



Northwest Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: November 2019

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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 Northwest Service Delivery Area (SDA) in October and November 2018.

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 Northwest 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 40 files. The review focused on practice within a three-year timeframe that started on September 1, 2015 and ended on August 31, 2018. The following sub-sections contain the findings and observations of the practice analyst 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 the standard practice for completing an initial interview.

In conducting this audit, the practice analyst found that almost half the files in the samples had all initial interviews documented in the CORNET Client Log within the required timeframe. Most of the other files had at least one order with the required stamp and signatures indicating that the youth probation officer had reviewed the order with the youth although the interview itself was not documented in the Client Log. This could have practice implications if the probation officer is required to testify in regard to a breach and has to rely on his or her memory to recall when and how the order was reviewed with the youth.

The analyst also found that three quarters of the files in the samples had no documentation indicating that the youth was informed about the ministry's complaints process, and almost half had no documentation indicating the youth was told that the victim would be contacted and provided with a copy of the order. In addition, just over a third of the files lacked confirmation that the youth was informed of the date, time and manner of their next contact with the youth probation officer.

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 samples for this audit included the files of 26 youth for whom the FASD Screening and Referral Tool was required to be completed and sent to The Asante Centre, however the practice analyst found documentation indicating that this had occurred for only 8 of these youth. The files for the remaining 18 youth had no documentation indicating that the tool had been completed.

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.

One third 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 half of those SAVRYs took more than 20 additional working days to complete.

In addition, three quarters of the files had SAVRYs that needed to be updated. The analyst found that all of these SAVRYs were updated after the 6-month timeframe, and most took more than an additional 20 working days to complete.

Youth probation officers are notified of SAVRY due dates automatically in the CORNET electronic system. These notifications would have been sent for the SAVRYs in all but three of the 40 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.

In conducting this audit, the analyst found that close to a third of the files in the samples were missing at least one initial service plan, and only 3 had all service plans completed within 30 days after an initial interview or receipt of a transferred file. In addition, more than half of the

files had at least one service plan that was completed after the required timeframe, and most of those service plans took more than 20 additional working days to complete.

There were 29 files in the samples that required updated service plans and only 3 had all updates completed within the required 6-month timeframe. Almost three quarters of the remaining files were missing at least one required service plan update, and one in five had at least one update that was completed after the required timeframe.

Only one file in the samples had documentation of supervisor approval for all service plans. Two thirds of the files lacked documentation of supervisor approval for at least one service plan, and three files were missing service plans altogether.

Because of a lack of documentation in the CORNET Client Log indicating when a service plan was provided to a supervisor for approval, the analyst had to rely on the completion date in the service plan or SAVRY to establish a timeframe. Based on this process, the analyst found that one quarter of the files had service plans that were approved after the required timeframe.

Further, more than three quarters of the files in the samples had no documentation indicating that the service plans were reviewed with the youth and copies provided to the youth and their parent or guardian. In the remaining files, the documentation indicated that some, but not all, of these requirements were met.

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 parent or guardian would make it difficult to determine whether the intended outcomes of service planning are 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 half the files in the samples had service plans that did not address the highest rated risk factors, and one in eight had service plans that did not address risk factors designated critical by the youth probation officer. Overall, only a quarter

of the files had service plans that addressed the highest rated risk factors or those designated critical, and about half had service plans that addressed one or more protective factors. Further, one in five files contained service plans that were completed or updated prior to the SAVRY being completed or updated.

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 two in five files had service plans that addressed all of the conditions related to an active order. Most of the other files had service plans that addressed some, but not all, 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 two thirds of the files, the analyst found service plans that included the youth's goals, along with strategies to support the youth in attaining their goals. In one quarter of the files, either the youth's goals were not included or strategies to support the youth in attaining their goals were not identified.

1.7 Victim Contact and Victim Considerations

Youth probation officers are required by policy to provide victims with information about court proceedings and 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 no documentation indicating that the victim was notified, and in a third of these files the documentation indicated that the victim was not notified within the required timeframe.

In contrast, almost two thirds 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 just over half of the 32 files pertaining to Indigenous youth had service plans in which the cultural connectedness section was completed. The remaining files had service plans in which the cultural connectedness section was left blank or incomplete, or were missing one or all of the required service plans.

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 youth justice staff who 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 files in the samples had service plans with an incomplete or missing social history: about three quarters had service plans with an incomplete social history, and about a quarter were either missing service plans altogether or had service plans that were missing the social history. Of the files with service plans that had incomplete social histories, two thirds were missing information about the offence; almost two thirds were missing information about the youth's relationship with their parent or caregiver; almost half were missing information about the youth's behaviour at home, school, or in the community; and a third were missing information about the youth's previous contact with the justice system.

Further, more than three quarters of the 32 files pertaining to Indigenous youth had service plans with social histories that were missing information about the youth's Indigenous heritage, the youth's connection to community, heritage and cultural practices, and/or Indigenous community members or programs that might be available to support the youth.

1.10 Non-enforcement of Breach or Violation of Court Order

When a youth fails to comply with conditions in an order and the probation officer decides not to send a report to Crown Counsel, youth justice policy requires the 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 outcomes are youth who are held accountable in a way that takes into consideration 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.

Almost all the files in which there was a breach or violation of an order had at least one occurrence when the breach or violation was not enforced and there was no documentation indicating that a consultation had occurred. In reviewing these files, the analyst read all 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 both the circumstances surrounding a 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 of 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 close to two thirds of the files in the samples had CORNET Client Log entries that were not recorded within the required timeframe, and almost as many files were missing log entries, including log entries for youth appointments. The analyst found slips for future appointments in the physical files that were signed by the youth but did not see corresponding entries in the CORNET Client Log. As a result, there was no way of knowing whether the youth attended these appointments, what was discussed, and if any further direction was given to the youth.

By reviewing the physical files and all of the CORNET Client Log entries and cross-referencing documents that were required to be attached in CORNET, the analyst found that more than three quarters of the files were missing attachments. Further, three quarters of the files had log entries that were missing record titles, had incomplete record content, had no record content, or had a combination of these issues.

2. ACTIONS TAKEN TO DATE

On May 8, 2019, an Aboriginal Practice and Policy Framework (APPF) program analyst attended a Youth Justice Week meeting with SDA YJ staff to discuss the APPF Resource Circle. The APPF program analyst engaged the group in conversation about applying the APPF and in context of the Youth Justice Strategic Plan, and engaging youth in cultural connection.

3. ACTION PLAN

Action	Person Responsible	Anticipated Outcome	Completion Date
<p>1. Develop with the Youth Justice Regional Consultant a training day for the Youth Justice Team, to review how service plans are created, with a focus on the following:</p> <ul style="list-style-type: none"> - Service planning and content - Ensuring appropriate and timely victim notification and consideration of victim input in service planning - Intake process - Timelines - Appropriate documentation, including documenting attempts and extensions 	<p>Director of Operations Director of Practice</p>	<p>Staff will be refreshed on requirements and expectations of CYJ policy, and able to complete their work accordingly; opportunity for growth and development for youth under community supervision is maximized.</p>	<p>Completed August 27, 2019</p>
<p>2. Checklists on file requirements will be developed by the YJ TL and YJ consultants and provided to staff through an orientation, and utilized in each file</p>	<p>Director of Operations Director of Practice</p>	<p>Staff will have a timely and efficient way to monitor requirements for effective case management</p>	<p>March 31, 2020</p>
<p>3. Monthly SDA Youth Justice Meetings will occur</p>	<p>Director of Operations</p>	<p>There will be a regular forum for policy to be discussed and tracked. A process for documenting and consulting on breaches will be developed at a team level and clear to staff resulting in youth being held accountable for matters directly related to criminal behaviour and/or public safety, and not being cycled through court for social issues.</p>	<p>Implemented starting in September 2019 and on a monthly basis thereafter</p>

APPENDIX

This appendix contains a description of the audit methodology and a detailed breakdown of the findings for each of the measures in the audit tool.

A. METHODOLOGY

This practice audit was based on a review of records in two samples of Correctional Service (CS) files obtained from the Northwest 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 December 1, 2017, and
 - List 2 contained files that were open on December 1, 2016, 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 Northwest 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 practice related to 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. 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 practice analysts with youth justice specialization, on the provincial Audit Team, in the Quality Assurance Branch.

The analysts 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 October and November 2018.

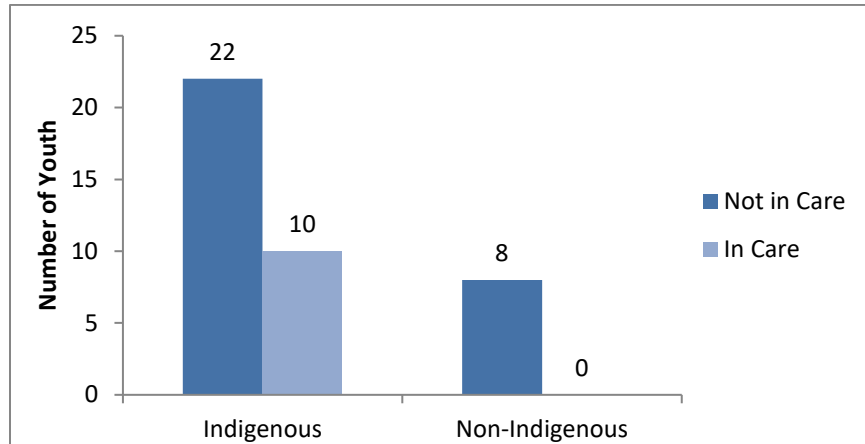
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the analysts watch for situations in which the information 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 community youth justice 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 40 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 40 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 **26%**.

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	40	19	48%	21	52%

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

The compliance rate for this measure was **48%**. The measure was applied to records in all 40 files in the samples; 19 of the 40 files were rated achieved and 21 were rated not achieved. To receive a rating of achieved, the initial interview with the youth was completed and documented in the CORNET Client Log within five working days.

Of the 21 files that were rated not achieved, 17 had at least one initial interview that was required and not documented in the CORNET Client Log and 4 had at least one initial interview that was required and documented, but not within 5 working days.

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 35 files in which the initial interview was documented, 2 had complete documentation of the interview and 33 were missing at least one element. For example, 30 files had no documentation indicating that the youth was informed about the MCFD complaints process; 18 had no documentation indicating that the youth was informed that the victim would be notified and provided with a copy of the order; 15 had no documentation indicating that the date, time and manner of the next contact was communicated to the youth; and 5 had no documentation indicating that the court order was reviewed with the youth.

b.2 Fetal Alcohol Spectrum Disorder (FASD) Screening and Referral

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*	26	4	15%	22	85%

* This measure was not applicable to 14 files which contained documentation indicating that the FASD Screening/Referral Tool had been previously completed, or was not required.

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

The compliance rate for this measure was **15%**. The measure was applied to records in 26 of the 40 files in the samples; 4 of the 26 files were rated achieved and 22 were rated not achieved. To receive a rating of achieved, the file contained 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 22 files that were rated not achieved, 18 were missing FASD Screening/Referral Tools that were required; and 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.

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 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	40	13	33%	27	67%
CYJ 4: SAVRY updated every 6 months*	29	12	41%	17	59%

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

The compliance rate for this measure was **33%**. The measure was applied to records in all 40 files in the samples; 13 of the 40 files were rated achieved and 27 were rated not achieved. To receive a rating of achieved, the file contained 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 27 files rated not achieved, 24 had at least one occurrence when a required SAVRY was completed but not within 30 days of an initial interview with the youth or within 30 days after a transferred file was received; 2 had at least one occurrence when a required SAVRY was not completed at all; and 1 had a combination of these occurrences.

Of the 24 files with SAVRYs that were completed after the 30-day timeframe, 12 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 40 files in the samples, 27 had an initial SAVRY in which comment boxes were filled out:

- 20 had fewer than half of the comment boxes filled out, and
- 7 had more than half, but not all, 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 **41%**. The measure was applied to records in 29 of the 40 files in the samples; 12 of the 29 files were rated achieved and 17 were rated not achieved. To receive a rating of achieved, the file contained 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 17 files that rated not achieved, 16 had at least one occurrence when a required SAVRY was updated but not within the 6-month timeframe; and 1 had at least one occurrence when a required SAVRY was not updated at all as well as one occurrence when a required SAVRY was updated but not within the 6-month timeframe.

Of the 16 files with SAVRYs that were not updated within the 6-month timeframe, 12 had SAVRYs that took more than 20 additional working days to update.

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	40	3	8%	37	92%
CYJ 6: Service Plan approved by supervisor within 5 working days of receipt from youth probation officer	40	1	3%	39	97%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	40	0	0%	40	100%
CYJ 8: Service Plan updated every 6 months or when transferred file received*	29	3	10%	26	90%

*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 **8%**. The measure was applied to records in all 40 files in the samples; 3 of the 40 files were rated achieved and 37 were rated not achieved. To receive a rating of achieved, the file contained 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 37 files rated not achieved, 16 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; 3 had at least one occurrence when a service plan was not completed for a new order or when a transferred file was received; 3 had at least one occurrence when the service plan was completed prior to the completion of the SAVRY; 2 had at least one occurrence when the service plan was incomplete; 10 had a combination of these occurrences; and 3 had no service plans at all.

Of the files with service plans that were completed after the 30-day timeframe, 12 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 **3%**. The measure was applied to records in all 40 files in the samples; 1 of the 40 files was rated achieved and 39 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan was approved by a supervisor within five working days of receipt from the youth probation officer.

Of the 39 files rated not achieved, 24 had at least one occurrence when a service plan was completed but not approved by a supervisor; 8 had at least one occurrence when a service plan was approved by a supervisor but not within five working days; 4 had a combination of these occurrences; 3 had no service plans; and 1 was missing a service plan following a file transfer to the SDA.

Of the files that were approved but not within five working days, 5 had service plans that took more than 20 additional working days to approve.

Determining whether this measure was achieved was challenging for the analyst who conducted the audit because there was limited documentation in the CORNET Client Log indicating when service plans were provided to the supervisor for approval. The analyst often had to use the service plan and/or SAVRY completion dates to determine a timeframe for supervisory approval, which may have affected the compliance rate for this measure.

The following are examples of Client Log entries that contained clear documentation of supervisory approval of a completed service plan:

- Record Title – Mar 13, 2017 - Service Plan
Service Plan related to Probation Order #xxxx-x+ (Termination), ISSP #xxxx-xx-BC (Interim) and Probation #xxxx-x-B (initials) completed this date. Service Plan was reviewed and signed off by YP-TL, [name] and attached to CORNET by this writer, this date (see attached or physical copy on YP File for details)
- Record Title – September 19, 2017 - Transfer Summary
Trans Summary sent this date to TL [name] for approval
- Record Title – Service Plan
Document attached. It was reviewed and signed by TL [name] this date

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

The compliance rate for this measure was **0%**. The measure was applied to records in all 40 files in the samples, and none was rated achieved. To receive a rating of achieved, the file contained documentation indicating that:

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

Of the 40 files rated not achieved, 36 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; 3 had no service plans; and 1 was missing a service plan following a file transfer to the SDA.

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 **10%**. The measure was applied to records in 29 of the 40 files in the samples; 3 files were rated achieved and 26 were rated not achieved. To receive a rating of achieved, the file contained 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 25 files rated not achieved, 14 had at least one occurrence when a service plan was not updated at all; 6 had at least one occurrence when a service plan was updated, but not within 6 months of a previously completed service plan; 1 had at least one occurrence when a service plan was completed prior to the completion of the SAVRY; 2 had a combination of these occurrences; and 3 had no 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. 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	40	10	25%	30	75%
CYJ 10: Service Plan addressed SAVRY protective factors	40	22	55%	18	45%

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

The compliance rate for this measure was **25%**. The measure was applied to all 40 files in the samples; 10 of the 40 files were rated achieved and 30 were rated not achieved. To receive a rating of achieved, the file contained 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 30 files rated not achieved, 10 had at least one occurrence when a service plan did not address the highest rated risk factors; 5 had at least one occurrence when a service plan was completed prior to the completion of a required SAVRY; 4 had at least one occurrence when a service plan did not address critical or other risk factors identified in the SAVRY; 1 had at least one occurrence when the service plan did not describe how the selected strategies would be implemented; 6 had a combination of these occurrences; 3 had no service plans; and 1 was missing a service plan following a file transfer to the SDA.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **55%**. The measure was applied to records in all 40 files in the samples; 22 of the 40 files were rated achieved and 18 were rated not achieved. To receive a rating of achieved, each of the required service plans in the file:

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

Of the 18 files rated not achieved, 7 had at least one occurrence when the service plan was completed prior to the SAVRY being completed; 3 had at least one occurrence when the service plan did not describe how selected strategies would be implemented; 2 had at least one occurrence when a service plan did not address any protective factors; 2 had a combination of these occurrences; 3 had no service plans; and 1 was missing a service plan following a file transfer to the SDA.

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 the youth's goals in the service plan. The compliance rate is the percentage of files that have 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.)	40	16	40%	24	60%
CYJ 12: Service Plan addressed Youth’s goals	40	26	65%	14	35%

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

The compliance rate for this measure was **40%**. The measure was applied to records in all 40 files in the samples; 15 of the 40 files were rated achieved and 25 were rated not achieved. To receive a rating of achieved, the file contained 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 24 files rated not achieved, 18 had at least one occurrence when a service plan addressed some but not all of the other issues/items related to the court order; 1 had at least one occurrence when one or more required service plans were not completed; 1 had at least one occurrence when a service plan did not address any of the other issues/items related to the court order; 1 had a combination of these occurrences; and 3 had no service plans.

CYJ 12: Service plan addressed youth’s goals

The compliance rate for this measure was **65%**. The measure was applied to all 40 files in the samples; 26 of the 40 files were rated achieved and 14 were rated 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.

Of the 14 files rated not achieved, 6 had at least one occurrence when the service plan did not address any of the youth’s goals; 4 had at least one occurrence when the service plan included the youth’s goals but provided no strategies for assisting with those goals; 1 had at least one occurrence when a required service plan was not completed; and 3 had no 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 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	3	12%	23	88%
CYJ 14: Service Plan addressed victim considerations**	35	22	63%	13	37%

* This measure was not applicable to 14 files in which there were no protective conditions.

**This measure was not applicable to 5 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 **12%**. The measure was applied to records in 26 of the 40 files in the samples; 3 of the 26 files were rated achieved and 23 were rated not achieved. To receive a rating of achieved, the file contained 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 23 files rated not achieved, 14 had at least one occurrence when the victim was not contacted and the reason was not recorded in the CORNET Client Log; 6 had at least one occurrence when the victim was contacted, but not within the required five working days; and 3 had a combination of these occurrences.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **63%**. The measure was applied to records in 35 of the 40 files in the samples; 22 of the 35 files were rated achieved and 13 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan:

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

Of the 13 files rated not achieved, 5 had at least one occurrence when a service plan did not address victim considerations at all; 4 had at least one occurrence when a service plan

addressed some but not all of the victim considerations; 1 had at least one occurrence when one or more required service plans were not completed; 1 had at least one occurrence when the service plan did not identify the strategies that would be used to address the victim considerations; and 2 had victim considerations and no service plan.

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*	32	17	53%	15	47%

* This measure was not applicable to 8 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 **53%**. The measure was applied to records in 32 of the 40 files in the samples; 17 of the 32 files were rated achieved and 15 were rated not achieved. To receive a rating of achieved, each of the required service plans in the file:

- addressed cultural connectedness, and
- included strategies to be used to address cultural connectedness, and
- included a plan for implementing the strategies, and
- had a target date.

Of the 15 files rated not achieved, 8 had at least one occurrence when the section of the service plan entitled “Cultural Connectedness” was not completed; 1 had at least one occurrence when the service plan did not identify any strategies that would be used to address cultural

connectedness; 1 had at least one occurrence when a required service plan was not completed; 2 had a combination of these occurrences; and 3 had no service plans at all.

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	40	0	0%	40	100%

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

The compliance rate for this measure was **0%**. The measure was applied to records in all 40 files in the samples and none were rated achieved. To receive a rating of achieved, each of the required service plans in the file had:

- 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.

Of the 40 files rated not achieved, 29 had at least one occurrence when a service plan had a partially completed social history; 5 had at least one occurrence when a service plan had no social history; 1 had at least one occurrence of a required service plan not being completed; 2 had a combination of these occurrences; and 3 had no service plans.

The measure was accompanied by the question, “If the social history was partially completed, what information was not included?” Of the 31 files that had at least one service plan with a partially completed social history, 23 had at least one social history that lacked information about the youth’s Indigenous heritage and connection to community, heritage and cultural practices, or did not identify community members or programs available to support the youth; 17 had at least one social history that lacked information about the youth’s relationship with parents/caregivers; 16 had at least one social history that lacked information about the offence that was committed; 13 had at least one social history that lacked information about the youth’s behaviour at home, at school or in the community; and 9 had at least one social history that lacked relevant victim information.

b.10 Non-enforcement of Breach of Violation of Court Order

Table 10 provides compliance rates 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*	25	1	4%	24	96%

* This measure was not applicable to 15 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 **4%**. The measure was applied to records in 25 of the 40 files in the samples; 1 of the 25 files was rated achieved and 24 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 24 files rated not achieved, 23 had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred; and 1 had one occurrence when there was no documentation of a consultation having occurred, one occurrence when there was documentation of a consultation having occurred but no details documented, and one occurrence when there was documentation of a consultation having occurred but no supervisor approval or direction documented.

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 – December 21, 2016 Consult with TL
T/C consult with TL [name] re: failure to report. Informed TL of contact made with [youth] and caregiver this date - informed of their confusion as well as normal compliant behaviour. TL in agreement that NO BREACH to be laid. Future failure to report will result in call to residence and verbal direction to report. Should [youth] fail to report after verbal direction then BREACH to be submitted

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	40	1	3%	39	97%
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	40	6	16%	34	84%

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 40 files in the samples; 1 of the 40 files was rated achieved and 39 were rated not achieved. To receive a rating of achieved, the CORNET Client Log had:

- 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 39 files rated not achieved, 5 had at least one occurrence when a required document was not attached to the CORNET Client Log; 5 had at least one occurrence when a client log entry had no record title; 1 had at least one occurrence when a client log entry was titled but the content was left blank or incomplete; and 28 had a combination of these occurrences.

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

The compliance rate for this measure was **16%**. The measure was applied to records in all 40 files in the sample; 6 of the 40 files were rated achieved and 34 were rated not achieved. To receive a rating of achieved, the file contained 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 34 files rated not achieved, 11 had at least one occurrence when a client log was recorded in CORNET, but not within 5 working days; 9 had at least one occurrence when a client log was not recorded in CORNET at all; and 14 had a combination of these occurrences.

The analyst 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 40 files reviewed, 32 (80%) had up-to-date Client Log entries that were printed and placed in the physical file, and 23 (58%) 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.