



South Fraser 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 Fraser Service Delivery Area (SDA) in June – December 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.

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 Fraser 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 178 files. The review focused on practice within a three-year timeframe that started on June 15, 2017 and ended on June 14, 2020. 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 more than three quarters 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. The remaining files had at least one initial interview that was either not documented or not documented in the CORNET Client Log within five working days of their occurrences, or both.

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, less than one tenth contained all the required components. In most of the remaining files, there was no indication that the ministry's complaints process was explained to the youth. In addition, over three quarters 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, less than one quarter of the files had no indications that the court orders were reviewed with the youth. Lastly, 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 analysts found that almost one third of the files 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.

Over half of the files had SAVRYs that were completed within the required timeframes. Most of the remaining files had SAVRYs that were completed more than 30 days after the initial interviews or more than 30 days after the transferred files were received. Of the SAVRYs that took longer than 30 days to complete, the extra time they took to complete was between one to 190 days, with the average being 44 days.

Most of the files in the samples required updated SAVRYs. In almost half of the applicable files, all the required updates to the SAVRYs were completed, namely every six months. Almost all the remaining files had SAVRY updates, but one or more of the updates were not completed every six months. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one to 400 days, with the average being 35 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 almost half 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, more than one third had one or more service plans that were completed more than 30 days after the initial interviews or more than 30 days after receiving transferred files and 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 183 days, with the average being 37 days.

Of the applicable files that required the service plans to be updated every six months: over one third had all service plans updated every six months; more than one quarter had all service plans updated, but one or more were not updated every six months; and more than one third had one or more service plans that were never updated.

The audit found that almost two thirds of the files had service plans that were all approved by supervisors within the required five-day timeframe. Almost all the remaining files had service plans that were approved by supervisors, but not within the required five-day timeframe. Of the approvals that took longer than five days to complete, the extra time they took to complete was between one and 130 days, with the average being 12 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 analysts 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 analysts found that slightly more than one third the files had service plans that consistently addressed the highest rated risk factors and risk factors designated critical by the youth probation officers. Of the remaining files, almost half 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 less than one quarter did not have plans for implementing identified strategies for the selected risk factors.

The practice analysts also found that slightly less than two thirds of the files had service plans that consistently addressed one or more protective factors. Of the remaining files, less than one quarter either did not identify strategies to be utilized with respect to the protective factors or did not have plans for implementing those strategies and a very small minority contained service plans that did not address any protective factors.

With respect to both risk and protective factors, almost one in ten files had service plans that were not informed by an updated SAVRY.

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.

A little more than one quarter of the files had service plans that addressed all the conditions in the court orders and more than half had at least one service plan that addressed some, but not all, of the conditions in an orders. The analysts also noted that of the files with service plans that did not address all the court conditions. Further, a small minority of the files had at least one service plan that did not address any of the conditions in the court orders.

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

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

In almost all the files, the service plans included the youths' goals along with strategies to support the youth in attaining their goals.

1.7 Victim Contact and Victim Considerations

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

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

In half the files that had orders with protective conditions, the victims were notified within the required timeframe. In the remaining files, almost half confirmed that the victims were notified, but not within the required timeframe and a small minority had at least one court order with a protective condition for which there was no indication that the victims were ever notified.

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

1.8 Considerations Specific to Indigenous Youth

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

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

In conducting this audit, the practice analysts 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, more than a third of the files had service plans with social histories containing all the required elements. Almost all the remaining files were missing one, often more, of the required elements.

Of the files pertaining to Indigenous youth, most had service plans that had the cultural connectedness section completed.

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.

In almost 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 were documented. 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.

The practice analysts found that more than half the files had all CORNET Client Log entries recorded within the required five-day timeframe. Of the remaining files, one in five had log entries that were entered more than a month after the information was received. The analysts also found that some files did not have the appointment slips in them. Combined with missing log entries for previously scheduled appointments, there was no way of knowing whether the youth attended these appointments, what was discussed, and if any further directions were given to the youth.

The practice analysts found that a small minority of the files had the required documents attached in the CORNET Client Log. In addition, most 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
1. A training session component with a focus on documentation requirements and best practices for service plans, SAVRY, and client logs will be provided to staff. The following two resources will be developed: Service plan checklist, Cornet coding Quick Reference Guide (QRG). Copies of checklist and guide to be provided to MQA.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	<ul style="list-style-type: none"> • Staff will have enhanced understanding of required documentation for service plans, SAVRY, and client logs. • Youth will be provided copies of their Service Plans for each order. • Staff will have consistent logging practices within Cornet. • Staff will identify critical, high risk, and protective factors and incorporate within the service plan. 	Completed in February 2022
2. A training session to review the policy, process, and rationale for completion of the FASD screening tool will be provided to staff.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	<ul style="list-style-type: none"> • Youth and their families will have access to assessments and services to assist with transitioning into adulthood. 	Completed in February 2022
3. A training session to review the policies related to victim contact and considerations will be provided to staff and where appropriate victims notified.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	<ul style="list-style-type: none"> • Victim contact and considerations will be documented and victims notified as appropriate. 	Completed in February 2022
4. A training session component with a focus on documenting Indigenous heritage and increasing and enhancing cultural connectedness for youth will be provided to staff and where appropriate current service plans will be updated.	Director of Practice with support of the Youth Justice Regional Director and the Youth Justice Practice Consultant.	<ul style="list-style-type: none"> • Service plans for Indigenous youth will reflect and enhance their connections to their communities, heritages, and cultural practices. 	Completed in February 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 Fraser SDA. The audit included reviews of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The data collection phase of this audit took place in June through December 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 September 15, 2019, nine months prior to the audit start date, and
 - List two contained files that were open on September 15, 2018, 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 Fraser SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

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

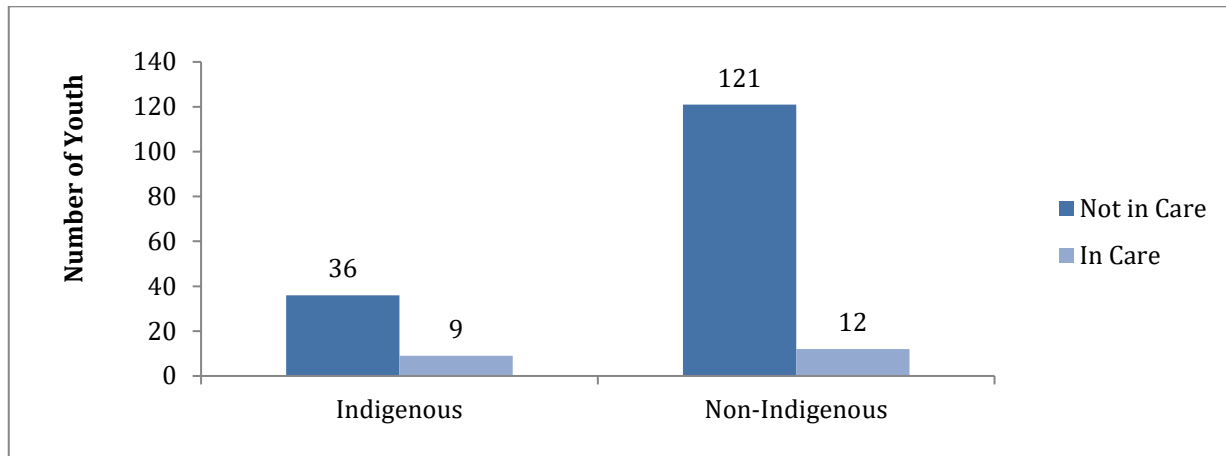
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the practice analyst watched for situations in which the 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 178 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 178 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 Fraser SDA was **45%**.

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	178	150	84%	28	16%

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

The compliance rate for this measure was **84%**. The measure was applied to all 178 files in the samples; 150 were rated achieved and 28 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 28 files rated not achieved, 7 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; 17 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 178 files, 11 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 162 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, 145 files did not confirm that the youth were informed about the MCFD complaints process; 118 did not confirm that the youth were informed that the victims would be notified and provided with copies of the relevant orders; 33 did not confirm that the court orders were reviewed with the youth; and 19 did not confirm that the dates, times and manners of the next contacts were communicated to 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	149*	47	32%	102	68%

* 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 **32%**. The measure was applied to 149 of the 178 files in the samples; 47 were rated achieved and 102 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 102 files rated not achieved, 62 did not contain the required FASD Screening/Referral Tools; 23 contained the required FASD Screening/Referral Tools, but they were not completed within 30 days of the initial interviews with the youth; 13 contained the required FASD Screening/Referral Tools, but no documentation they were forwarded to the Asante Centre; and 4 had a combination of the occurrences.

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	178	103	58%	75	42%
CYJ 4: SAVRY updated every six months	139*	60	43%	82	57%

*This measure was not applicable to 39 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 **58%**. The measure was applied to all 178 files in the samples; 103 were rated achieved and 75 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 75 files rated not achieved, 53 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; 11 did not have one or more of the required SAVRYs; and 11 had combinations of the above noted reasons. Of the 53 files with SAVRYs that were completed after the 30-day timeframe, the extra time they took to complete was between one and 190 days, with the average being 44 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:

- 124 had more than half, but not all, of the comment boxes filled out
- 28 had less than half of the comment boxes filled out
- 23 had all the comment boxes filled out, and
- 5 had half of the boxes filled out.

CYJ 4: SAVRY updated every six months

The compliance rate for this measure was **43%**. The measure was applied to 139 of the 178 files in the samples; 60 were rated achieved and 79 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 79 files rated not achieved: 74 had SAVRY updates, but some or all the updates were not completed every six months, and 5 had one or more SAVRYs that were not updated. Of the SAVRY updates that took longer than six months to complete, the extra time they took to complete was between one and 400 days, with the average being 35 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	178	75	42%	103	58%
CYJ 6: Service Plan approved by supervisor within five working days of receipt from youth probation officer	178	112	63%	66	37%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	178	1	1%	177	99%
CYJ 8: Service Plan updated every six months or when transferred file received	133*	47	35%	86	65%

* This measure was not applicable to 45 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 **42%**. The measure was applied to records in all 178 files in the samples; 75 were rated achieved and 103 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 103 files rated not achieved, 42 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; 26 did not have one or more service plans completed for new orders or when transferred files were received; 9 had one or more service plans that were completed prior to the completion of SAVRYs; and 26 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 183 days, with the average being 37 days.

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

The compliance rate for this measure was **63%**. The measure was applied to records in all 178 files in the samples; 112 were rated achieved and 66 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 66 files rated not achieved, 51 had one or more service plans approved by supervisors, but not within five working days, 12 had one or more service plans but not approved by the supervisor; 2 had a combination of these occurrence; and 1 did not contain any service plans. Of the 53 files with service plans that were approved by supervisors, but not within five working days, the extra time they took to be approved was between one and 103 days, with the average being 12 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 178 files in the samples; 1 was rated achieved and 177 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 177 records rated not achieved, 176 had combinations of missing the above requirements; and 1 did not contain any service plans.

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 **35%**. The measure was applied to records in 133 of the 178 files in the samples; 47 were rated achieved and 86 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 86 files rated not achieved, 46 had one or more service plans that were not updated every six months; 36 had one or more service plans that were updated, but not within six months of a previously completed service plan (1 file had a service plan that was completed prior to a SAVRY being completed and 1 file had a service plan that was partially completed); 3 had a combination of these occurrences; and 1 did not contain any service plans.

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	178	62	35%	116	65%
CYJ 10: Service Plan addressed SAVRY protective factors	178	112	63%	66	37%

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 178 files in the samples; 62 were rated achieved and 116 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 116 files rated not achieved, 35 had one or more service plans that did not address the highest rated risk factors; 30 had one or more service plans that did not address critical or other risk factors; 17 had one or more service plans that did not describe how the selected strategies would be implemented; 10 had one or more service plans that were completed before the SAVRY

was completed; 1 did not identify strategies to address the selected risk factors; 22 had combinations of the above noted reasons; and 1 did not contain any service plans.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **63%**. The measure was applied to records in all 178 files in the samples; 112 were rated achieved and 66 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 66 files rated not achieved, 27 had one or more service plans that did not identify the strategies that would be used; 15 had one or more service plans that did not address protective factors identified in the SAVRYs; 12 had one or more service plans completed prior to the SAVRYs; 5 had one or more service plans that did not describe how the identified strategies would be implemented; 6 had a combination of the above noted reasons; and 1 did not contain any service plans.

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

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

Table 6: Other Issues Related to Court Orders 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.)	178	50	28%	128	72%
CYJ 12: Service Plan addressed Youth's goals	178	151	85%	27	15%

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

The compliance rate for this measure was **28%**. The measure was applied to records in all 178 files in the samples; 50 were rated achieved and 128 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 128 files rated not achieved, 90 had one or more service plans that addressed some, but not all, of the other issues/items related to the court orders; 12 had one or more service plans that did not address any of the other issues/items related to the court orders; 8 had one or more service plans that addressed other issues/items related to the court orders but did not identify strategies to be used; 17 had a combination of these occurrences; and 1 did not contain any service plans. The practice analysts observed that of the 105 files that had at least one service plan that addressed some, but not all, of the conditions on the order.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **85%**. The measure was applied to all 178 files in the samples; 151 were rated achieved and 27 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 27 files rated not achieved, 14 had at least one or more service plans that included the youth's goals but did not identify the strategies to be implemented; 11 had one or more service plans that did not address any of the youths' goals; 1 had a combination of these occurrences; and 1 did not contain any service plans.

b.7 Victim Contact and Victim Considerations

Table 7 provides compliance rates for measures CYJ 13 and CYJ 14, which have to do with contacting the victim within five working days of receipt of the court order and addressing victim considerations in the service plan. The notes below the table provide the number of files to which 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)	137*	70	51%	67	49%
CYJ 14: Service Plan addressed victim considerations	152**	92	61%	60	39%

*This measure was not applicable to 41 files because there were no protective conditions.

**This measure was not applicable to 26 files because there were no victim considerations that needed to be addressed.

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

The compliance rate for this measure was **51%**. The measure was applied to 137 of the 178 files in the samples; 70 were rated achieved and 67 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 67 files rated not achieved, 53 had one or more occurrences when the victims were contacted, but not within the required five working days; 9 had one or more occurrences when the victims were not contacted and the reasons were not recorded in the CORNET Client Log; and 5 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **61%**. The measure was applied to 152 of the 178 files in the samples; 92 were rated achieved and 60 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 60 files rated not achieved, 43 had one or more service plans that addressed some, but not all, of the victims' considerations; 8 had one or more service plans that addressed victim considerations but did not identify strategies to be used; 6 had one or more service plans that did not address the victims' considerations; 2 had a combination of these occurrences; and 1 did not contain any service plans.

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

b.8 Considerations Specific to Indigenous Youth

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

Table 8: Considerations Specific to Indigenous Youth

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous youth	45*	35	78%	10	22%

* 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 **78%**. The measure was applied to 45 of the 178 files in the samples; 35 were rated achieved and 10 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.

All the 10 files rated not achieved 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	178	65	37%	113	63%

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

The compliance rate for this measure was **37%**. The measure was applied to records in all 178 files in the samples; 66 were rated achieved and 113 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 113 files rated not achieved, 111 had one or more service plans with partially completed social histories, 1 had one or more service plans with no social histories, and 1 did not contain any service plans.

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 111 files that had one or more service plans with partially completed social histories, 80 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, 67 were missing offences information, 64 were missing relevant victim information, and 52 were missing information about the youths' previous contacts with the justice system. The total adds to more than the number of files that had one or more service plans with partially completed social histories because 106 files had combinations of the above noted reasons.

Of the 45 files pertaining to Indigenous youth, 33 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	113*	23	20%	90	80%

* This measure was not applicable to 65 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 **20%**. The measure was applied to 113 of the 178 files in the samples; 23 were rated achieved and 90 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 90 files rated not achieved, 81 had one or more occurrences when the required supervisory consultations were not documented; 6 had one or more occurrences when either consultations occurred but the supervisors' approvals and/or directions were not noted or consultations occurred and details of the consultations were not recorded; and 3 had a combination of these reasons.

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

b.11 Documentation in CORNET

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

Table 11: Documentation in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	178	6	3%	172	97%
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	178	77	43%	101	57%

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

The compliance rate for this measure was **3%**. The measure was applied to records in all 178 files in the samples, 6 were rated achieved and 172 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 172 files rated not achieved, 23 had one or more occurrences when required documents were not attached to the CORNET Client Logs; 13 had one or more occurrences when log entries were titled, but the records' content fields were left blank or incomplete; and 136 had combinations of the above noted reasons, including 2 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 **43%**. The measure was applied to records in all 178 files in the sample; 78 were rated achieved and 101 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 101 files rated not achieved, 39 had one or more occurrences when Client Logs were recorded in CORNET, but not within five working days; 25 were missing entries in the CORNET Client Logs; 2 had one or more occurrences when Client Logs were recorded in attachments in CORNET; and 35 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 178 files reviewed, 145 (81%) had up-to-date Client Log entries that were printed and placed in the physical files and 43 (24%) had Client Log entries that were clearly written so that someone unfamiliar with the files would understand. The practice analysts found that 76 (43%) 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.