



Coast North Shore Service Delivery Area

Community Youth Justice Practice Audit

Report Completed: June 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 Coast North Shore Service Delivery Area (SDA) in January 2019. The final draft of the report was completed and forwarded to the SDA in June 2019, and then reformatted in November 2019, to incorporate intended outcomes.

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 Coast North Shore 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 27 files. The review focused on practice within a three-year timeframe that started on January 1, 2016 and ended on December 31, 2018. The following sub-sections contain the findings and observations of the practice analysts 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 a clear majority of the files in the samples had all initial interviews documented in the CORNET Client Log within the required timeframe. Further, all the files that had documented initial interviews contained information confirming that the conditions of a court order, the consequences of non-compliance, the right to a review, and provisions related to information sharing were discussed with the youth. Two thirds of the files contained orders with conditions requiring victim notification and in three quarters of those files the analyst was unable to confirm that the youth was told that the victim would be contacted. In addition, more than half 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 three quarters of the youth represented in the samples, and in just over half 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. Close to a third of the files had documentation indicating that the tool had been completed and sent, but not within the required timeframe. In only one file, 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.

One third of the files reviewed for this audit had SAVRYs that were completed within the 30-day timeframe. Most of the remaining files had at least one SAVRY that was completed after that timeframe, and half of those SAVRYs took more than an additional 20 working days to complete. In files that required an updated SAVRY, more than two thirds had SAVRY updates that were completed within the 6-month timeframe. The remaining files had SAVRY updates that were completed after that timeframe.

Youth probation officers are notified of SAVRY due dates automatically in the CORNET electronic system. These notifications would have been sent for SAVRYs in two thirds of the 27 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 half of the files in the samples had service plans that were completed more than 30 days after an initial interview or receipt of a transferred file, and almost half of those service plans took more than 20 additional working days to complete. Further, one in seven files had service plans that were completed prior to a required SAVRY being completed.

There were 22 files that required updated service plans and two thirds of those files had updates that were completed within the 6-month timeframe.

Half of the remaining files had service plans that were updated after the required timeframe, and the rest were missing the updates.

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 half the files in the samples had service plans that were approved by a supervisor within 5 working days. Almost all of the remaining files had service plans that were approved after the required timeframe.

Further, in all of the files in the samples, the analyst was unable to confirm that the 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 the 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 more than half 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. Two thirds of the files had service plans that addressed at least one of the SAVRY protective factors. However, almost one quarter of the files had service plans that were completed 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 half the files in the samples had service plans that addressed all the conditions related to an active order. Most of the remaining 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 a clear majority 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. The analyst observed that in files with multiple service plans, the youth's goals tended to change over time, which suggested that attention was being paid to this aspect of service planning during community supervision.

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 two thirds of the files with a protective condition in an order the analyst found documentation indicating that the victim was notified within the required timeframe. The remaining files also had documentation indicating that the victim was notified, but not within the required timeframe.

More than three quarters 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. Only three files had at least one service plan that did not address all of the victim considerations.

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 a clear majority of the 9 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 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, the analyst found that two thirds of the files in the samples had service plans that included a social history with all of the required elements. Almost all of the remaining files had service plans with social histories that were missing one or more of the required elements. For

example, more than half were missing information about the offense, almost half were missing relevant information about the victim, and a third were missing information about the youth's previous contact with the justice system.

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 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.

In almost all 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 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 a way that takes 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 two in five files were missing CORNET Client Log entries, including log entries for youth appointments, and a quarter of the files had log entries that were not recorded within the required timeframe.

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 in almost all of the physical files there were documents that should have been attached in the CORNET Client Log and were not.

2. ACTIONS TAKEN TO DATE

On March 6, 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 who conducted the audit and the Manager Quality Assurance responsible for finalizing 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. Use template developed for all new Intake CORNET entries to document initial interview with youth within 5 working days. 2. Monitor during file reviews.	Youth Probation Officers Team Leader	Youth probation officers consistently use the template to confirm that they explained to the youth the MCFD complaints process, victim considerations and notification (when applicable), role of probation officer, service planning, and the court review process.	November 30, 2020 EDS and DOO confirm that this is occurring.

<p>3. Attach FASD Screening/Referral Tool on CORNET and note any delays and actual date when screening tool was faxed to Asante Centre, if needed.</p> <p>4. Monitor during file reviews.</p>	<p>Youth Probation Officers</p> <p>Team Leader</p>	<p>Youth probation officers consistently attach FASD Screening/Referral Tool on CORNET to confirm that process was completed</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>5. Monitor Notification Slate on Cornet for initial or upcoming expiry of SAVRY. Note on Cornet reasons for any delays in completing or updating the SAVRY.</p> <p>6. Monitor during file reviews.</p>	<p>Youth probation officers</p> <p>Team Leader</p>	<p>Youth probation officers consistently complete and update the SAVRY prior to completing and updating a service plan</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>7. Ensure Service Plans are completed in a timely manner. Note reasons for any delays on Cornet Log.</p> <p>8. Ensure that each Service Plan is dated correctly, indicating that it was completed prior to the SAVRY.</p> <p>9. Document on Cornet Log when Service Plan is reviewed with parent / youth, and if mailed, attach the cover letter.</p> <p>10. Monitor during file reviews and Service Plan Sign-Off and ensure Service Plan is correctly dated and reflects when Service Plan was sent to Team Leader.</p>	<p>Youth Probation Officers</p> <p>Team Leader</p>	<p>Youth probation officers consistently complete service plans within 30 days of initial interview with youth.</p> <p>Supervisors consistently approve service plans within 5 working days.</p> <p>Youth probation officers consistently review all service plans with the youth and provide a copy to the youth and their parent/guardian.</p> <p>Youth probation officers update the service plan every 6 months.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>

<p>11. Ensure that each Service Plan addresses critical risk factors.</p> <p>12. Monitor during Service Plan sign-off.</p>	<p>Youth Probation Officers Team Leader</p>	<p>Service plans consistently address critical risk factors.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>13. Ensure that each Service Plan addresses non-mandatory conditions in court order.</p> <p>14. Monitor during Service Plan sign-off.</p>	<p>Youth Probation Officers Team Leader</p>	<p>Service plans consistently address non-mandatory conditions in court order.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>15. Ensure victim notification and considerations are separate. Note any delays on Service Plan.</p> <p>16. Monitor during Service Plan sign-off.</p>	<p>Youth Probation Officers Team Leader</p>	<p>Victims are consistently contacted within 5 working days of receipt of order.</p> <p>Service plans consistently address victim considerations.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>17. Ensure offense, victim and previous justice contact are detailed in Service Plan.</p> <p>18. Monitor during Service Plan sign-off.</p>	<p>Youth Probation Officers Team Leader</p>	<p>Service plans include social histories with all required information.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</p>
<p>19. Ensure Supervisor consults are documented in Cornet.</p> <p>20. Monitor during File Reviews and give reminders during team meetings and caseload reviews.</p>	<p>Youth Probation Officers Team Leader</p>	<p>Youth probation officers consult with a supervisor about a breach and document the consult and any direction given.</p>	<p>November 30, 2020</p> <p>EDS and DOO confirm that this is occurring.</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 Coast North Shore 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 April 1, 2018, 9 months prior to the audit start date, and
 - List 2 contained files that were open on April 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 Coast North Shore 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. 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 January 2019.

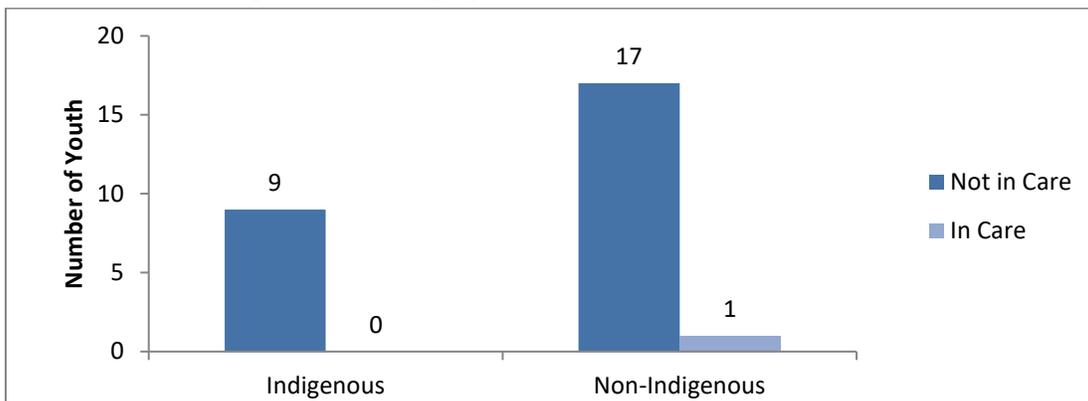
Quality assurance policy and procedures require that practice analysts identify for action any record that suggests a child or youth may need protection under section 13 of the *Child, Family and Community Service Act*. During the audit process, the analysts watch for situations in which the information 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 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 27 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 27 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 **51%**.

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	27	23	85%	4	15%

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

The compliance rate for this measure was **85%**. The measure was applied to records in all 27 files in the samples; 23 of the 27 files were rated achieved and 4 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 4 files rated not achieved, 2 had at least one initial interview that was required and not documented in the CORNET Client Log; and 2 had at least one initial interview that was required and documented, but not within five working days.

The measure was accompanied by the question, “Which components of the interview process were not documented in CORNET?” This question did not affect 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 27 files in which an initial interview was documented, 5 had complete documentation of the interview and 20 were missing at least one element. For example, 14 files had no documentation indicating that the youth was informed about the MCFD complaints process; and 13 had no documentation indicating that the youth was informed that the victim would be notified and provided with a copy of the order.

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*	20	12	60%	8	40%

* This measure was not applicable to 7 files which contained documentation indicating that the FASD Screening/Referral Tool had been previously completed and therefore 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 **60%**. The measure was applied to records in 20 of the 27 files in the samples; 12 of the 20 files were rated achieved and 8 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 8 files rated not achieved, 7 had FASD Screening/Referral Tools that were forwarded to the Asante Centre but had not been completed within 30 days of the initial interview with the youth; and 1 was missing an FASD Screening/Referral Tool that was 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 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	27	10	37%	17	63%
CYJ 4: SAVRY updated every 6 months*	22	15	68%	7	32%

*This measure was not applicable to 5 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 **37%**. The measure was applied to records in all 27 files in the samples; 10 of the 27 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 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 17 files that were rated not achieved, 13 had at least one occurrence when a required SAVRY was completed, but not within 30 days of an initial interview with the youth or after a transferred file was received; 1 had at least one occurrence when a required SAVRY was not completed after a transferred file was received; and 3 had a combination of these occurrences.

Of the 13 files with SAVRYs that were completed after the 30-day timeframe, 7 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. All 27 files in the samples had an initial SAVRY in which comment boxes were filled out:

- 14 had all of the boxes filled out, and
- 13 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 affect the compliance rate for this measure.

CYJ 4: SAVRY updated every 6 months

The compliance rate for this measure was **68%**. The measure was applied to records in 22 of the 27 files in the samples; 15 of the 22 files were rated achieved and 7 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.

All 7 files rated not achieved had at least one occurrence when a required SAVRY was updated but not within the 6-month timeframe.

Of the 7 files with SAVRYs that were not updated within the 6-month timeframe, 3 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	27	6	22%	21	78%
CYJ 6: Service Plan approved by supervisor within 5 working days of receipt from youth probation officer	27	13	48%	14	52%
CYJ 7: Service Plan reviewed with youth and parent/guardian and copy provided to youth and parent/guardian	27	0	0%	27	100%
CYJ 8: Service Plan updated every 6 months or when transferred file received*	22	15	68%	7	32%

*This measure was not applicable to 5 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 **22%**. The measure was applied to records in all 27 files in the samples; 6 of the 27 files were rated achieved and 21 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 21 files rated not achieved, 11 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; 2 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; 5 had a combination of these occurrences; and 1 had no service plans.

Of the files with service plans that were completed after the 30-day timeframe, 6 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 **48%**. The measure was applied to records in all 27 files in the samples; 13 of the 27 files were rated achieved and 14 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 14 files rated not achieved, 11 had at least one occurrence when a service plan was approved by a supervisor, but not within five working days; 2 had at least one occurrence when a service plan was not approved; and 1 had no service plan.

Of the files that were approved but not within five working days, 2 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 is an example of a Client Log entry that contained clear documentation of supervisory approval of a completed service plan:

- Record Title – *Interim Service Plan - Signed off by TL on January 8, 2018*

The interim service plan was attached, and the analyst was able to see the date on which it was completed.

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 27 files in the samples, and all 27 files were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that:

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

Of the 27 files rated not achieved, 26 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 1 had no service plans.

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 **68%**. The measure was applied to records in 22 of the 27 files in the samples; 15 files were rated achieved and 7 were rated not achieved. To receive a rating of achieved, the file contained documentation indicating that the service plan was

updated within 6 months of a previously completed service plan and after the SAVRY was updated.

Of the 7 files rated not achieved, 4 had at least one occurrence when a service plan was updated, but not within 6 months of a previously completed service plan; 2 had service plans that were not updated at all; and 1 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 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	27	8	30%	19	70%
CYJ 10: Service Plan addressed SAVRY protective factors	27	18	67%	9	33%

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

The compliance rate for this measure was **30%**. The measure was applied to all 27 files in the samples; 8 of the 27 files were rated achieved and 19 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 19 files rated not achieved, 10 had at least one occurrence when a service plan did not address critical or other risk factors; 2 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 completion of a required SAVRY; 3 had a combination of these occurrences; and 1 had no service plan.

CYJ 10: Service Plan addressed SAVRY protective factors

The compliance rate for this measure was **67%**. The measure was applied to records in all 27 files in the samples; 18 of the 27 files were rated achieved and 9 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 9 files rated not achieved, 6 had at least one occurrence when the service plan was completed prior to the SAVRY being completed; 1 had at least one occurrence when the service plan did not describe how the identified strategies would be implemented; 1 had at least one occurrence when the service plan had no protective factors selected; and 1 had no service plans.

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

Table 6 provides compliance rates for measures CYJ 11 and CYJ 12, which have to do with addressing other issues/items related to the court order and addressing the youth’s goals in the service plan. The compliance rate is the percentage of files that had records to which each measure was applied and rated 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.)	27	13	48%	14	52%
CYJ 12: Service Plan addressed Youth’s goals	27	25	93%	2	7%

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

The compliance rate for this measure was **48%**. The measure was applied to records in all 27 files in the samples; 13 of the 27 files were rated achieved and 14 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 14 files rated not achieved, 12 had at least one occurrence when the service plan addressed some, but not all, of the other issues/items related to the court order; 1 had at least one occurrence when the service plan did not address any of the court-ordered conditions; and 1 had no service plan.

CYJ 12: Service plan addressed youth’s goals

The compliance rate for this measure was **93%**. The measure was applied to all 27 files in the samples; 25 of the 27 files were rated achieved and 2 were rated not achieved. To receive a rating of achieved, each of the required service plans in the file:

- addressed at least one of the youth’s goals, and
- included planned strategies/frequency of contact, and
- had a target date.

Of the 2 files rated not achieved, 1 had at least one occurrence when the service plan did not address any of the youth’s goals, and 1 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 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)*	18	12	67%	6	33%
CYJ 14: Service Plan addressed victim considerations**	21	16	76%	5	24%

* This measure was not applicable to 9 files in which there were no protective conditions.

**This measure was not applicable to 6 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 **67%**. The measure was applied to records in 18 of the 27 files in the samples; 12 of the 18 files were rated achieved and 6 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).

The 6 files rated not achieved had at least one occurrence when the victim was contacted, but not within the required five working days.

CYJ 14: Service plan addressed victim considerations

The compliance rate for this measure was **76%**. The measure was applied to records in 21 of the 27 files in the samples; 16 of the 21 files were rated achieved and 5 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 5 files rated not achieved, 3 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 a service plan did not address any of the victim considerations; and 1 had 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 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*	9	8	89%	1	11%

* This measure was not applicable to 21 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 **89%**. The measure was applied to records in 9 of the 27 files in the samples; 8 of the 9 files were rated achieved and 1 was 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.

The 1 file rated 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 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	27	18	67%	9	33%

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

The compliance rate for this measure was **67%**. The measure was applied to records in all 27 files in the samples; 18 of the 27 files were rated achieved and 9 were rated not 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 9 files rated not achieved, 8 had at least one occurrence when a service plan had a partially completed social history, and 1 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 8 files that had at least one service plan with a partially completed social history, 1 had at least one social history that lacked information about the youth’s relationship with parents/caregivers; 1 had at least one social history that lacked information about the youth’s Indigenous heritage, connection to community, heritage and cultural practices, or did not identify community members or programs available to support the youth; 1 had at least one social history that lacked relevant victim information; and 5 had a combination of missing information (offence information; relevant victim information; previous contact with the justice system; and community members or programs available to support Indigenous youth).

b.10 Non-Enforcement of Breach or 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 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*	19	1	5%	18	95%

* This measure was not applicable to 8 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 **5%**. The measure was applied to records in 19 of the 27 files in the samples; 1 of the 19 files was rated achieved and 18 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.

All 18 files rated not achieved had at least one occurrence when a supervisor consultation was required and there was no documentation indicating that the consultation had occurred.

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 (names) 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 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	27	2	7%	25	93%
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	27	13	48%	14	52%

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

The compliance rate for this measure was **7%**. The measure was applied to records in all 27 files in the samples; 2 of the 27 files were rated achieved and 25 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 25 files rated not achieved, 21 had at least one occurrence when a required document was not attached to the CORNET Client Log; and 4 had a combination of a required document that was not attached to the CORNET Client Log and a Client Log entry that was titled but the Record Content was blank or incomplete.

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

The compliance rate for this measure was **48%**. The measure was applied to records in all 27 files in the sample; 13 of the 27 files were rated achieved and 14 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 14 files rated not achieved, 7 had at least one occurrence when a client log was not recorded in CORNET at all; 3 had at least one occurrence when a client log was recorded in CORNET but not within five working days; and 4 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 27 files reviewed, 26 (96%) had up-to-date Client Log entries that were printed and placed in the physical file, and 21 (78%) had Client Log entries that were clearly written and that someone unfamiliar with the file would understand. The analyst found that almost one quarter of the files contained log entries that used acronyms and abbreviations when referring to community partners and programs. 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.