants will be maintained and shared with MQA.</p>	Director of Operations	<p>Victims are receiving notification and information in a timely fashion, according to policy, and receiving vetted copies of the appropriate orders.</p>	June 30, 2022

DOO will inform QA manager once expectations have been reviewed with staff		All victim contact is documented in CORNET as required per the Operations Manual.	
<p>5. YJ TL and YJC will have a training session to review policy and expectations for documenting consultations with Supervisor regarding non-enforcement of Breach or violation of court orders.</p> <p>List of participants will be maintained and shared with MQA.</p> <p>DOO will inform QA manager once expectations have been reviewed with staff</p>	Director of Operations	Decisions and consultations on non-enforcement of non-compliance will be documented into CORNET per requirements of Operations Manual	June 30, 2022

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 South 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 December 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 South Vancouver Island 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.

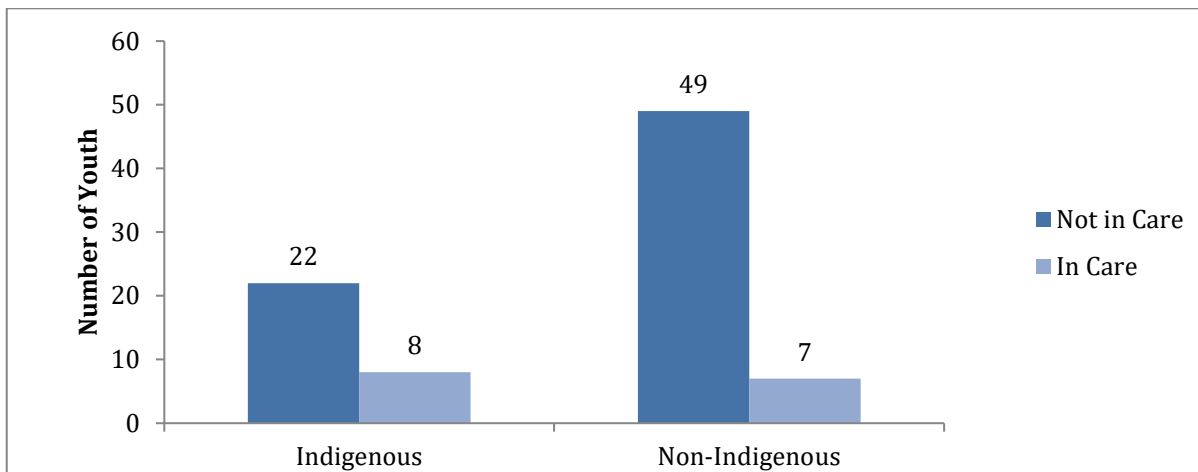
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the 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 86 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 86 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 South Vancouver Island SDA was **40%**.

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	86	57	66%	29	34%

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

The compliance rate for this measure was **66%**. The measure was applied to all 86 files in the samples; 57 were rated achieved and 29 were rated not achieved. To receive a rating of achieved, the required initial interviews with the youth were documented in the CORNET Client Log within five working days of their occurrences.

Of the 29 files rated not achieved, 9 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; 16 did not contain documentation of one or more required initial interviews; and 4 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 86 files, 2 described all the components of the interview process for each initial interview that was documented, 4 had no documentation of any initial interviews, 1 had a combination of an initial interview that was not documented and an initial interview in which all the required aspects were documented, and 79 did not describe one or more of the components of the interview process for one or more of the initial interviews that were documented. Specifically, 67 files did not confirm that the youth were informed about the MCFD complaints process; 56 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 12 did not confirm that the dates, times and manners of the next contacts were communicated to the youth; and 6 did not confirm that the court orders were reviewed with the youth.

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	57*	25	44%	32	56%

* This measure was not applicable to 29 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 **44%**. The measure was applied to 57 of the 86 files in the samples; 25 were rated achieved and 32 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 32 files rated not achieved, 25 did not contain the required FASD Screening/Referral Tool; 6 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth; and 1 contained the required FASD Screening/Referral Tools, but no documentation it was 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	86	49	57%	37	43%
CYJ 4: SAVRY updated every six months	68*	16	24%	52	76%

*This measure was not applicable to 18 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 **57%**. The measure was applied to all 86 files in the samples; 49 were rated achieved and 37 were rated not achieved. To receive a rating of achieved:

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

Of the 37 files rated not achieved, 28 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; 6 did not have one or more of the required SAVRYs; and 3 had combinations of the above noted reasons. Of the 31 files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between two and 361 days, with the average being 89 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:

- 56 had less than half of the comment boxes filled out
- 22 had none of the comment boxes filled out
- 4 had more than half, but not all, of the comment boxes filled out
- none had all the comment boxes filled out, and
- 4 files had no SAVRYs completed during the timeframe reviewed.

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **24%**. The measure was applied to 68 of the 86 files in the samples; 16 were rated achieved and 52 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 52 files rated not achieved: 30 had SAVRY updates, but some or all the updates were not completed every six months, 17 had one or more SAVRYs that were not updated, 4 had no SAVRYs that were completed, and 1 had a combination of the above-noted reasons. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between three and 193 days, with the average being 45 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	86	29	34%	57	66%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	86	46	53%	40	47%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	86	1	1%	85	99%
CYJ 8: Service Plan updated every six months or when transferred file received	73*	6	8%	67	92%

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

The compliance rate for this measure was **34%**. The measure was applied to records in all 86 files in the samples; 29 were rated achieved and 57 were rated not achieved. To receive a rating of achieved, a service plan was completed within 30 days of an initial interview related to a new order or within 30 days of receiving a transferred file, and each service plan was developed after the SAVRY was completed.

Of the 57 files rated not achieved, 19 contained no service plans during the timeframe reviewed; 15 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; 11 did not have one or more service plans completed for new orders or when transferred files were received; 4 had one or more service plans that were completed prior to the completion of SAVRYs; and 8 had combinations of the above noted reasons. Of the service plans that were completed after the 30-day timeframe, the extra time they took to complete was between two and 240 days, with the average being 59 days.

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

The compliance rate for this measure was **53%**. The measure was applied to records in all 86 files in the samples; 46 were rated achieved and 40 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 a youth probation officer.

Of the 40 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed, 17 had one or more service plans approved by supervisors, but not within five working days, and 4 had one or more service plans but not approved by the supervisor. Of the 17 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 three and 62 days, with the average being 17 days.

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

The compliance rate for this measure was **1%**. The measure was applied to records in all 86 files in the samples; 1 was rated achieved and 85 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 85 records rated not achieved, 66 had combinations of missing the above requirements; and 19 did not contain any service plans during the timeframe reviewed.

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 **8%**. The measure was applied to records in 73 of the 86 files in the samples; 6 were rated achieved and 67 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan had been updated within six months of a previously completed service plan and after the SAVRY was updated.

Of the 67 files rated not achieved, 36 had one or more service plans that were not updated every six months; 14 had one or more service plans that were updated, but not within six months of a previously completed service plan; and 17 did not contain any service plans during the timeframe reviewed. Of the service plans that were updated after the 6-month timeframe, the extra time they took to complete was between three and 245 days, with the average being 91 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	86	30	35%	56	65%
CYJ 10: Service Plan addressed SAVRY protective factors	86	53	62%	33	38%

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 86 files in the samples; 30 were rated achieved and 56 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 56 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; 19 had one or more service plans that did not address the highest rated risk factors; 10 had one or more service plans that did not address critical or other risk factors; 6 had one or more service plans that were completed before the SAVRY was completed; and 2 had combinations of the above noted reasons.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **62%**. The measure was applied to records in all 86 files in the samples; 53 were rated achieved and 33 were rated not achieved. To receive a rating of achieved, each service plan:

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

Of the 33 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; 6 had one or more service plans that did not address protective factors identified in the SAVRYs; 6 had one or more service plans completed prior to the SAVRYs; and 2 had a combination 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.)	86	49	57%	37	43%
CYJ 12: Service Plan addressed Youth's goals	86	58	67%	28	33%

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

The compliance rate for this measure was **57%**. The measure was applied to records in all 86 files in the samples; 49 were rated achieved and 37 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 37 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; 17 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders; and 1 had one or more service plans that did not address any of the other issues/items related to the court orders.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **67%**. The measure was applied to all 86 files in the samples; 58 were rated achieved and 28 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 28 files rated not achieved, 19 did not contain any service plans during the timeframe reviewed; and 9 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented.

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)	58*	29	50%	29	50%
CYJ 14: Service Plan addressed victim considerations	68**	47	69%	21	31%

*This measure was not applicable to 28 files because there were no protective conditions.

**This measure was not applicable to 16 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 **50%**. The measure was applied to 58 of the 86 files in the samples; 29 were rated achieved and 29 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 29 files rated not achieved, 13 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log; 12 had one or more occurrences when the victims were contacted, but not within the required five working days; and 4 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **69%**. The measure was applied to 68 of the 86 files in the samples; 47 were rated achieved and 21 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 21 files rated not achieved, 14 did not contain any service plans during the timeframe reviewed; 5 had one or more service plans that addressed some, but not all, of the victims' considerations; 1 had one or more service plans that addressed victim considerations but did not identify strategies to be used; and 1 had one or more service plans that did not address the victims' considerations.

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*	27	90%	3	10%

* This measure was not applicable to 133 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 **90%**. The measure was applied to 30 of the 86 files in the samples; 27 were rated achieved and 3 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 3 files rated not achieved, 2 did not contain any service plans during the timeframe reviewed; and 1 had one or more service plans where the “Cultural Connectedness” sections were not completed.

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	86	20	23%	66	77%

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

The compliance rate for this measure was **23%**. The measure was applied to records in all 86 files in the samples; 20 were rated achieved and 66 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 66 files rated not achieved, 38 had one or more service plans with partially completed social histories, 19 did not contain any service plans, 8 had one or more service plans with no social histories, and 2 had combinations 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 was designed to provide feedback on the quality of documentation related to social histories. Of the 38 files that had one or more service

plans with partially completed social histories, 28 were missing offences information, 26 were missing information about the youths' previous contacts with the justice system, 24 were missing relevant victim information, 22 were missing information about the youths' families and other caregivers, the youths' relationships with their caregivers, and/or the youths' behaviours at home and in their communities, and 10 were missing information about other professionals or agencies working with the youth. The total adds to more than the number of files that had one or more service plans with partially completed social histories because 106 files had combinations of the above noted reasons.

Of the 30 files pertaining to Indigenous youth, 11 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	54*	8	15%	46	85%

* This measure was not applicable to 32 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 **15%**. The measure was applied to 54 of the 86 files in the samples; 8 were rated achieved and 46 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that:

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

Of the 46 files rated not achieved, all 46 had one or more occurrences when the required supervisory consultations were not documented.

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	86	6	7%	80	93%
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	86	26	30%	60	70%

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

The compliance rate for this measure was **7%**. The measure was applied to records in all 86 files in the samples, 6 were rated achieved and 80 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 80 files rated not achieved, 36 had one or more occurrences when required documents were not attached to the CORNET Client Logs; 3 had one or more occurrences when log entries were titled, but the records' content fields were left blank or incomplete; and 41 had combinations of the above noted reasons, including 7 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 **30%**. The measure was applied to records in all 86 files in the sample; 26 were rated achieved and 60 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 60 files rated not achieved, 45 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, 1 had one or more occurrences when Client Logs were recorded in attachments in CORNET, and 10 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 86 files reviewed, 82 (95%) had up-to-date Client Log entries that were printed and placed in the physical files and 10 (12%) had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analysts found that 48 (56%) 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.