



Kootenays Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: April 2020

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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 Kootenays Service Delivery Area (SDA) in March and April 2019.

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

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

1. SUMMARY OF FINDINGS

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the Kootenays SDA. The audit included a review of electronic records and attachments in the CORNET computer system, as well as documents in the physical files. The samples contained a combined total of 46 files. The review focused on practice within a three-year timeframe that started on March 1, 2016 and ended on February 28, 2019. The following sub-sections contain the findings and observations of the practice analyst 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 a youth probation officer see the youth in person, to complete an initial interview by the date stipulated in the order, or within 5 days of the issuance of the order, if a date is not stipulated in the order itself. The intended outcome of this policy is that the youth understands the order and the consequences of not complying with the order. The initial interview process is repeated for each new order.

The standard of practice for an initial interview is that the 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 ministry's complaints process; communicates the date, time

and manner of the next contact the youth will have with the 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.

In conducting this audit, the practice analyst found that one third of the files in the samples had all initial interviews documented in the CORNET Client Log within the required timeframe. More than half the files had at least one initial interview that was documented in the Client Log but not within the required timeframe, and about one in six files did not have any initial interviews documented. Slightly more than half the files contained orders with conditions requiring victim notification and in three quarters of those files there was no documentation indicating that the youth was told that the victim would be notified and provided with a copy of the order. Further, one quarter of the files had no documentation indicating that the ministry's complaints process was explained 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 for every youth who is sentenced and required to report to a probation officer and submit the results to The Asante Centre without identifying the youth. If the results indicate that a youth was screened in for FASD, the policy requires the probation officer to seek the youth's consent, and if the youth consents, refer the youth to The Asante Centre for a comprehensive assessment. The tool has to be completed once for each youth. The intended outcome is access to potentially effective treatment and services for a youth who is diagnosed with FASD and their family, while the youth is involved with the criminal justice system and afterward.

The standard is that the youth probation officer completes the FASD Screening and Referral Tool within 30 days after the initial interview with the youth.

The analyst who conducted this audit found that youth probation officers were required to complete the FASD Screening and Referral Tool for almost half of the youth represented in the samples, and in almost three quarters of the files pertaining to these youth the practice analyst was able to confirm that the tool was completed and sent to The Asante Centre within 30 days of the initial interview. Almost one in five files had documentation indicating that the tool was completed and sent to The Asante Centre, but not within the required timeframe, and in two files the analyst could not determine whether the tool had been completed or sent to The Asante Centre.

1.3 Structured Assessment of Violence Risk in Youth (SAVRY)

Youth justice policy requires a youth probation officer to continually assess risk and protective factors by completing a SAVRY for every youth who is sentenced and required to report to a probation officer, and by updating the SAVRY on a regular basis. The intended outcomes are reduced recidivism and public protection.

The standard is that the youth probation officer completes a SAVRY within 30 days after the initial interview with a youth, when the youth is the subject of a new court order and/or when a youth's file is transferred to the probation officer, and every six months thereafter, for the time that the youth is under supervision.

Two thirds of the files reviewed for this audit had SAVRYs that were completed within the 30-day timeframe. The remaining files had at least one SAVRY that was completed after that timeframe, and two thirds of those SAVRYs took more than an additional 20 working days to complete. In files that required an updated SAVRY, half had SAVRY updates that were completed within the 6-month timeframe. Almost all of the remaining files had SAVRY updates that were completed after the required timeframe, and almost half of those SAVRY updates took more than 20 additional working days to complete. Three files did not have any of the required SAVRY updates.

Youth probation officers are notified of SAVRY due dates automatically in the CORNET electronic system. These notifications would have been sent for SAVRYs in all but 7 of the 46 files reviewed for this audit.

1.4 Service Plan

When a youth is sentenced and under the supervision of a youth probation officer, the 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. The intended outcome is effective management of the risks presented by the youth in ways that protect the public and bring about positive change in the youth's offending behaviour.

The standard is that the youth probation officer completes a service plan within 30 days of an initial interview with a youth or within 30 days of a file transfer, and updates the service plan every 6 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 5 working days of receipt from the youth probation officer, and that the probation officer review the plan with the youth and provide copies of the plan to the youth and the youth's parent or guardian.

The audit found that, in more than half of the files in the samples, all of the service plans were completed within 30 days after an initial interview with a youth or receipt of a transferred file, as

required. Almost a third of the files had service plans that were completed after the required timeframe, and one in nine were either missing one or more service plans or had a service plan that was completed prior to the SAVRY being completed.

There were 35 files that required updated service plans, and more than half of these files were missing at least one updated service plan. Further, a quarter of these files had at least one service plan that was updated after the required 6-month timeframe. Overall, only one in every five of these files had service plans that were all updated within the required timeframe.

The audit found that almost two thirds of the files had service plans that were all approved by a supervisor within the required timeframe. The analyst observed that the youth probation officers in this SDA consistently documented when they sent a service plan to their supervisor for review and approval.

However, in a clear majority of the files, the analyst was unable to confirm that service plans had been reviewed with the youth and copies provided to the youth and parent or guardian. The analyst reviewed all client log entries in these files to confirm whether this had occurred.

Delays in completing and updating service plans and lack of confirmation that the service plans were reviewed with the youth and copies provided to the youth and parents or guardians would make it difficult to determine whether the intended outcomes of service planning were being achieved. Careful attention to service planning could result in a youth being more responsive to available programs and services that have the potential to meet their needs and bring about positive change.

1.5 SAVRY Risk and Protective Factors

As a matter of policy, a youth probation officer is required to develop service plans that target SAVRY risk and protective factors related to a youth's offending behaviour. The intended outcome is reduced recidivism and public protection.

The standard is that the 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.

In conducting this audit, the analyst found that two thirds of the files in the samples had service plans that did not address the highest rated risk factors, which included risk factors rated high and risk factors designated critical by the youth probation officer. Only one in six files had service plans that addressed the highest rated risk factors. Also, one in five files had at least one service plan that did not describe how the strategies selected to address the risk factors would be implemented, and almost the same number of files had at least one service plan that was completed prior to a SAVRY being completed.

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

1.6 Other Issues Related to Court Order and Youth's Goals

Youth justice policy requires that a youth probation officer ensure 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 public protection.

The standard is that the 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.

In this audit, the analyst found that most of the files in the samples had service plans that addressed all the conditions related to an active order. Seven files had at least one service plan that did not address all of the conditions in an order, and two had at least one service plan that did not address any of the conditions in an order. This finding raises questions about how youth probation officers decide which conditions to address in a service plan.

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

The standard is that the 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 a clear majority of the files, the analyst found that all of the service plans included the youth's goals, along with strategies to support the youth in attaining their goals.

1.7 Victim Contact and Victim Considerations

Youth probation officers are required by policy to provide victims 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 opportunity for the youth to make amends for harm caused to the victim.

The standard is for a youth probation officer to inform a victim, within 5 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 the probation officer to address in the service plan any victim considerations in an order.

In more than half the files with a protective condition in an order, the analyst found documentation indicating that the victim was notified within the required timeframe. However, victim notification occurred after the required timeframe in more than a third of the files, and in some files there was no documentation indicating that the victim was ever notified.

Almost all of the files with victim considerations in an order, such as apology letters, restorative justice processes, or restitution, had service plans that addressed these conditions.

1.8 Considerations Specific to Indigenous Youth

Youth justice policy requires that youth probation officers consult with Indigenous communities and include Indigenous community participation in making services more relevant and responsive to the needs of Indigenous youth who are sentenced and required to report to a probation officer. The intended outcome is to acknowledge the role of the youth's family and community and the importance of Indigenous values, traditions and processes in resolving harm.

The standard associated with this policy is that youth probation officers 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 the 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 analyst found that almost all of the 22 files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed.

1.9 Social History

As a matter of policy, all service plans are required to 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 of the information they need to provide continuous service and make informed decisions related to case planning and public safety.

The standard is that the probation officer completes a social history with detailed information about the youth and the youth's family, the youth's behaviour, relationships, education, employment, peers, leisure activities, substance use, mental health, medical history, current offences, victim considerations, previous contact with the justice system, etc. If the youth is Indigenous, the social history includes information about the youth's connection to their culture and identifies Indigenous community members or programs that might be available to support the youth.

In this audit, all of the service plans in two out of every five files in the samples had fully completed social histories. The remaining files had at least one service plan with a social history that was missing one or more of the required elements. For example, two thirds were missing information about the offence for which the youth was being supervised; one third were missing information about the youth's previous contact with the justice system; almost a quarter were missing information about the youth's behaviour at home, in school and in the community; and one fifth were missing information about the youth's relationship with their parent or guardian.

While almost all of the 22 files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed, more than half of these files had at least one service plan with a social history that lacked information about the youth's Indigenous heritage, the youth connection to their community, heritage and cultural practices, and/or Indigenous community members or programs that might be available to support the youth. However, in the CORNET Client Log for these 22 files there were many references to accessing Indigenous services or programs through a DAA. This suggests that many of the youth were accessing culturally relevant services even though this aspect of practice may not have been documented in the social history part of their service plan.

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and the probation officer decides not to send a report to Crown Counsel, youth justice policy requires the youth probation officer to consult with a supervisor about the breach. A similar process applies when a youth violates conditions of supervision in the community or a conditional supervision order. The intended outcome is that youth are held accountable in a way that takes into consideration both the circumstances surrounding the breach or violation and public protection.

The standard associated with this policy requires the youth probation officer to record in the youth's file the circumstances of the breach or violation, the content of the consultation with the supervisor, and the rationale for the decision not to initiate the enforcement process.

In three quarters of the files in which a breach or violation of an order was not enforced by the youth probation officer the analyst found no documentation indicating that a consultation with a supervisor had occurred. In reviewing these files, the analyst read all of the entries in the CORNET Client Log, noting breaches and violations, and looking for subsequent consultations when no enforcement action was taken.

The policy related to non-enforcement of breaches and violations applies to all order types, which could result in a high number of consultations per file, depending on the youth's behaviour, maturity level, peer group, mental health, court history, etc. Holding youth accountable in ways that take into consideration the circumstances surrounding the breach or

violation and public protection can be challenging. Documenting the decision and rationale for non-enforcement demonstrates that this challenge is being thoughtfully addressed.

1.11 Documentation in CORNET

Youth justice policy requires youth probation officers to record and attach all relevant client information in the CORNET offender management system. The intended outcomes are continuity of service, including day-to-day supervision and support for the youth, public accountability, and public protection.

The standard is that the 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 audit found that three quarters of the files in the samples had CORNET Client Log entries that were not recorded within the required timeframe. Most of these files had at least one log entry that was entered more than 20 working days after the required timeframe, and five had log entries that were entered in bulk, in a single WORD document attached to the Client Log. The Kootenays SDA extends over a large geographic area and youth probation officers travel extensively to meet with youth in their home communities. As such, travel time, access to office space, and computer connectivity could be factors that affect the timeliness and format of CORNET Client Log entries in this SDA.

The analyst reviewed the physical files and all of the CORNET Client Log entries and cross-referenced documents that were required to be attached in CORNET. The analyst found that almost all of the physical files had documents that were not attached in the CORNET Client Log. In addition, more than half the files had CORNET Client Log entries that had record titles but no record content. Often, the content was contained in the record title, which required scrolling from left to right, and made it difficult to read the log entries in a timely manner.

2. ACTIONS TAKEN TO DATE

On March 30, 2020, the Executive Director of Service (EDS), the Director of Operations (DOO) responsible for Community Youth Justice (YJ) Services, and the YJ Team Leader reviewed the findings of this audit with the practice analyst and manager in the Quality Assurance Branch who conducted the audit and finalized the report. Following the review, the YJ leadership team developed the following action plan.

3. ACTION PLAN

ACTION	PERSON RESPONSIBLE	INTENDED OUTCOMES	COMPLETION DATE
1. Meet with YPO team (virtually) to review and discuss audit results, including action plan.	YJ Team Leader	YJ team has a chance to discuss the audit results and provincial expectations, and to ensure clarity on expectations.	May 24, 2020
2. Develop a checklist for files that encompasses all 19 audit measures and use the checklist as a tracking mechanism to ensure standards met on each file.	YJ Team Leader, YPOs	YJ team uses checklist as a tracking system to ensure all required standards met.	May 24, 2020
3. Document initial interviews with youth in the CORNET log within 5 working days.	YPOs, with TL supervision/file reviews	Timely and accurate documentation of initial interview with youth.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
4. Complete SAVRY as per policy.	YPOs, with TL supervision/file reviews	Timely assessments and documentation.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
5. Complete Service Plans within 30 days, approved by TL, and reviewed with both youth and parent/guardian with copy provided. Update plans where required every 6 months or when transferred file received.	YPOs, with TL supervision/file reviews	Service plans are inclusive of meaningful discussions with youth and their families.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
6. Speak to and address in Service Plans critical and/or other risk factors that contributed to offending behaviour.	YPOs, with TL supervision/file reviews	Addressing critical risk issues, wherever possible, while building on protective factors, is anticipated to lead to more positive outcomes for the youth.	October 30, 2020 Review to ensure this is occurring on an ongoing basis

7. Include in Service Plans social history with all required information.	YPOs, with TL supervision/file reviews	Service Plans are completed per standard.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
8. Contact victims within 5 working days of receipt of order.	YPOs, with TL supervision/file reviews	Victims are informed as per policy.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
9. Document TL consults with regard to non-enforcement of breach or violation.	YPOs, with TL supervision/file reviews	Record reflects TL consultation, rationale for decision and TL direction/approval.	October 30, 2020 Review to ensure this is occurring on an ongoing basis
10. Attach required documents to Client Log in CORNET and ensure that entries contain information that corresponds with record title.	YPOs, with TL supervision/file reviews	Client files contain accurate and timely information as per policy.	May 24, 2020 Review This action will take priority due to low compliance. TL to ensure monthly reviews with each employee specific to this action.
11. Record client logs in CORNET within 5 working days and print and place on file once per month.	YPOs, with TL supervision/file reviews	Client files contain accurate and timely information as per policy.	October 30, 2020 Review to ensure this is occurring on an ongoing basis

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 Kootenays SDA. The audit included a review of electronic records and attachments in the CORNET computer system, as well as documents in the physical files.

The samples were selected using the following process:

1. Two lists of CS file numbers were obtained from the Youth Justice Project Consultant in the Specialized Intervention and Youth Justice Branch:
 - List 1 contained files that were open on June 1, 2018, 9 months prior to the audit start date, and
 - List 2 contained files that were open on June 1, 2017, 12 months prior to the date specified in List 1.
2. Files in List 2 that were also in List 1 (i.e., duplicate files) were removed from List 2.
3. Files that were labelled CS number not found (i.e., files with sealed orders) and files that contained only bail orders, extra judicial sanctions, adult only orders, custody only orders, orders that were less than 6 months in length, orders in which the majority of supervision occurred in another SDA, and/or orders in which less than 6 months of supervision was provided by the Kootenays SDA were removed from both lists.
4. The most significant court order in each file on both lists was selected, and practice related to that court order, as well as all other orders that were active within the timeframe of that order, was reviewed using the CYJ audit tool and rating guide.

The CYJ audit tool contains 19 measures designed to assess compliance with key requirements in the CYJ Operations Manual.

Each measure contains a scale with “achieved” and “not achieved” as rating options as well as ancillary questions designed to assist the analysts in collecting categorical and qualitative data that explain or provide context for the ratings.

The measures in the CYJ audit tool apply to practice that occurred within the time period of community supervision defined by the most significant court order in effect during the audit timeframe, which was 36 months prior to the audit start date. The most significant court order was identified through the following process:

- If there was one court order in effect within the audit timeframe, that order was selected.
- If there were multiple orders in effect within the audit timeframe, the longest order was selected.
- If the orders were roughly of the same length, selection was based on the severity of the offence (i.e., personal harm offences over property offences).
- If the orders were roughly of the same length and for the same type of offence, the most recent order was selected.

The records in the selected files were reviewed and assessed by a practice analyst with youth justice specialization, on the provincial Audit Team, in the Quality Assurance Branch.

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

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

The data collection phase of this audit took place in March and April 2019.

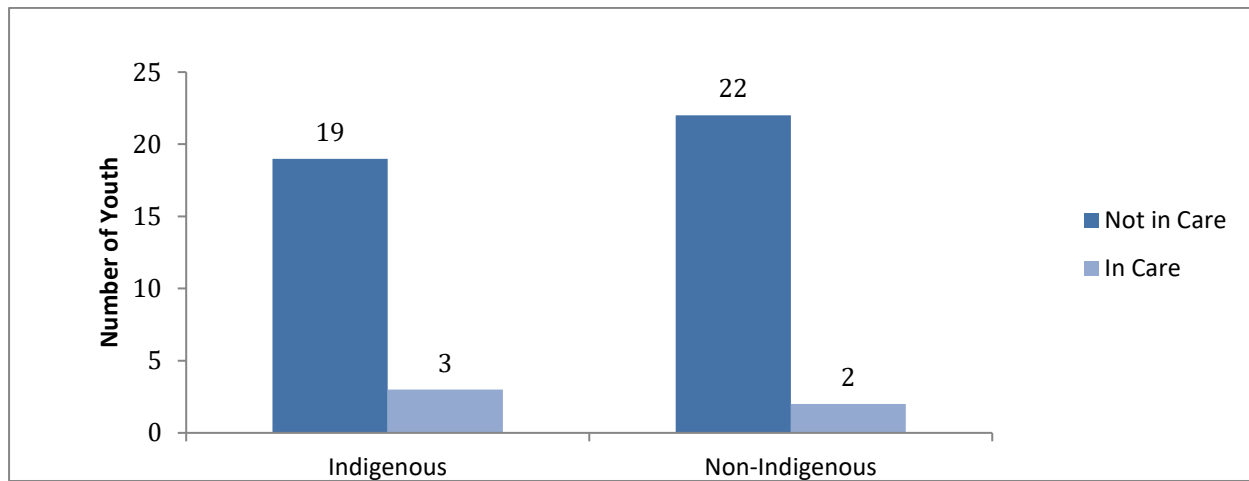
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the analysts watch for situations in which the information in the record suggests that a child may have been left in need of protection. When identified, the record is brought to the attention of the responsible team leader (TL) and director of operations (DOO), as well as the executive director of service (EDS), for follow up, as deemed appropriate. This procedure is also used to identify for action any youth justice record that suggests there may be a current public safety concern, and when a record, such as a Youth Forensics Psychiatric Services report, is inappropriately attached to CORNET.

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 of the measures in the audit tool (CYJ 1 to CYJ 19). The measures correspond with specific components of the CYJ Operations Manual and are labelled accordingly. Each table is followed by an analysis of the findings presented in the table. The analysis includes a breakdown of the reasons why a measure was rated achieved or not achieved. It is important to note that some measures can result in a rating of not achieved for more than one reason.

Combined, there were 46 files in the two samples selected for this audit. Figure 1 provides an overview of the youth whose files were included in the samples.

Figure 1: Demographic Characteristics of Youth



Not all of the measures in the audit tool were applicable to records in all 46 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 this SDA was **48%**.

b.1 Initial Interview with Youth

Table 1 provides the compliance rate for measure CYJ 1, which has to do with documenting the initial interview with the youth. The compliance rate is the percentage of the files that had records to which the measure was applied and rated achieved.

Table 1: Initial interview with youth documented

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 1: Initial interview with youth documented within 5 working days	46	17	37%	29	63%

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

The compliance rate for this measure was **37%**. The measure was applied to records in all 46 files in the samples; 17 of the 46 files received a rating of achieved and 29 received a rating of not achieved. To receive a rating of achieved, the initial interview with the youth had to have been completed and documented in the CORNET Client Log within five working days.

Of the 29 files that received a rating of not achieved, 22 had at least one initial interview that was required and documented in the CORNET Client Log, but not within five working days; 5 had at least one initial interview that was required and not documented; and 2 had a combination of these occurrences.

The measure was accompanied by the question, “Which components of the interview process were not documented in CORNET?” This question did not impact the compliance rate for the measure but was designed to verify whether all required aspects of an initial interview were documented in the client log.

Of the 43 files in which an initial interview was documented, 9 had complete documentation of every initial interview and 34 had at least one initial interview that was missing at least one element. For example, 21 files had no documentation indicating that the youth was informed that the victim would be notified and provided with a copy of the order; 12 had no documentation indicating that the youth was informed about the MCFD complaints process; 3 had no documentation indicating that the court order was reviewed with the youth; and 1 had no documentation indicating that the date, time and manner of the next contact was 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 compliance rate is the percentage of the files that had records to which the measure was applied and rated achieved. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 2: FASD Screening/Referral Tool completed

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 2: FASD Screening/Referral Tool completed within 30 days of intake, and results forwarded to Asante Centre*	22	16	73%	6	27%

* This measure was not applicable to 24 files which contained documentation indicating that the FASD Screening/Referral Tool had been previously completed and therefore the tool did not need to be completed again.

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

The compliance rate for this measure was **73%**. The measure was applied to records in 22 of the 46 files in the samples; 16 of the 22 files received a rating of achieved and 6 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the FASD Screening/Referral Tool was completed within 30 days of an initial interview with a sentenced youth and forwarded to the Asante Centre.

Of the 6 files that received a rating of not achieved, 4 had FASD Screening/Referral Tools that were forwarded to the Asante Centre but had not been completed within 30 days of the initial interview with the youth, and 2 were missing FASD Screening/Referral Tools that were required.

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

Table 3: SAVRY completed and updated

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 3: SAVRY completed within 30 days of initial interview with youth, and when a transferred file is received	46	31	67%	15	33%
CYJ 4: SAVRY updated every 6 months*	36	18	50%	18	50%

*This measure was not applicable to 10 files in which the length of the order did not require an update, or the period of supervision covered by the audit ended before an update was required on a subsequent order, etc.

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

The compliance rate for this measure was **67%**. The measure was applied to records in all 46 files in the samples; 31 of the 46 files received a rating of achieved and 15 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

- The SAVRY was completed within 30 days of the initial interview with the youth;
- The SAVRY was completed within 30 days of receiving a transferred file; or
- A consultation regarding the need for an extension to complete a required SAVRY occurred and direction was provided by the supervisor.

Of the 15 files that received a rating of not achieved, 8 had at least one occurrence when a required SAVRY was completed, but not within 30 days of an initial interview with the youth; 5 had at least one occurrence when a required SAVRY was completed, but not within 30 days after a transferred file was received; and 2 had a combination of these occurrences.

Of the 15 files with SAVRYs that were completed after the 30-day timeframe, 10 had SAVRYs that took more than 20 additional working days to complete.

The analyst who conducted this audit also noted how many comment boxes in the initial SAVRY were filled out by the youth probation officer. These comments provide the rationale or basis for the ratings in the SAVRY. Of the 46 files in the samples, 2 had an initial SAVRY with all the comment boxes filled out. The remaining 44 files had an initial SAVRY in which comment boxes were filled out as follows:

- 6 had approximately half of the boxes filled out;
- 13 had more than half, but not all, of the boxes filled out; and
- 25 had fewer than half of the boxes filled out.

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

CYJ 4: SAVRY updated every 6 months

The compliance rate for this measure was **50%**. The measure was applied to records in 36 of the 46 files in the samples; 18 of the 36 files received a rating of achieved and 18 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 18 files that received a rating of not achieved, 15 had at least one occurrence when a required SAVRY was updated, but not within the 6-month timeframe; and 3 had at least one occurrence when a required SAVRY was not updated at all.

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

Table 4: Service plan completed, approved, reviewed and updated

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 5: Service Plan completed within 30 days of initial interview with youth	46	24	52%	22	48%
CYJ 6: Service Plan approved by supervisor within 5 working days of receipt from youth probation officer	46	29	63%	17	37%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	46	5	11%	41	89%
CYJ 8: Service Plan updated every 6 months or when transferred file received*	35	6	17%	29	83%

*This measure was not applicable to 11 files in which the length of the order did not require an update, or the period of supervision covered by the audit ended before an update was required on a subsequent order, etc.

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

The compliance rate for this measure was **52%**. The measure was applied to records in all 46 files in the samples; 24 of the 46 files received a rating of achieved and 22 received a rating of not achieved. To receive a rating of achieved the file had to contain documentation indicating that a service plan was completed within 30 days of an initial interview related to a new order, or within 30 days of receiving a transferred file, and after the SAVRY was completed.

Of the 22 files that received a rating of not achieved, 9 had at least one occurrence when a service plan was completed, but not within 30 days of an initial interview, or not within 30 days from the time that a transferred file was received; 4 had at least one occurrence when a service plan was not completed for a new order, or when a transferred file was received; 2 had at least one occurrence when a service plan was completed prior to the completion of a SAVRY; 1 had at least one occurrence of a service plan being incomplete; and 6 had a combination of these occurrences.

Of the files with service plans that were completed after the 30-day timeframe, 3 had at least one service plan that took more than 20 additional working days to complete.

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

The compliance rate for this measure was **63%**. The measure was applied to records in all 46 files in the samples; 29 of the 46 files received a rating of achieved and 17 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan was approved by a supervisor within five working days of receipt from the youth probation officer.

Of the 17 files that received a rating of not achieved, 12 had at least one occurrence when a service plan was approved by a supervisor, but not within five working days; 4 had at least one occurrence when a service plan was completed, but not approved by a supervisor; and 1 had a combination of these occurrences.

Of the files that were approved, but not within five working days, 4 had service plans that took more than 20 additional working days to approve.

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

The compliance rate for this measure was **11%**. The measure was applied to records in all 46 files in the samples; 5 of the 46 files received a rating of achieved and 41 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 41 records that received a rating of not achieved, 34 had a combination of occurrences when a service plan was not reviewed with the youth, a copy of the service plan was not provided to the youth, and a copy of the service plan was not provided to a parent/guardian; and 7 had at least one occurrence when the service plan was not reviewed with the youth and a copy was not provided to the youth.

The analyst who conducted the audit found a number of examples of Integrated Case Management (ICM) and other meetings taking place, where the youth was in attendance and case planning was discussed; however, there was no documentation indicating that the service plan was reviewed during these meetings.

CYJ 8: Service plan updated every 6 months

The compliance rate for this measure was **17%**. The measure was applied to records in 35 of the 46 files in the samples; 6 files received a rating of achieved and 29 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan had been updated within 6 months of a previously completed service plan and after the SAVRY was updated.

Of the 29 files that received a rating of not achieved, 18 had at least one occurrence when a service plan was not updated at all; 9 had at least one occurrence when a service plan was updated, but not within 6 months of a previously completed service plan; and 2 had at least one occurrence when a service plan was completed prior to the completion of the SAVRY.

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

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 9: Service Plan addressed SAVRY critical and/or other risk factors that contributed to offending behaviour focusing on the higher rated factors	46	8	17%	38	83%
CYJ 10: Service Plan addressed SAVRY protective factors	46	27	59%	19	41%

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

The compliance rate for this measure was **17%**. The measure was applied to all 46 files in the samples; 8 of the 46 files received a rating of achieved and 38 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 38 files that received a rating of not achieved, 16 had at least one occurrence when a service plan did not address critical or other risk factors; 7 had at least one occurrence when a service plan did not address the highest rated risk factors; 3 had at least one occurrence when a service plan was completed prior to the SAVRY being completed; 2 had at least one occurrence when a service plan did not describe how the selected strategies would be implemented; and 10 had a combination of these occurrences.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **59%**. The measure was applied to records in all 46 files in the samples; 27 of the 46 files received a rating of achieved and 19 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

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

Of the 19 files that received a rating of not achieved, 11 had at least one occurrence when the service plan did not describe how the identified strategies would be implemented; 5 had at least one occurrence when the service plan was completed prior to the SAVRY being completed; and 3 had a combination of these occurrences (including one which had a service plan that did not address any of the protective factors identified in the SAVRY).

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

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 11: Service Plan addressed other issues/items related to court order (reporting frequency, curfew, no contacts, referrals to programs, community work service, etc.)	46	37	80%	9	20%
CYJ 12: Service Plan addressed Youth's goals	46	45	98%	1	2%

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

The compliance rate for this measure was **80%**. The measure was applied to records in all 46 files in the samples; 37 of the 46 files received a rating of achieved and 9 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 9 files that received a rating of not achieved, 7 had at least one occurrence when the service plan addressed some, but not all, of the other issues/items related to the court order; and 2 had at least one occurrence when the service plan did not address any of the other issues/items related to the court order.

CYJ 12: Service plan addressed youth's goals

The compliance rate for this measure was **98%**. The measure was applied to all 46 files in the samples; 45 of the 46 files received a rating of achieved and 1 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

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

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

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 5 working days of receipt of the court order and addressing victim considerations in the service plan. The compliance rate is the percentage of files that had

records to which a measure was applied and rated as achieved. The notes below the table provide the number of files to which two of the measures were not applicable and explain why.

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 13: Victim contacted within 5 working days of receipt of court order, if order included protective conditions (i.e., no contact)*	26	14	54%	12	46%
CYJ 14: Service Plan addressed victim considerations**	31	28	90%	3	10%

*This measure was not applicable to 20 files in which there were no protective conditions.

**This measure was not applicable to 15 files in which there were no victim considerations that needed to be addressed.

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

The compliance rate for this measure was **54%**. The measure was applied to records in 26 of the 46 files in the samples; 14 of the 26 files received a rating of achieved and 12 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the victim was contacted within five working days of receipt of an order with protective conditions (i.e., no contact order).

Of the 12 files that received a rating of not achieved, 9 had at least one occurrence when the victim was contacted, but not within the required five working days; and 3 had at least one occurrence when the victim was not contacted; and the reason was not recorded in the CORNET Client Log.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **90%**. The measure was applied to records in 31 of the 46 files in the samples; 28 of the 31 files received a rating of achieved and 3 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that the service plan:

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

The 3 files that received a rating of not achieved had at least one occurrence when a service plan addressed some, but not all, of the victim considerations.

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

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

Table 8: Considerations specific to Indigenous youth addressed in service plan

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 15: Service Plan addressed considerations specific to Indigenous Youth*	22	19	86%	3	14%

* This measure was not applicable to 24 files because the youth were not identified as Indigenous in those files.

CYJ 15: Service Plan addressed considerations specific to Indigenous Youth

The compliance rate for this measure was **90%**. The measure was applied to records in 22 of the 46 files in the samples; 19 files received a rating of achieved and 3 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to:

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

The 3 files that received a rating of not achieved had at least one occurrence when the section of the service plan entitled “Cultural Connectedness” was not completed.

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 of the required information, in the service plan. The compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved.

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

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 16: Service Plan includes a clearly identified social history with all required information	46	19	41%	27	59%

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

The compliance rate for this measure was **41%**. The measure was applied to records in all 46 files in the samples; 19 of the 46 files received a rating of achieved and 27 received a rating of not achieved. To receive a rating of achieved, each of the required service plans in the file had to have:

- a clearly identified social history with all the required elements, or
- a reference to a pre-sentence report or youth forensic assessment with a social history that was less than 6 months old, or
- an update to a social history that was more than 6 months old.

All 27 files that received a rating of not achieved had at least one occurrence when a service plan had a partially completed social history.

The measure was accompanied by the question, “If the social history was partially completed, what information was not included?” Of the 27 files that had at least one service plan with a partially completed social history, 18 had at least one social history that lacked information about the offence, and 9 had at least one social history that lacked information about the youth’s previous contact with the justice system. Of these 27 files, 22 pertained to Indigenous youth, and of those 22 files, 14 had at least one social history that lacked information about the youth’s Indigenous heritage, and/or the youth’s connection to their community, heritage and cultural practices, and/or community members or programs that might be available to support the youth.

b.10 Non-Enforcement of Breach or Violation of Court Order

Table 10 provides the compliance rate for measure CYJ 17, which has to do with consulting a supervisor regarding non-enforcement of a breach or violation of a court order. The compliance rate is the percentage of files that had records to which the measure was applied and rated as achieved. The note below the table provides the number of files to which the measure was not applicable and explains why.

Table 10: Consultation regarding non-enforcement of breach or violation of court order

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 17: Consultation with supervisor regarding non-enforcement of breach or violation occurred*	28	6	21%	22	79%

* This measure was not applicable to 18 files in which there was no indication that a supervisor consultation was required.

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

The compliance rate for this measure was **21%**. The measure was applied to records in 28 of the 46 files in the samples; 6 of the 28 files received a rating of achieved and 22 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 22 files that received a rating of not achieved, 21 had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred; and 1 had a combination of occurrences when a consultation was required and there was no documentation indicating that the consultation had occurred and a consultation occurred but supervisor approval or direction was not recorded.

Determining whether this measure was achieved was challenging for the analyst who conducted the audit because the CYJ Operations Manual does not provide a timeframe within which supervisor consultation for non-enforcement of a breach or violation is required, and many of the files in the samples contained minimal documentation regarding supervisor consultations. As a result, the analyst had to examine all of the CORNET Client Log entries for the time period of supervision being reviewed to determine whether the measure was achieved.

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

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

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

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

Table 11: Required documents attached and client logs recorded in CORNET

Measure	Total Applicable	# Achieved	% Achieved	# Not Achieved	% Not Achieved
CYJ 18: Required documents are attached to Client Log in CORNET and entries contain information that corresponds with Record title	46	0	0%	46	100%
CYJ 19: Client logs recorded in CORNET, in separate entries and required manner, within 5 working days, and printed and placed on file once a month	46	10	22%	36	78%

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

The compliance rate for this measure was **0%**. The measure was applied to records in all 46 files in the samples, and all 46 files received a rating of not achieved. To receive a rating of achieved, the CORNET Client Log had to have:

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

Of the 46 files that received a rating of not achieved, 16 had at least one occurrence when a required document was not attached to the CORNET client log; 2 had at least one occurrence of a log entry that was titled, but the record content field was left blank or incomplete; and 28 had a combination of these occurrences (including 5 that had completed Client Log entries with the title left blank).

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

The compliance rate for this measure was **22%**. The measure was applied to records in all 46 files in the sample; 10 of the 46 files received a rating of achieved and 36 received a rating of not achieved. To receive a rating of achieved, the file had to contain documentation indicating that:

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

Of the 36 files that received a rating of not achieved, 25 had at least one occurrence when a client log was recorded in CORNET, but not within five working days; 1 had at least one occurrence when a client log was not recorded in CORNET at all; and 10 had a combination of these occurrences (including 5 that had at least one occurrence when a client log was recorded in CORNET in the form of an attachment).

The analysts who conducted the audit noted whether CORNET Client Log entries were printed and placed in the physical file on a monthly basis, and if the log entries were recorded in a manner that made it easy for someone unfamiliar with the file to understand. Of the 46 files reviewed, 42 had up-to-date Client Log entries that were printed and placed in the physical file, and 40 had Client Log entries that were clearly written and that someone unfamiliar with the file would understand. The analyst found that almost half the files contained log entries that used acronyms and abbreviations when referring to community partners. Because the roles and mandates of agencies and community resources vary across communities and service delivery areas, it is important for youth probation officers to ensure that acronyms used to identify community partners and their roles are clearly explained in the log entries.

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